

Dianna Jurgena Counseling

Counseling Informed Consent

Confidentiality: Everything you say in your therapy sessions and the written notes I take are confidential and may not be released to anyone without your written permission except where disclosure is required by law. In order to better serve

my clients and ensure you receive quality care; I may collaborate with another therapist in a confidential manner through consultation without disclosing your name.

please initial _____

When Disclosure is Required by Law: Disclosure is required or may be required by law when there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a client presents a danger to self, to others, to property or is gravely disabled; or when a client's family members communicate to me that they you present a danger to others. Disclosure may also be required by the courts. I will not release records to any outside party unless I am authorized to do so by all adult parties who were part of the family counseling, couple counseling or other treatment that involved more than one adult client.

please initial _____

Emergency: If there is an emergency during counseling or after counseling, and I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, I may also contact the person whose name you have provided on the

Client Information form as your emergency contact.

please initial _____

Records and Your Right to Review Them: The law requires that I keep treatment records for at least 6 years. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when I believe that releasing such information might be harmful in any way. Upon your request, I will release information to any agency/person you specify unless I believe that releasing such information might be harmful in any way. When more than one client is involved in treatment, such as in cases of couple and family counseling, I will release records only with signed authorizations from all the adults involved in the treatment.

please initial _____

Telephone and Emergency Procedures: If you need to contact me between sessions, please call me at (918) 645-7681. If I do not answer, I will return your call as soon as possible. If an emergency situation arises, indicate it clearly in your message and if you need to talk to someone right away call 911 or go to your nearest emergency room.

please initial _____

The Process of Counseling, Evaluation and the Scope of Practice: The experience of therapy can affect you in many ways. You may resolve the problem you came in for but it will take effort on your part. We may talk about unpleasant experiences which you may feel uncomfortable talking about. I may challenge some of your ways of thinking. You also need know that while we expect change, there is no guarantee that this therapeutic experience will yield a positive result. Change will sometimes be easily and quickly accomplished, but it could also go slower than you want it to move. I am likely to draw on various psychological approaches. These approaches may include, Cognitive Behavioral Therapy, Cognitive Processing Therapy and Thought Field Therapy and Motivational Interviewing but will always be Person Centered.

please initial _____

Treatment Plans: By approximately your third visit, I will discuss with you my working understanding of the problem, treatment plan, therapeutic objectives, and my view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your counseling or about the treatment plan, please ask and I will explain it to you. You also have the right to ask about other treatments for your condition and their risks and benefits. We recommend staying with the treatment plan for the best possible outcome.

please initial _____

Termination: After the first meeting, I will assess if I can be of benefit to you. I do not accept clients who, in my opinion, I cannot help. Also, it is important to remember that we will progress through our sessions together; both therapist and client are responsible for progress. If at any point during counseling you are not showing to your appointments or stop working the process of therapy, I will terminate treatment. You also have the right to terminate counseling at any time. But please feel free to talk with me, your therapist, about any concerns you have. I am committed to your progress and want to do what I can to help make your experience a positive one.

please initial _____

Dual Relationships: Not all dual or multiple relationships are unethical or avoidable. Counseling never involves any dual relationship that impairs the therapist's objectivity, clinical judgment or can be exploitative in nature. It is important to realize that in some areas multiple relationships are either unavoidable. I will never publicly acknowledge working with you without written permission. I will not accept you if I feel a significant dual or multiple relationship exists. It is your responsibility to advise me if any dual or multiple relationship becomes uncomfortable for you in any way. I will always listen carefully and respond to your feedback and will discontinue the dual relationship if you find it is or may interfere with the effectiveness of the counseling or your welfare and, of course, you can do the same at any time.

please initial _____

Social Networking and Internet Searches: We do not accept friend requests from current or former clients on social networking sites, such as Facebook. I believe that adding clients as a personal friend on these sites and/or communicating via such sites is likely to compromise their privacy and confidentiality. For this same reason,

I request that clients not communicate with me directly via any interactive or social networking web sites.

please initial _____

I have read the above policies. I understand them and agree to comply with them:

Client's Signature _____ Date _____

Therapist's Signature _____ Date _____