

NEW DAY WOMEN'S CENTER
5575 Lake Park Way, Suite 106, La Mesa, CA 91942
(619) 713-1544

INFORMED CONSENT

WHAT CAN I EXPECT FROM COUNSELING?

It is my desire that your counseling experience be a time of personal growth for you. The benefits from your therapy may be that you will be better able to cope with or handle your family and other social relationships. Another possible benefit may be a better understanding of your personal goals and values; this may lead to greater maturity and growth as a person. However, you should be aware that psychotherapy may involve the risk of remembering unpleasant events and can arouse intense emotions of fear and anger. Intense feelings of guilt, anxiety, depression, loneliness, or helplessness may also be aroused.

Confidentiality: As a person in counseling you have certain rights of which you should be aware. They are as follows:

1. You have the right to decide not to receive psychotherapy from me, or to end therapy at any time without any moral or legal obligations.
2. You have the right to ask any questions about the procedures or techniques used during therapy and to prevent the use of certain therapeutic techniques if you are not comfortable with them.
3. One of your most important rights involves confidentiality. No information, including the fact that you are in therapy or any particular appointment time, will be released without your written consent, within certain limits. Those limits are imposed by law and are as follows:
 - If you threaten grave bodily harm or death to another person, I must inform the person and the appropriate law agency.
 - If a court of law issues a legitimate subpoena I must provide the information specifically requested.
 - If you are in therapy or being tested by order of court of law the results of the treatment or tests must be revealed to the court.
 - If there is evidence to suspect child abuse either by neglect, assault, battery, or sexual molestation, I must report it to the appropriate agency.
 - If you disclose viewing of child pornography, I must report to the appropriate agency (Code AB1775)
 - If there is evidence to suspect to suspect elder and/or dependent adult abuse I must report the reasonable suspicion to the appropriate agency.
 - In the case of potential suicide, I am allowed by law to inform the necessary individuals and/or agencies to prevent harm

I am mandated by law to reveal the above information obtained during therapy to other persons or agencies without your permission and I am not required by law to inform you of my actions in this regard. Additional Privacy Rights are discussed in the NOTICE OF PATIENT INFORMATION PRACTICES.

If at any time you have questions regarding this form or any other aspect of counseling which I have not answered to your satisfaction please feel free to contact me by phone or discuss with me in session.

I have read and understand this document and all my questions regarding the above have been answered to my satisfaction and acknowledge that I have received a copy of the NOTICE OF PATIENT INFORMATION PRACTICES of New Day Women's Center.

Print Client Name(s) _____

Client Signature(s) _____

Date _____ Phone # _____

Mailing Address _____