

GENERAL INFORMATION

The therapeutic relationship is unique in that it is highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect.

CONFIDENTIALITY

The session content and all relevant materials to your treatment will be held confidential unless you (client) request in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below. In such cases, a report will be made as required by law to the appropriate law enforcement teams, social welfare agencies, and/or legal system.

1. If you report serious ideation, threaten or attempt to commit suicide or otherwise conduct yourself in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If you threaten grave bodily harm or death to another person.
3. If I (therapist) have a reasonable suspicion that you or another is the perpetrator, observer of, or actual victim of neglect, emotional, physical or sexual abuse in which children under the age of 18 years, an elderly person, or a disabled person is involved in any capacity.
4. If a court of law issues a legitimate subpoena for information stated on the subpoena.
5. If you are in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.
6. If utilizing insurance or EAP to assist in payment for services, information in your record may be released, including but not limited to: history, condition, diagnosis, prognosis, treatment plan and treatment recommendations to insurance/EAP personnel involved in reviewing the case.
7. Other information may be released in accordance with the **Heath Insurance Portability and Accountability Act** as described in this office's Notice of Privacy Practices.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it inappropriate to engage in any lengthy discussions in public or outside of the therapy office.

RIGHTS & RISKS OF THE THERAPEUTIC PROCESS

- You (client) understand that, although mental health counseling is expected to be helpful in resolving your problems, no guarantee has been made about the usefulness or effectiveness of treatment. I (therapist) can promise to support you and do my very best to illuminate the cause and patterns in your suffering and to help you clarify what it is you want to help you move forward.
- You may ask questions about any aspect of the counseling process and are very much encouraged to do so.
- If you have been referred by a court or state agency, you have the right to divulge only what you want to be included in a report. I also retain the right not to work with anyone under these circumstances.
- Therapy is most effective when the client is open and can speak honestly about emotions and experiences.
- Therapy may include talking about emotionally provocative subjects and scenarios that can precipitate emotional distress prior to experiencing a reduction. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort.
- Emotional distress such as preexisting trauma or severe/persistent mental illness may not be fully resolved within standard course of treatment.

TERMINATION

- You (client) understand and agree to the standard office policy to terminate counseling services for any client whom Angelica Romero has not counseled within 30 days of the last date of service or for those who repeatedly cancel their appointments or for those with unpaid balances.
- If this is the case, Angelica will contact you via email asking if you wish to continue counseling services. If you do not respond (which includes setting an appointment within 10 days of contact made) Angelica will assume you wish to terminate services and will remove your name from her active client list.
- You are welcome to call for an appointment as a new client at any point in the future. However, the office of Angelica Romero reserves the privilege to accept new clients or not, depending on a host of factors including case load and time allocation. If you would like to return, you will need to fill out new intake paperwork to make sure all your information on file is up to date.
- Angelica Romero does not accept or continue working with clients who, in her opinion, she does not believe she is the best fit for and/or cannot help. This includes, but is not limited to, if your therapy would be better served with a therapist who has more availability or an in-person office or who has different/necessary specialties. Angelica does not specialize in crisis/trauma, addictions, anger/impulse control, or issues around self-harm/safety. If this is the case, you will be given referral numbers for an alternate therapist. Angelica practices general outpatient therapy to high-functioning adults, with a specialization in couples/adult family therapy and existential issues (e.g. meaning, identity, control, mortality).

- You have the right to terminate therapy at any time. It is often beneficial (but not mandatory) to allow for a termination process of 2 to 4 sessions in order to pull together your therapy experience and acquire closure.
- You understand that my standard office policy dictates that there is no individual therapy after couples work ends, even if the other consents to one of you continuing to work with Angelica alone.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Client's signature & Date