



INFORMED CONSENT FOR PSYCHOTHERAPY

General Information

The therapeutic relationship is unique; it is highly personal, but it is also 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 signing at the end of this document.

The Therapeutic Process

You have taken a positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in the process, which may, at times, become uncomfortable. Remembering unpleasant events, becoming aware of feelings attached to those events, addressing relationship conflicts, and working toward change can bring about strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your symptoms, behavior, or circumstances will change. But, I can promise to support you, guide you, and do my very best to help you work toward health and well-being.

Confidentiality

The session content and all relevant materials to the patient's treatment will be held confidential unless the patient requests, in writing, to have all or portions of such content released to a specifically named person/persons. Limitations of such patient privilege of confidentiality exist and are itemized below:

1. If a patient 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 a patient threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a patient or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.

6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a patient is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

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 it is not appropriate to engage in lengthy discussions in public or outside of the therapy office.

About Your Therapist

Lisa Amato, Ph.D. – Licensed Psychologist

Dr. Amato is a Licensed Psychologist with the State of Florida, (License #PY6944) and the owner and president of Lisa S. Amato, Ph.D. Incorporated. Areas of expertise include Cognitive Behavioral Therapy (CBT) for the treatment of depression and anxiety, coping and stress management, parent education and training, supportive counseling for parents, behavior management for disruptive and oppositional behavior in children, psychological testing, and educational testing.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Signature

Date