

**Informed Consent**

I understand that therapy begins with an evaluation of my situation, past and present. While my therapist is deciding whether she is the appropriate counselor for me, I will decide whether I wish to begin therapy with her. I understand that because of the commitment of time and money, plus the potential impact on myself and others, it is important to make an informed choice for a therapist.

I have discussed and understand the potential limits of confidentiality, including those imposed by the therapist’s policies and by state law, and I have received a copy of these. I have been given the opportunity to ask questions and discuss confidentiality and disclosure policies with my therapist, Rachel Hensley, LMFT-Associate. I understand all policies as described on the *Notice of Office Practices* and accept them as conditions for entering into therapy with Ms. Hensley.

I agree to *share* responsibility for the therapy process, including goal setting and termination. I understand that the changes made will have an impact on myself and on others around me. I accept that such changes can have both positive and negative effects and agree to clarify and evaluate potential effects of changes before undertaking them.

I understand that no promises have been made to me as to the results of treatment provided by Ms. Hensley. I am aware that I may stop my treatment at any time. The only thing I will still be responsible for is paying for the services I have already received. I understand that if payment for the services I receive here is not made, the therapist may stop my treatment.

By signing below, I am entering a contract in which I agree to accept therapeutic services from Rachel Hensley, MA, LMFT-Associate, and I accept full responsibility for my part in receiving such services.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If Client is a minor: Name of child** \_\_\_\_\_

I declare that I am the legal guardian and/or managing conservator with the right to seek treatment of the above named child and grant permission for his/her psychological treatment

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have discussed the issues above with the client (and/or his or her parent, guardian, or other representative). My observations of this person’s behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

**Therapist:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Rachel Hensley, MA, LMFT-Associate