



INFORMED CONSENT

Welcome to Sundstrom Clinical Services. We are glad to join you in your needs. This signed document will constitute a binding agreement between us. Please read it carefully and discuss any questions you may have with your provider at the beginning of treatment.

PSYCHOLOGICAL SERVICES

Psychotherapy is an active process. We will work together with a variety of strategies to address your concerns and goals, based upon the theory, training and approach of your specific provider. We encourage you to be active in pursuing those goals outside of therapy as well.

Psychotherapy can have some risks, of which you should be aware, such as uncomfortable levels of feelings like sadness, guilt, anxiety, anger and frustration, loneliness and helplessness. Psychotherapy often requires recalling unpleasant aspects of your history.

By the end of our initial evaluation, we will discuss impressions of what our work will include and our plans for treatment. You should also determine whether your provider is the right fit for your needs, and if you feel comfortable in continuing in the treatment relationship. We are happy to discuss any treatment question. If needed, you may request a referral or transfer to an alternative provider.

If you have not attended therapy within 120 days, you are no longer considered an active patient under the care of your provider. However, you are always welcome to restart care with your previous provider by attending additional sessions.

CONTACTING US

Most of the communication with your therapist should occur during scheduled sessions. Your therapist is not often immediately available by telephone or email. General questions regarding scheduling and billing should be directed to our central office during normal business hours. Confidential voice messages regarding therapeutic information may be left for your provider. In the event of emergencies outside of normal business hours, the office has a 24-hour phone service to address mental health crises and the on-call provider will respond. If you are in immediate danger, your first priority should be to call 911 or go to the nearest emergency room.

PROFESSIONAL RECORDS

We are required to keep appropriate records of our work together. It is our general policy that clients do not review medical records without their provider. However, if you request, we will provide you with a treatment summary unless we believe it would be emotionally damaging. If this is the case, we will be happy to forward the summary to another appropriate mental health professional who is working with you. You should be aware that this will be treated in the same manner as any other professional (clinical) service and you will be billed accordingly.



LIMITATIONS TO PRIVACY AND CONFIDENTIALITY

In general, the law protects the privacy of personal health information between a client and a psychotherapist. We can only release information with your written permission. However, there are several exceptions.

If we believe that a child, an elderly person, or a disabled person is being abused, we are ethically bound to file a report with the appropriate state agency, which could require revealing confidential information. Master's level Therapists and Nurse Practitioners have a legal requirement to report.

If we believe that a client is threatening serious bodily harm to themselves or someone else, we may be required to take protective actions. These actions may include a transfer to a higher level of treatment (e.g., hospitalization) or notification of family members that can help protect, any potential victims, or the police. In these rare situations, we make every effort to discuss it with you prior and may seek professional consultation if we deem necessary.

In psychotherapy with couples, information on both is recorded in the same health record. If there is a need to release information, we will require written consent from both parties to release that information.

Often you have the right to prevent the release of information in legal matters. However, in some circumstances a judge may require our testimony. The scope of that testimony is limited only to the reporting of facts that occurred in the therapy office. We cannot provide professional opinions in court testimony as this is a conflict with the role of a therapist. Professional evaluators should be sought for psychological opinions.

Client's Name

Date

Checking this box indicates that you have READ the information in its entirety in this document and agree to abide by its terms during our professional relationship.

Spouse's Name (if both participating)

Date

Checking this box indicates that you have READ the information in its entirety in this document and agree to abide by its terms during our professional relationship.