

Informed Consent

TO PSYCHOTHERAPY SERVICES CONDUCTED BY STUART M. SHORE

*Stuart M. Shore, PhD, LPC
208 N Easton Road
Willow Grove, PA 19090*

Client: _____

PROCESS OF THERAPY

The process of therapy can provide you several benefits including better interpersonal relationships, improved insight, accomplishing specific goals, or resolving a problem. You will get the most out of therapy by applying effort in and out of our sessions, being honest, and staying actively involved in the therapeutic process. I will ask for your honest feedback regarding your therapy and progress.

Sometimes during therapy you could experience feelings such as anger, fear, worry, or sadness by discussing unpleasant events, memories, or experiences. Part of the therapeutic process involves me challenging some of your thoughts or behaviors and offering new perspectives for handling certain situations. During therapy I might suggest that you develop new ways of thinking, behaving, or interacting with others.

Sometimes resolving an original problem that brought you to therapy may cause changes that were not originally intended. Changes made while in therapy can impact your behavior, education, or relationships. These changes sometimes happen rapidly, but more often require patience and time on your part. I cannot guarantee that therapy service I provide will work for every problem or every person.

I will use various psychological approaches during therapy including but not limited to cognitive-behavioral, behavioral, family systems therapy, or psycho-educational approaches. I will openly discuss with you the approaches I will use, their intended benefits, and other therapeutic alternatives.

TREATMENT PLAN

I will discuss with you your treatment plan, your understanding of the problem, therapeutic objectives, progress, and outcomes. You have the right to ask questions about the treatment plan at any time during therapy. I will inform you if I believe you could benefit from any treatments that I do not provide and help you obtain an appropriate referral for that treatment.

DUAL RELATIONSHIPS

I will attempt to avoid all dual relationships with you that might impair my objectivity or clinical judgment, or create an exploitive relationship. Therefore, I do not accept invitations from clients via social networking such as Facebook. Also, I will not acknowledge working therapeutically with a client without his or her written permission.

TERMINATION AND REFERRAL

During the initial intake process and additional next few sessions, I will assess if I can help you. If I determine that I cannot help you I will communicate that to you and help find an appropriate referral for other professional services. You have the right to terminate therapy at any time and I will help you find other qualified professionals at that time if requested to do so.

PRIVACY AND CONFIDENTIALITY

I will not reveal any information from any therapy session without your written permission except where disclosure is required by law. All records of communication between client and therapist remain the property of Stuart M. Shore. Verbatim material from your session will remain in the client record. Clients have the right to make a written request to view their records. However, based on my professional judgment I retain the right to grant the request.

DISCLOSURE REQUIRED BY LAW

I am required by law to disclose any information when there is a reasonable suspicion of child or elder abuse or neglect and where a client presents a danger to self, others, or property.

HARM TO SELF OR OTHERS

During our work together or in the future after termination if I become concerned about your personal safety, the possibility of you injuring someone else, or you receiving proper psychiatric care I will do whatever I can within the limits of the law to protect you and others. Therefore, it could be necessary for me to contact the police, hospital, or an emergency contact whose name you have provided.

CONFIDENTIALITY OF CELL PHONE AND ONLINE COMMUNICATION

You agree to work with me online using *COUNSOL* or another encrypted form of email/chat service determined by Stuart M. Shore. Also,

- Text messaging via cell phone is acceptable for scheduling of appointments only
- Unless we are both on land lines, the conversation is not confidential
- I do not respond to concerns via regular email
- If we are working online together you should take precautions to know who has access to your computer and your electronic information

I do not search for client information online. However, there are very rare situations that if I determine in my professional judgment there is a crisis I would use a search engine to locate you (or someone close to you). This could occur if I suspect you are in danger because you have not been in touch with me via our regular form of communication. In the unusual event I do use a search engine to obtain information to locate you or someone close to you I will fully document it and talk with you about it during our next session.

LITIGATION LIMITATION

It is agreed that should a legal proceeding arise, neither you nor your attorney will call on me to testify or provide therapy records in a divorce, custody dispute, or any other legal dispute. You agree to this to fully protect your confidentiality.

CONSULTATION

I regularly consult with other mental health professionals regarding my clients. I never reveal any detail of a client's identity, name, or other details to maintain confidentiality.

EMERGENCY PROCEDURES

If you need to contact me regarding an emergency situation please call 215-264-3839. I check my messages daily, but not during the nighttime. If an emergency situation occurs you may call 911 or the National Suicide Hotline at 1.800.784.2433. If a life-threatening emergency should occur, you agree to contact a crisis hotline, call 911, or go to a hospital emergency room.

FEE FOR SERVICE AND CANCELLATION POLICY

Fees for therapy are due at the conclusion of each session. The current rates for my services are posted on my website. I do not participate on any insurance panels as either a preferred or out-of-network provider. Therefore, I do not communicate with a client's insurance company for any reason. I will provide you with a receipt for my services, which may or may not be reimbursable by your insurance company.

A 24-hour notice is required by the client to cancel or reschedule an appointment. The full session fee will be due immediately following a missed session or a session canceled with less than 24-hour notice.

LIMITATIONS OF ONLINE THERAPY

Distance therapy is a different experience than face-to-face therapy. It does not provide for visual or auditory cues that occur during face-to-face communication. Distance therapy is not appropriate for clients in crisis or those having suicidal or homicidal thoughts. I will follow the laws of the State of Pennsylvania as they pertain to distance therapy and will only work with clients that reside in PA.

By signing below, I agree to the terms of *INFORMED CONSENT* as indicated above.

Client's printed name _____

Client's signature _____

Date _____



Client received a signed copy of the Informed Consent