



Lotus Psychology Group, LLC

INFORMED CONSENT

Psychological Services

Psychotherapy can have benefits and risks. Therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. We will work our hardest to support you through this process, providing a safe, understanding environment to help facilitate change, however we cannot guarantee changes will be made.

The outcome of your treatment depends highly on your involvement both in and out of therapy sessions, your comfort with your therapist, and healthy communication between you and your therapist. It is therefore important that you choose to be an active participant in this process, select a therapist that will be a good fit for you, and ask questions or address concerns about our procedures whenever they arise. If you decide that either you have reached your goals or this relationship is no longer beneficial for you we would like to have an opportunity to discuss your concerns and terminate the relationship in a healthy manner.

Confidentiality

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions.

- In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some legal proceedings, a judge may order my testimony if he/she determines that the issues demand it, and I must comply with that court order.
- There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child [elderly person or disabled person] is being abused or has been abused, I must make a report to the appropriate state agency.
- If I believe that a patient is threatening serious bodily harm to another, I am [may be] required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If a similar situation occurs in the course of our work together, I will attempt to fully discuss it with you before taking any action.
- I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is

also legally bound to keep the information confidential. Ordinarily, I will not tell you about these consultations unless I believe that it is important to our work together.

- 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 appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

By signing this form you are in agreement that you have read, understand, and agree to the informed consent policies document and agree to abide by its terms during our professional relationship.

Name: _____

Signature: _____ Date: _____