

DOWNEY PARK COUNSELING ASSOCIATES

Disclosure

Thank you for coming in today. In order to start and aid in the therapeutic process, this form is intended to:

1. Introduce you to therapy.
2. Establish my qualifications and my role as a therapist.
3. Establish and come to an agreement upon what is expected of you as a client.
4. Inform you about the extent of confidentiality.

What is therapy?

- Therapy is a **chance for you to talk** about whatever you'd like.
- The therapist will **listen and respond** to what they hear and observe.
- Through this process it is hoped that you will find the **clarity and understanding** that will lead to growth, endurance, wisdom and joy for the purpose of achieving more adequate, satisfying, and productive relationships.
- The counseling process is set up to **support** you as you explore **personal growth** and learn **new ways of living**.
- You have the right to **refuse counseling** at any time and for any reason.

Who will be providing the therapy?

- I am a Licensed Marriage and Family Therapist *or* a Marriage and Family Therapist Intern.*
- I hold a Masters Degree from a fully accredited University to meet the Board of Behavioral Science Examiners stringent requirements.
- I have received training in therapeutic techniques and have intensively studied subjects including but not limited to Abnormal Psychology, Child growth and development, Couples Counseling, Social Psychology, Learning Motivation, Experimental methods and designs, Dimensions of Personality, Cognitive Processes, Psychological Methods, the administration and interpretation of standardized tests, and many other necessary courses.
- I am trained and have experience to provide therapy for treating children, adolescents, individuals, couples, families, and groups.

* As a Marriage and Family Therapist Intern I am under weekly supervision by Wess Ferguson, M.F.T. who is a Licensed Marriage and Family Therapist

What can you expect from therapy?

- Because growth comes as a result of struggle, you may find counseling to be **disruptive both emotionally and in your relationships with others**.
- It is my hope that counseling will help you to solve problems and make choices that will lead you to a **better understanding of yourself and a better quality of life**.
- Therapy can help people to **become stronger more capable individuals**.
- Therapy can help people by increasing **communication skills and learn new ways of relating to other people**.

What will be expected of you in therapy?

- To be **open and honest**.
- To **accept responsibility** for your feelings and actions.
- To **work** towards your own betterment. You may be given homework to complete.
- To **notify the agency 24 hours prior** to your session if you must cancel an appointment.

What is the commitment of the therapist?

- To maintain a **professional and not personal relationship** in a manner consistent with legal and ethical standards.
- To hold **all information** obtained in sessions in **strict confidence**.

What are the *limits* to confidentiality?

In California there are **certain exceptions** where information obtained in sessions **must legally and ethically be disclosed to the proper agencies**. The following are examples of such limitations and are *not an exhaustive list*:

- You **inform** your counselor in writing
- Your counselor is under **court order** to disclose information
- If your counselor believes that you intend to harm yourself or someone else.
- **Abuse or neglect is suspected** regarding **any child or dependent adult**.

It is important to recognize that counselors are sometimes *required by law and at other times permitted by law* to disclose confidential information.

What is the *extent* of confidentiality?

Your communications during the course of therapy are generally confidential. In California there are **certain exceptions**, which include but may not be limited to the following:

- The **fact of the relationship** of counselor / client **will not be acknowledged** in public.
- We require a **release of information** to be signed by you if you want anyone else to know when your appointments are or any other information.
- At times our work **will be shared with supervisors** if you are working with an intern, and **may be shared** with colleagues, your primary care physician, or your insurance carrier (if you are utilizing your health care benefits) to insure quality care. Please ask your therapist if you have any questions about this.

Who may terminate the counseling relationship?

- **You may terminate** the relationship **at any time**.
- Your **therapist may terminate** the relationship for many reasons such as your not paying your bill, your not making adequate progress, your problem requires specialized treatment etc. These are a few examples. Talk with your therapist if you have any further questions or concerns.

Please ask if you have trouble understanding any of the information given on this form, then sign and date below if you understand and agree with the terms listed above.

Signature of Client

Date

Signature of Parent/Guardian

Date

Signature of Client

Date