

MICHELLE DAN EL CARR, INC.

daniel71314@hotmail.com

Cell: 407-435-1965

I welcome you to my practice and hope that your visit will be worthwhile. Your goals are more likely to be met when you understand the nature and limitations of counseling. Generally, therapy is most useful in helping individuals help themselves or improve their relationships by changing feelings, thoughts, and/or behaviors. YOU determine the nature and amount of change you wish to make. Please initial each paragraph, indicating that you have read and understood the content of that paragraph.

Benefits and Risks: Most people experience improvement or resolution to the concerns that brought them to therapy, but of course, there are no guarantees, and there are some risks. For example, therapy could open up new levels of awareness that may cause discomfort.

Initial _____

Confidentiality of Cell Phones, Email and Fax Communication: It is important to be aware that every effort will be made to maintain confidentiality when using these types of communication. It is noted that all texts, voice messages, emails or faxes can erroneously be sent to a wrong address. We will make every effort to avoid these types of situations happening. If it does happen and is brought to our awareness, we will contact you immediately. Texting to my cell phone if you have to clarify anything is acceptable.

Initial _____

Consultation: Your therapist may consult with other professionals regarding a case. It is noted, however, that your name and any other identifying information will not be mentioned. Your identity will remain anonymous, and confidentiality will be maintained. Written consent will be obtained from you prior to any consultation taking place with another professional where your identity will be revealed. An example of this would be if you are also working with another professional, such as a psychiatrist, and case staffing is needed to coordinate treatment.

Initial _____

Discussion of Treatment Plan: Within a reasonable period of time after the initial assessment, your therapist will discuss with you her working understanding of your presenting issues, the treatment plan, and therapeutic objectives. If you have any unanswered questions about the course of your therapy, the possible risks, or your therapist's ability, please ask and your questions will be answered fully. You have the right to ask about therapy and risks and benefits of engaging in therapy. If you could benefit from a therapy that your therapist does not provide, your therapist has the ethical obligation to assist you in obtaining those treatments. If there is any specific treatment modality to be used, a verbal consent will be obtained.

Initial _____

Consent to Treatment: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Therapy requires your active involvement, honesty, and openness to change. Remembering and talking about painful memories and unpleasant events, feelings, or thoughts can result in experiencing considerable discomfort or strong feelings. Your therapist may challenge some of your assumptions or perceptions, which may cause you to feel upset, angry, sad or disappointed. Attempting to resolve issues that brought you to therapy, such as personal or interpersonal relationships, may result in changes that were not originally intended. Sometimes a decision that is positive for one family member is viewed quite differently by another family member. Change will at times be easy and swift but at other times it is slow and even frustrating. During the course of therapy, your therapist is likely to draw on various therapeutic approaches to best benefit you.

Initial _____

Termination: You have the right to terminate therapy at any time. Ideally, this happens when the goals of therapy have been met. If at any point during your treatment, your therapist believes she is not effective in helping you reach your therapeutic goals, she is obliged to discuss it with you and if appropriate, terminate treatment and give you possible referrals. Termination or any issues about the process of therapy should be dealt with in session or by phone with the therapist rather than any third party.

Initial _____

Please type your name here as acknowledgement and consent to the above.

X.

Date:

Mailing Address:

Email:

Cell:

Date of Birth: