

## Treatment and Confidentiality Agreement

- A. I am committed to providing you with high-quality services, and I appreciate your decision to work with me. It is essential that you know your rights in therapy.
- ❖ You have the right to decide not to enter therapy with me. If you wish, I will provide you with the names of other good therapists and referrals that may be of help to you.
  - ❖ You have the right to end therapy at any time. The only thing you will have to do is pay for any treatments you have already had.
  - ❖ At any point during our work together, if I assess that I am not effective in helping you reach your therapy goals, I am ethically obligated to discuss it with you and, if clinically appropriate, to terminate treatment.
  - ❖ You have the right to ask any questions, at any time, about what we do during therapy, and to receive answers that satisfy you. If you wish, I will explain my usual methods with you.
  - ❖ You have the right not to allow the use of any therapy technique.
  - ❖ You have the right to review or receive a summary of your records in my files, at any time and to get copies for other professionals to use. While the law provides parents the right to examine a minor child's treatment records, parents are encouraged to speak with me about the risks and benefits of exercising that right, because at times, having a confidential relationship with the therapist is in the child's best interest.
- B. Therapy can be beneficial in many ways, including reduced symptoms, resolution of specific problems that led you to seek therapy, improved interpersonal relationships, new insight into certain issues, and making sense of past traumatic experiences. Even though there is no guarantee that therapy will yield positive or intended results – many people benefit from therapy. However, matters can get worse as well as better. It is impossible to predict the outcome of treatment: success depends on many factors, including your motivation, effort and life circumstances. The evidence-based approaches I use in my practice are often successful when there is a good therapist bond and when clients are motivated and committed to change. If you could benefit from any treatment that I do not provide, I have an ethical obligation to assist you in obtaining those treatments.
- C. Risks and Benefits of Therapy: Therapy sessions can be uncomfortable and emotionally painful at times since therapy often involves discussing unpleasant aspects of your life. Attempting to resolve issues that brought you to therapy in the first place may result on changes that you did not originally intend such as changes in behavior, employment, education or relationships. Sometimes, a change viewed as positive by one person may be seen as negative by another. Change can sometimes be easy or rapid, but more often is gradual and can be frustrating.
- D. As a client, it is your right to confidentiality within the therapy session with the following exceptions in which Cecilia Carter is required by law to disclose information without your consent. Briefly these are:

\*\*\*\*\*This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.



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- ❖ when mandated by state or federal law suspicion of child, dependent, or elderly persons abuse or neglect
- ❖ when there is an imminent risk or serious threat of physical harm to self, to others or property (including suicidal or homicidal thoughts)
- ❖ when a client's family member communicates to me that the client presents a danger to others, 4) when specifically ordered by a court of law. These limits to confidentiality will be discussed at length within the first session.
- ❖ Consultation: To continue to provide the best services to my clients, I consult regularly with other professionals regarding my clients; however, each client's identity remains anonymous and confidentiality is fully maintained.

E. Safety and Level of Care: I am committed to your safety and wellbeing. Throughout treatment I will use my clinical judgment to assess the appropriate level of care to ensure your safety and well-being. If you experience crisis between sessions please call Behavioral Health Response (314-469-6644), or go to the nearest Emergency Room or call 911. Please additionally leave a message on my voicemail informing me of the situation so that I may contact you as soon as possible.

F. Technology, Contact & Social Media Texting and email are reserved for logistical purposes (e.g. setting up appointments). If any clinical information is conveyed via text or email, it legally becomes part of your record. It is very important to be aware that computers and unencrypted e-mails, texts and e-faxes communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Please notify me if you decide to limit or avoid, in any way, the use of e-mail, texts, cell phone calls and/or phone messages. To preserve and protect the therapeutic relationship and prevent ethical conflict, I do not "friend," follow, message or interact with clients or client's family members on social media.

Consent for Treatment With your signature you are giving permission for Cecilia Carter MA, QMHP LPC, to provide psychotherapy to your child, who is a minor in your legal custody.

Statement of Accuracy and Understanding: By signing below, you affirm that you have read and understood the above stated information. If you have any questions or concerns at any time during the course of your therapy, please feel free to speak with me.

\_\_\_\_\_  
Signature of Minor/Client

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Date

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