



Enlightening Hope Counseling, LLC

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Phone: 724-689-6714

Informed Consent for Psychotherapy

Definitions: Enlightening Hope Counseling, LLC also referred to as "EHC" in this document

#### General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

#### The Therapeutic Process

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

#### Voluntary Participation:

All clients voluntarily agree to treatment, and accordingly may terminate any time without penalty. Counseling involves a large commitment of time, money, and energy, so you should be thoughtful about the therapist and agency you select. In the first couple of sessions, you should be deciding whether your therapist is right for you. If you feel it is not a good match, then I will be happy to assist you in finding a new therapist who may be a better match for you.

### Risks of Therapy:

Counseling can stimulate painful memories, unanticipated changes in your life, unexpected changes in relationships, and uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. In some cases client's symptoms become worse during the course of therapy, occasionally necessitating hospitalization or referral to a higher level of care. Another risk of therapy is that throughout the process of therapeutic change it is not uncommon for clients to reach a point of change where they may feel they are different and no longer able to be the same person they were upon entering therapy. At times these feelings can be unsettling.

### Benefits of Therapy:

The benefits of therapy can include: a higher level of functional coping, increased coping skills, solutions to specific problems, new insights into self and/or relationships, more effective means of communicating in relationships, improved relationships in multiple areas of your life, symptomatic relief, and improved self-esteem.

### Reasonable Alternatives to Traditional Therapy:

There are reasonable alternatives to traditional Psychotherapy. They include, but are not limited to, stress management, twelve step programs, peer self-help groups, self help books, bibliotherapy, and support groups.

### Guarantees:

Although the majority of people do get better in therapy, some do get worse and have increased symptoms. Accordingly, I nor Enlightening Hope Counseling, LLC makes no guarantee of results. It is not possible to guarantee results such as: becoming happier, saving marriages or relationships, improving self esteem, becoming less depressed, and so forth.

**Confidentiality** The session content and all relevant materials to your treatment will be held confidential unless you request in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts themselves in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.

3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

#### Consultation/Professional Affiliations:

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

#### Professional Will:

The owner of Enlightening Hope Counseling, LLC- Bethany L Ackerman- has created a Professional Will to help insure the ongoing care and safety of Enlightening Hope Counseling, LLC clients in the event of owner's unexpected extended illness, incapacitation, and/or death. The Professional Will provides the Professional Power of Attorney the legal right and authority to contact clients, coordinate care, make referrals, access the electronic medical record, and oversee the business operations of EHC. The Professional Power of Attorney will NOT have access to your records expect for situations noted above (unexpected extended illness, incapacitation and/or death of EHC owner) and only if owner of EHC is unable to do these tasks for the reasons listed above. The Professional Power of Attorney is a Licensed Mental Health Provider in the State of Pennsylvania (LPC, LSW, or LCSW) and is held to the same legal and ethical standards.

#### Encounters Outside of the Office/Telehealth Platform

If we see each other accidentally outside of the therapy office/telehealth platform, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office. Please understand that I will not confirm or engage in any conversation about your treatment including past or future appointments. I will follow all HIPAA laws and ethical standards regardless of the setting.

#### About the therapist

Bethany L. Ackerman, Ph.D, LPC is the owner and counselor of Enlightening Hope Counseling, LLC. Bethany is a Licensed Professional Counselor in the State of Pennsylvania. Bethany received her Ph.D. from Duquesne University in Counselor Education and Supervision (2018), Master of Science in Counseling Psychology from Chatham College (2006), and her Bachelor of Arts in Psychology from Chatham College (2005).

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.