

Client Consent Agreement

The purpose of this document is to inform you about some important aspects of my background and approach, potential risks and benefits of psychotherapy, your rights to confidentiality, and some details about my business practice. Please read it carefully and note any questions you may have. Once your questions have been answered, I will ask for your signature indicating your understanding and agreement.

Background

I hold a masters degree in counseling from the University of Montana and a PhD in East-West Psychology from the California Institute of Integral Studies. I am licensed to practice in California as a Licensed Professional Clinical Counselor (LPC #189). I have been trained in a number of different psychotherapeutic modalities. My style is to actively collaborate with clients to determine which approaches work best given their individual needs and preferences.

Potential Risks and Benefits

It is my responsibility to inform you of potential risks of counseling and psychotherapy. (“Counseling” and “psychotherapy” are used interchangeably in this document to mean the same thing.) You should know that some uncomfortable feelings such as sadness, anxiety or anger are likely to arise in the therapeutic process. Also, disturbing memories are sometimes recalled. These feelings and memories can affect relationships and performance at work or school. Your problems may even worsen while in counseling. Although the increase of symptoms is usually temporary, there is always the risk that, even with our best efforts, therapy may simply not work well for you.

While you consider these risks, you should also know that psychotherapy has been demonstrated to be effective in hundreds of well-designed studies. There are a number of potential positive outcomes to therapy including the improvement of specific symptoms (such as decreased feelings of depression or anxiety), enhanced coping skills, increased clarity in values and goals, and more satisfying relationships. It should also be pointed out that *not* engaging in psychotherapy carries the risk that whatever problems or concerns you have may worsen.

Counseling is different from many types of professional services because it requires your very active involvement. For our work to be most effective, it is important that you are open and honest. It is also important that you raise any concerns you have about the psychotherapy process and that you let me know if you ever feel that you are not making the progress you expect. Oftentimes, we can make adjustments to make therapy more effective for you. Sometimes, however, it is appropriate to discuss referral to another therapist in which case I will do my best to help you connect to the help you need.

Evidenced-Based Treatment

A number of the therapeutic methods I use are considered “evidence-based” which means that scientifically controlled studies have demonstrated their effectiveness. However, I also make use of methods that have not yet been well researched. These methods are strongly supported theoretically (that is they have well-grounded rationale) and I only use methods that I have reason to believe will be helpful. If you have any questions about the scientific standing of the various approaches I use, please let me know.

Body-Centered Psychotherapy

Two related methods I have been trained in, Hakomi and Sensorimotor Psychotherapy, can be classified as body-centered or somatic psychotherapies. These approaches acknowledge the importance of the body-mind interface. The central element of these approaches is awareness of the body. Sometimes subtle physical manifestations such as inner sensations, the movement of breath, or involuntary muscle movements can offer valuable inroads into psychological material. These therapies also include techniques that involve the use of physical touch, for example to support the body in some way. This type of touch is always guided by a therapeutic rationale (which I can always share with you), is only used if you give explicit permission, and it is never sexual in nature. If you are interested, we can incorporate this particular form of touch into your therapy. It is, however, optional and your therapy can proceed without it. As with all matters, please feel free to ask any questions that you have, at any time.

Confidentiality

One of the unique aspects of the therapeutic relationship is that your confidentiality is protected. *I will keep private and treat with great care all the information you share with me.* In all but a few rare situations, your confidentiality (that is, your privacy) is safeguarded by state law and by the rules of my profession. Here are the most common cases in which confidentiality is *not* protected:

- If I believe you are an imminent threat to yourself, I may be obligated to contact family or others to help provide safety and, in some cases, may need to seek hospitalization.
- If you make a threat to do bodily harm to another person, I am required to take action that may include notifying the intended victim and/or the police.
- If I suspect a child or elder has been or will be abused or neglected, I am legally required to report this to the authorities.
- If I am required by a court of law to release records, I must comply.

Email, Text and Social Media

It is important to consider the privacy concerns inherent in the use of email and text. These communications can be intercepted, sent to the wrong address, hacked, impersonated, or later retrieved from your device by family, friends or others. If you choose to communicate with me by email, be aware that emails are retained in the logs of our internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by system administrators. Generally, I suggest only exchanging information via email or text that you are comfortable with a potential 3rd party seeing. I tend to communicate minimally via email and text (usually just to schedule our appointments) unless there is an expressed request to engage in that medium as part of our work together.

To protect client confidentiality, my policy is to not accept any friend or contact requests from current or former clients on social networking sites (Facebook, LinkedIn, etc).

Consultation and Writing

Consultation is a professional standard of practice that helps ensure quality care. I consult regularly with other professionals regarding my clients, however, client identity remains completely anonymous.

I may also sometimes include information about work with clients in writing or teaching, without ever using a client's name. If you have any questions about this, please let me know.

Payment

Unless other arrangements have been made, payment is due at the time of service. I suggest you make out your check before our meetings so that writing the check does not consume session time. I do not bill insurance companies directly, however, I will provide you with a statement that you can submit to your insurance company. I typically prepare these statements every-other month but can produce them more frequently for you if you prefer. (Please see what I have written regarding the use of insurance for psychotherapy services on the Services and Fees page of my website.)

Cancellation

Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of *48 hours* notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification.

Emergencies

Please understand that outside our scheduled session times, I am often unavailable. Whenever there is urgency, please call me rather than email. I generally check my phone messages throughout the day, Mondays – Thursdays, but less often on weekends. *If you have an emergency or emotional crisis and cannot reach me immediately, you or your family members should call your medical provider or 911 for help or proceed to the nearest hospital emergency room.*

It is possible that I may be away from my practice for up to one month at a time. While on vacation, I am either available by phone or have a trusted colleague cover for me. If a month absence would not give you the continuity of care you require, I may not be the right therapist for you. Feel free to ask me what breaks from practice I may have planned.

Consent to Psychotherapy

Your signature below indicates that you have read and understood this form and agree to its terms. Further, you acknowledge that:

a. No specific promises have been made to you by Kelley Parke about the results of treatment, the effectiveness of the procedures used, or the number of sessions necessary for therapy to be effective.

b. Should there be legal proceedings (such as, but not limited to divorce and custody disputes, disability claims, lawsuits, etc.), neither you (client) nor your attorney, nor anyone

else acting on your behalf will call on Kelley Parke to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

c. You understand that Kelley Parke is an independent practitioner. Although he shares an office suite with other professional psychotherapists, he and his business “Integral Life Counseling” are in no way related to them.

d. You understand that you have the right to withdraw your consent to therapy at any time, for any reason.

Signature of Client

Date

Printed Name