



## Informed Consent for Counseling Services

**Services and staff.** I understand that Summit View Counseling, LLC (SVC) is a professional counseling office offering counseling services which may include individual, couples, family, group counseling, training, consultation and advocacy. These services are provided by professionally licensed mental health clinicians.

**Confidentiality.** I understand that all information disclosed within sessions is confidential and may not be revealed to anyone without my written permission. I also understand that the following are limitations to confidentiality and only apply in the following circumstances, where disclosure is required by law:

1. If I present an imminent threat of harm to myself or to others,
2. When there is an indication of abuse of a child or dependent adult,
3. If I become gravely disabled , and
4. By court subpoena.

Occasionally staff members meet for peer consultation at which time they may discuss cases for professional growth, education and coordination of treatment planning. No identifying information is shared and the identity of the client is with held.

**E-mail.** With respect to electron mail (e-mail), I am cautioned that e-mail is not a confidential means of communication. Furthermore, SVC cannot ensure that e-mail messages will be received or responded to if my counselor is not available. I understand that e-mail is not the appropriate way to communicate confidential, urgent or emergency information. Therefore, I am encouraged to come to the SVC office or phone at (610) 351-3477 during open hours. If I have urgent needs when the office is closed I may be directed to the nearest emergency room or hospital.

**Risks and benefits.** I understand that there is a possibility of risks and benefits which may occur in counseling. Counseling may involve the risk of remembering unpleasant events and may arouse strong emotional feelings. Counseling can impact relationships with significant others. The benefits from counseling may be an improved ability to relate with others; a clearer understanding of self, values, goals; increased academic productivity; and an ability to deal with stress. Taking personal responsibility for working with these issues may lead to greater growth.

**Eligibility, appropriateness and referrals.** I understand that my eligibility for counseling is contingent upon my counselor and me agreeing that the services are appropriate given the needs and conditions I present. If it is decided that this is not the appropriate agency to meet my needs, I understand that I will be given referrals to resources more appropriate to my needs and goals.

I HAVE THE OPPORTUNITY TO DISCUSS ANY QUESTIONS I HAVE ABOUT THIS INFORMATION:

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I HAVE DISCUSSED THIS INFORMATION WITH THE CLIENT:

Clinician: \_\_\_\_\_ Date: \_\_\_\_\_