

# **Informed Consent to Treatment**

## **INTRODUCTION**

Thank you for the opportunity to work with you in therapy. I thoroughly enjoy helping people grow and become the best they can be through therapy and look forward to this experience with you. The purpose of this document is to inform you about various elements of the counseling process.

## **TREATMENT PHILOSOPHY AND FREQUENCY**

I am a mental health counselor (LMHC) licensed in the state of Indiana and have worked with individuals, couples, and families as a therapist since 2004. I graduated with a Bachelor of Arts in Communication Arts from Grove City College, a Master of Arts in Counseling from Reformed Theological Seminary, Orlando, and a two-year Certificate in Advanced Training in Adult Psychoanalytic Psychotherapy from the Chicago Institute for Psychoanalysis. I am required to complete 20 hours of continuing education in counseling-related courses each year to maintain my licensure.

Meeting you where you are and being attuned to your feelings and needs is foundational to the helpfulness of the therapeutic process. I work with people from a self-psychology and object relations perspective which means I consider and explore the state of the self and how what you experienced in your primary relationships growing up effects and contributes to how you feel, think, and behave in the present. Connecting to early needs and parts of you that were not received and welcomed into relationship in your primary relationships will be the main source of the strengthening and growth that comes from therapy. This process is often unsettling and uncomfortable and often takes longer than one anticipates. Remobilizing early needs by connecting with them in therapy and internalizing empathy and understanding through the therapeutic process requires the patient to open themselves up to new ways of feeling and being. I will be right there with you with empathy, understanding and insight to supplement your ability to sit with different parts of you. This process will involve hard work, but will lead to your growth and strengthening and is worth the effort.

The benefits to such an approach are:

- improved mood
- decreased anxiety
- decreased stress
- decreased anger
- increased confidence
- decreased use of defenses-rationalization, justification, minimization, acting out, busyness
- improved sleep
- improved concentration
- improved ability to comfort yourself and regulate your emotions
- stronger sense of self
- greater boundaries
- increased relational resources
- increased energy
- increased capacity for experiencing and working through negative emotions
- increased internal capacity and resources

The sense of security and safety that comes from many parts of your self being validated by another has the power to change your life in lasting, meaningful, and exciting ways. I seek to provide a place in which you feel safe to acknowledge and experience and bring out all aspects of your being.

The risks of this type of work are:

- emotional weariness or feeling drained during and after sessions as you open up and connect to needs and parts of yourself that have been shut down or split off for many years after many unsatisfying, disappointing, or traumatic responses to them.

- increased anxiety, tearfulness, irritability, feeling on edge, doubt
- disruption of relationships outside of therapy
- emotional instability and fragility
- increased depression, feelings of hopelessness, badness, negativity, and guilt
- increase in the use of defense mechanisms to help manage feelings you are connecting to
- sleep disturbance and increase in dreaming

The length of a typical session is 55 minutes. The number and frequency of sessions depends on the client and the nature of his or her concerns.

## **CONFIDENTIALITY AND LIMITATIONS TO CONFIDENTIALITY**

I place a high value on the confidentiality of information you share with me and will make every effort to ensure that your personal information will be kept confidential. You should, however, be aware that legal and ethical requirements specify certain conditions in which it may be necessary for me to discuss information about your treatment with other professionals and the proper authorities. If you have any questions about these limitations, please ask me about them before we begin treatment or at any time during treatment. Such situations include:

1. If I believe there is a danger that you may harm yourself or others or that you are incapable of caring for yourself.
2. If I become aware of your involvement in the abuse of children, elderly, or disabled persons.
3. If I am ordered by a court to release your records. This sometimes happens when clients are plaintiffs in lawsuits and psychological records are subpoenaed as part of that process.
4. If a third party is responsible for paying for all or part of your counseling fees, I will submit billing statements with your name and the dates of contact.
5. In the case where I submit claims to your insurance provider, I will also include your date of birth, address, phone number, and an Axis I diagnosis.

## **FEES**

My fee is \$150/55 minute session. I am an in-network provider with Anthem Blue Cross Blue Shield, United Healthcare, UMR, Aetna, and Humana. If you have medical coverage with one of these insurances you are responsible to pay any copay at the beginning or end of each session. I will file the claim with your insurance monthly and they will reimburse me directly. I accept cash and check as forms of payment. Please understand also that by signing this form you are agreeing to be responsible for any and all court and legal fees associated with my collection of any balance you accrue. Also, if you miss or cancel a session with less than 24 hours' notice or do not show up for an appointment, you will need to pay the full fee for the session.

## **SOCIAL MEDIA**

There will be times when using email or text to communicate with each other is necessary for such things as clarifying appointment times and cancelling or rescheduling appointments. However, since texting and emailing are not secure forms of communication, meaning that as a message is transmitted from sender to receiver, the connections between each server are not necessarily secure, I discourage you from sharing personal and sensitive information through these platforms. If there is something you think of sharing between sessions, I encourage you to write down your thoughts and share them at the next session.

## **YOUR RESPONSIBILITIES**

Your readiness and capacity for connecting to your feelings and needs in therapy is the main thing that will allow you to receive the most good and help from therapy. Introspecting in an accepting and non-judgmental way will allow that which is most important to you to emerge. There may be times when, because of the things to which you are connecting and feeling in therapy, you do not want to come to therapy. This is a normal part of the process and the more open and honest you are with me about these feelings, the better therapy will be and the less these feelings and experiences will derail the therapeutic process.

## **CONTACTING ME**

If you need to reach me between sessions, you can contact me at (765) 409-6168 or at [randallswood@hotmail.com](mailto:randallswood@hotmail.com). If you have an emergency and I cannot be reached, please contact your physician, the emergency room at your local hospital, or the police.

## **ADDITIONAL ISSUES**

I appreciate the time you have taken to read this. Please sign below to indicate that you have read this and have had a chance to ask any questions. I will give you a copy of this to keep and refer to if you like. I have read this document, discussed it with Randall S. Wood, LMHC, understand the information contained herein, and agree to participate in treatment under the conditions described.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor's signature: \_\_\_\_\_ Date: \_\_\_\_\_