

Psychology Informed Consent

This is an informed consent agreement for psychological services between _____ and _____. This agreement aims to inform you about the nature of the therapeutic process, the limits of confidentiality, the risks and benefits of therapy, and to obtain your consent to participate in therapy.

Nature of Therapy:

Psychological therapy involves meeting with a licensed psychologist to discuss and address your mental health and well-being issues. The therapy focus will depend on your needs and goals and may involve discussing thoughts, feelings, behaviors, and relationships. The psychologist may use various therapeutic techniques, including cognitive-behavioral, psychodynamic, or other approaches, to help you achieve your goals.

Confidentiality:

All information shared in therapy will be kept confidential, with the following exceptions:

- If the psychologist believes you are a danger to yourself or others.
- If the psychologist believes a child or vulnerable adult is being abused or neglected.
- If the psychologist is ordered by a court to disclose information.

Benefits of Therapy:

Therapy can help you gain insight into your thoughts, feelings, and behaviors and develop strategies to manage them more effectively. Therapy can also improve relationships, reduce stress and anxiety, and increase well-being.

Risks of Therapy:

Although therapy can be beneficial, it may also involve discussing painful or difficult experiences, which can be emotionally challenging. Additionally, therapy may not be effective for everyone, and there is no guarantee that therapy will produce the desired results.

Consent to Treatment:

By signing below, you acknowledge that you have read and understand the information and agree to participate in psychological therapy with _____. You also agree to be financially responsible for all sessions attended.

Signed: _____

Date: _____

Signed: _____

Date: _____