

## **Lynn M. Acquafondata**

### **Informed Consent for Assessment and Treatment**

I am pleased that you have selected me as your counselor. This document is designed to inform you about my background and to ensure that you understand our professional relationship.

***My background and training:*** I have a New York State mental health counseling license (LMHC). I have a Master's degree in Counseling (2013), a Doctoral degree in Ministry (2013), a Master of Divinity (1999). I have 19 years of professional experience including mental health counseling, congregational pastor and a hospice chaplain. I am an ordained minister, and I have earned three units of Clinical Pastoral Education (400 hours each).

***Goals of therapy:*** People come to therapy with different needs and different goals in mind. You and I will jointly agree on a treatment plan and will re-evaluate that plan periodically in order to ensure that we are meeting the goals that we have established. Some clients will only need a few counseling sessions to achieve their goals, while others may require months, or even years, of counseling. As a client you are in complete control and may end our counseling relationship at any point. I will be supportive of that decision and will refer you to other providers or services if requested.

While psychotherapy can provide significant benefits, it may also pose some risks. Counseling/therapy may elicit uncomfortable thoughts and feelings, or may lead to a recall of troubling memories. This can be a normal and necessary part of treatment in many cases. If this occurs, I am here to help you walk through these thoughts and feelings and, hopefully, find new strength, resilience, and joy in living.

***Therapeutic approach:*** The therapeutic approach I use with clients varies according to your specific needs and according to the issues that you bring with you into our work together. I am trained in Bowen family systems, CBT, DBT, person-centered, EFT-tapping and pastoral/spiritual counseling.

My basic approach to counseling is:

- Holistic. I focus on the whole person, mind, body, emotion and spirit.
- Strength-based. I seek to identify, draw on and enhance the positive qualities and approaches that clients already use in life and those that have helped through difficult times in the past
- Person-centered. I work in collaboration with each person letting the client take the lead in introducing aspects of life he or she would like to work on. I am calm, centered, non-judgmental, a good listener.
- Systems oriented. I understand each person as part of many systems that influence his or her life including family, friends, workplace, neighborhood, culture, race and ethnicity, sexual identity, religion and the society we live in.

***Confidentiality:*** As stated on the cover sheet, everything shared in the session will be kept confidential with these exceptions: 1) If I am ordered by a court to disclose information, you (the

client) direct her to tell someone and sign consent for release of information, 2) If I determine that you are a danger to yourself or others, or 3) if you reveal that you or someone you know is abusing a child (federal law mandates this be reported). 4) I may from time to time share details from a session in a group supervision setting with other counselors, however I will not use any identifying information. I am also working toward certification in EFT-Tapping. I share case notes on-line with an EFT mentor. This is strictly limited to the EFT portion of a session (if used) and does not include any identifying information about you. If you are not comfortable with this, please let me know.

Occasionally clients and their counselor, may happen to run across each other outside of the session in public. In order to protect your privacy, I will do my best not to divulge our therapeutic relationship in public. I will follow your lead in the event we cross paths away from counseling office. For example, you will not offend me at all if you choose not to acknowledge me or our relationship. If you choose to greet me, I will simply return the greeting and not engage in further conversation unless initiated by you.

***Fees and Cancellation:*** In return for a mutually agreed on fee per session, I agree to provide services for you. The fee for each session must be paid in full at the conclusion of each session. Cash or personal checks made out to: **Mental Health Counseling Group, PLLC**, are acceptable for payment. Credit cards are also acceptable. In the event that you are unable to keep an appointment, you must notify me at least **24 hours** in advance **by phone**. Text notification does not count until I respond that I have received your text. If I do not receive such advance notice, you **agree to pay the full price** for that session.

***Text and Email*** It is my duty to inform you that email and text messages are not secure. I cannot protect your confidentiality when these modes of communication are used. I prefer to use text and email only to arrange or modify appointments. If you chose to use these modes of communication, you acknowledge there is some risk of others reading these messages. E-mail and text messaging are not effective means for communicating with me in a clinical emergency and are not an accepted medium for last minute cancellations. Please use the phone for emergencies and cancellations which are received within 24 hours of an appointment. In addition I do not use social media for communication with or about clients.

If you have any questions regarding this consent form or about our work together, you may discuss them with me at any time. By signing this form you agree that you have read and understood the above and that you consent to participating in the treatment offered by me.

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| _____                 | _____ |
| Client's Signature    | Date  |
| _____                 | _____ |
| Counselor's signature | Date  |