

## Restorative Living Institute LLC

### Informed Consent for Psychotherapy

**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. This consent will provide a clear framework for our work together. Please read and indicate that you have reviewed this information and agree to it by signing below.

**Therapeutic Process:** “an emotional bond of trust, caring, and respect; agreement on the goals of therapy; and collaboration on the "work" or tasks of the treatment.” The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort, remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. *There are no miracle cures. I cannot promise that your behavior or circumstance will change.* I can promise to support you and assist in unlocking the barriers that are preventing you from being the best version of you.

**Confidentiality:** The session content and all relevant materials to the client’s treatment will be held confidential unless the client requests in writing to have all or portions of such content released to specifically names person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

- If a client threatens or attempts to commit suicide or otherwise conducts him/herself in a manner in which there is a substantial risk of incurring serious bodily harm.
- If a client threatens grave bodily harm or death to another person.
- If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children un the age of 18 years.
- Suspicions at stated above in the case of an elderly person who may be subjected to these abuses.
- Suspected neglect of the parties named in items #3 and #4.
- If a court of law issues a legitimate subpoena for information stated on the subpoena.
- If a client is in therapy or being treated by order of a court of law.

**Nature of Services:**

I provide individual and family counseling for mental health services. These services are via telehealth.

- *Legal Proceedings*- It is possible that if you are married or have children, you may become involved in a divorce or custody dispute. If this happens, I will NOT be able to provide testimony in court on your behalf. You should secure the services of a court-appointed child custody evaluator. In a different context, if for some reason I am in court defending myself from a claim you bring before the court or professional board, I reserve the right to defend myself and use the documentation on file to do so.
- *Access*- Contact is through my HIPPA compliant business email- [restorativelivinginstitute@proton.me](mailto:restorativelivinginstitute@proton.me). Emails will be responded to within 48 hours. My practice is not structured to respond to immediate needs in crisis.
- ***Crisis- In case of an emergency, please do one or more of the following;***
  1. Text the Suicide and Crisis Lifeline(988)
  2. Call National Crisis Line- 800 273-8255; GA Crisis & Access Line- 800-715-4225
  3. Pathways Care Campus (Coweta County Residents) Adults- 678 854-6090, Child & Adolescent- 678 854-6083
  4. Dekalb Regional Crisis Center- 404 294-0499
  5. Call 911

**Case Closure & Termination Policy:** You are welcome to end the therapeutic relationship at any time. Additionally, your therapist may terminate treatment if they determine that the psychotherapy is not being effectively used. Your therapist will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of closing your file or terminating treatment, if possible. If therapy is terminated for any reason or you request another therapist, your therapist will refer you through GROW’s network. You may also choose someone on your own or from another referral source.

**Additional Information:**

- All referrals and scheduling is through GROW therapy.
- For billing or payment questions, please email at [billing+client@growththerapy.com](mailto:billing+client@growththerapy.com)
- Self-pay rate is \$95

**By signing below, I am agreeing that I have read, understood and agree to the terms in this document.**

\_\_\_\_\_  
Client’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent’s Signature for minors under the age of 18.

