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Informed Consent & Disclosure Statement

General Information

The therapeutic relationship is unique in that it is a 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. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

The Therapeutic Process & Risks

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. I cannot promise that your behavior or circumstance will change. I can provide support to you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential. I keep progress and process notes about each client as a way to further my understanding of the issues addressed in therapy and our therapeutic relationship. At times, I will share aspects of our sessions with a supervisor, and may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. In these instances, your name and other identifying characteristics will remain private. With very few exceptions, the information discussed during your therapy session will remain private. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If the therapist learns that there exists a serious threat to any person.
3. If there is evidence of child, adult, or elder abuse.
4. If there is a court order for the therapist to appear, or to produce the client's chart.

Practice Policies

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to

jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Consideration for Minors

Minors should understand that their parents/guardians have a legal right to know what goes on in therapy. I feel it is integral for a child to feel like what she or he says will be kept private, thus instilling a safe environment to foster a beneficial therapeutic experience. If asked about what has occurred in a therapy session, I will focus on how things are going rather than reporting back exactly what is said.

Termination

Although termination is usually a collaborative decision between therapist and client, you have the right to terminate at any time. Termination usually occurs when the initial reason for therapeutic intervention, which brought you into therapy, has been thoroughly addressed or you have gained all that can be gained from your therapeutic growth process. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is self-initiated, I will provide referrals to ensure continued support and healing are offered.

48 hour cancellation policy

Please remember to cancel or reschedule 48 hours in advance. You will be responsible for the entire fee if cancellation is less than 48 hours.

By signing below, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT

X _____
Signature of Client

Date