

# INFORMED CONSENT

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## **Therapist-Client Service Agreement**

Welcome! Thank you for making the decision to begin therapy with me. This document contains important ethical and legal information about my professional services and policies. It also contains information about your rights as a client, including privacy, treatment, payment, and healthcare operations. After reading and signing this document, it will represent an agreement of services between us. If you have any questions prior to signing, please ask!

## **Counseling Services**

Therapy includes a relationship between you and I that works due to, in part, clearly defined rights and responsibilities held by each person. Thus, you have rights and responsibilities that are important for you to understand, and I have corresponding responsibilities to you.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, and my responsibility to you is to aid you in working through these feelings; psychotherapy has been shown to have benefits for individuals who undertake it. It can potentially lead to reduction in feelings of distress, improvement in functioning in certain areas of life, greater personal insight, and a variety of other benefits. However, there is no guarantee of positive outcomes. I will do my best to assess what is working in our sessions, what isn't, and whether therapeutic techniques need to be adjusted to fit your needs.

The first 1-2 appointments will include a comprehensive evaluation of your needs in therapy. Following this evaluation, I will provide general impressions of what our sessions together may include. If you feel we are not a good fit for a therapeutic relationship, you are in no way bound to continue seeing me. If you would like to see another mental health practitioner, I am happy to provide referrals.

## **Professional Records**

I am required to keep professional records of counseling services that I provide. Your records are maintained in secure, HIPAA compliant software that only I am able to access. My notes include brief records of attendance, general information about each session, intake paperwork, and any records I receive from other providers regarding your treatment. You always have a right to your records, should you choose to request a copy. I typically prefer to review records with my clients if they request to see their files.

## **Confidentiality**

As my client, you have a right to privacy. I am not allowed to share what is said in your counseling sessions. There are three exceptions to this rule, where I would have to break confidentiality to keep you or another party safe:

1. You share a plan to harm yourself.
2. You share a plan to harm someone else.
3. You share information of child abuse or elder abuse.

## **Parents & Minors**

Privacy when treating minors is still respected, however parental involvement can be essential in the treatment of young adults. Typically, I will have parent(s) come into the initial intake for the first 10-15 minutes to explain policies and procedures. After that, I will update parents with very general information on their child's treatment and progress as needed. However, I believe that a key to a successful therapeutic relationship is mutual respect between parent(s), teen, and therapist regarding a safe space where a minor is able to freely share without the fear of every detail making its way to their parent(s). The same three exceptions apply to minors when a breach of confidentiality is required:

1. You share a plan to harm yourself.
2. You share a plan to harm someone else.
3. You share information of child abuse or elder abuse.

## **Contacting Me**

I am often not immediately available by telephone, particularly during business hours. I do not answer my phone when with clients or otherwise unavailable. At these times, you may leave a message on my confidential voicemail, and I will return your call within 48 hours. You may also text me at any time regarding scheduling. I will typically respond to text messages within 24 hours of receiving them, unless received on a weekend or holiday. **If you have an emergency (i.e. are feeling suicidal, homicidal, or unsafe), please call 911 or go to your nearest emergency room. Calling me is not a substitute for emergency care.**

I do not "accept" client friend/follow requests on any form of social media. This is to preserve the nature of the therapeutic relationship.

## **Other Rights**

If I anticipate leaving for vacation, holidays, etc., I will always give you at least two weeks of advanced notice. If you feel that you need to see another therapist in the interim, I am happy to provide referrals of trusted colleagues. If I experience an emergency and need to leave my practice for an extended period of time, I will do my best to provide as much notice as possible. Again, in this situation I will provide referrals of trusted colleagues.

If you are unhappy with anything that is happening in therapy, you have the right (and are encouraged!) to talk with me so that I can respond to your concerns. Dissatisfaction will be taken seriously and handled with respect.

Lastly, no client will be discriminated against, or declined services due to race, ethnicity, gender, sexual orientation, age, religion, ability, or political affiliation.

**Consent To Counseling**

Your signature below indicates that you have read this Informed Consent and agree to all outlined terms and conditions of treatment.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if under 19)

\_\_\_\_\_  
Date