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## Informed Consent for Treatment

You have a right to be an active participant and collaborator in your treatment. Your participation is of the utmost importance and key to your growth and healing. It is expected that you, as the client and expert in your life, will participate in determining treatment goals that we will work towards together in treatment. We will periodically review these goals and adjust them to guide our work as needed.

By participating in psychotherapy, you understand that the nature of your participation is likely to lead you to experience some emotional distress. The degree to which you experience this distress may vary at times depending on the material being discussed and the phase of treatment. This is normal and necessary during the course of psychotherapy in order to experience healing and resolution of symptoms and behaviors. As your therapist, I will support you during whatever distress you may experience in sessions and make every effort to ensure you do not leave a session unable to function, or leave in a triggered or over-aroused state.

My role will be to use my training and experience to select interventions that will support our work in achievement of your goals. There may be times when I ask you to read books or complete tasks outside of our session. The degree to which you complete these tasks will contribute to your success and growth, or slower progress in therapy if you decide not to complete tasks. Whether or not you complete these tasks is ultimately up to you.

It is your right as a client to understand your diagnosis, if one is made, and the modalities I use and why they are beneficial to you as you work towards your goals. As your therapist, I pledge to use modalities that are within my scope of practice (i.e., I will not use specialized methods in which I have not been trained) and will also practice in a way that is informed by best practice standards and ultimately seeks to bring no further harm to you.

As an active participant in treatment, at any point in time during a session or the course of treatment, you have a right to raise concerns or ask questions about the therapeutic process.

Please sign below to indicate that you understand that you understand the nature of your participation in treatment and understand the potential risks in the form of emotional distress.

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Printed Name

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Client Signature

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Date