

STILL WATERS COUNSELING HI LLC
Mary Essig-Morrow MA, LMFT

INFORMED CONSENT CONTRACT

Welcome to my practice. This document contains important information about my professional services and business policies and how they may affect you. Please read it carefully and make note of any questions you may want to discuss with me. Once you sign this document, it will become a binding agreement between us and also provide your consent for us to begin therapy.

Confidentiality:

Therapy is designed to be a safe place for you to talk about any personal issues you choose to explore. Please know what is ever discussed during therapy is legally held as confidential. I will not divulge anything you tell me to anyone except under the following legal exceptions:

1. When a client poses a threat to herself/himself or others.
2. When a client knows about the abuse, neglect, or exploitation of a child, disabled person, or an elderly person.
3. When it may be helpful to consult other professionals about your case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep information confidential. If you do not object, I will not tell you about these consultations unless I feel that it is important in our work together.

Therapy:

Therapy works best when you are an active partner in the process. Participating in therapy may result in a number of benefits to you, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on your part, including an active participation in the therapeutic process, honesty and a willingness to change feelings, thoughts, and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings, and experiences. The process may evoke strong feelings of sadness, anger, or fear. There may be times when I challenge your perceptions and assumptions, and offer different perspectives. The issues you present may result in unintended outcomes, including changes in personal relationships. You should be aware that any decision on the status of your personal relationships is your responsibility.

During the therapeutic process, many clients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. I am available to discuss any concerns you have regarding your progress in therapy.

Completion of Therapy:

The length of your therapy depends on the specifics of your situation and the progress we achieve. As we approach the completion of your goals, I will discuss with you a plan for ending therapy. If during therapy you come to feel that the issues for which you are seeking therapy are not being satisfactorily addressed and you wish to see another therapist, I will offer you referrals to other therapists to assist in a smooth transition if you desire. If it becomes clear to me that you are not benefitting from our work together, I am ethically bound to stop treating you, and I will provide you with referrals to other sources for therapy. You may discontinue therapy at any time. Should you choose to end your therapy, I will generally recommend that we meet for at least one final visit to facilitate a positive termination experience and give us an opportunity to reflect on the work that has been done.

Fees and Cancellation Policy:

Therapy sessions are normally 50 minutes long. My fee is \$110.00 for individuals and \$140.00 for families and couples. Fees are payable by cash, check, or credit card (Visa and MasterCard). Longer sessions are prorated based on the original fee. Payment of the fee is made at the beginning of each session unless other arrangements have been made. Checks are payable to STILL WATERS COUNSELING HI LLC.

When we schedule an appointment, that time is reserved especially and entirely for you. Therefore, if you need to cancel an appointment, please call or text at least 24 hours in advance or you will be responsible for a missed appointment fee of \$60.00.

Therapist Availability:

You can leave voice messages or texts for me anytime Monday – Friday at 808-277-9567, and I will return your messages within one business day. Messages left on my voice mail or texted on the weekends or holidays will be answered on the next business day. Voice messages and texts should only be in reference to the missing or rescheduling of appointments.

Do not call, text, or email me during an emergency. In a life-threatening emergency, call 911 immediately. In a mental-health crisis, a local 24-hour hotline is available at 808-832-3100 and National Suicide Prevention is available at 800-784-2433.

Email Usage:

By nature, therapy is confidential. You can have the confidence that your insights, vulnerable experiences, and feelings will not be repeated outside the therapeutic relationship established.

By nature, email correspondence is not confidential. Though Internet security measures can be effective, they are never 100% secure.

My policy regarding email usage is as follows:

1. Email correspondence with me is not secure.

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2. Email correspondence is not a substitute for person-to-person therapeutic treatment, unless discussed with me first and in person.
3. I will not respond to your emails in general. Anything stated in an email from you will be discussed in session, and in session only.
4. If it becomes necessary, I will terminate treatment if email usage is or becomes inappropriate.

If you have any questions on the above, please ask me. Otherwise, please sign below. By signing, you acknowledge that you have reviewed and fully understand this agreement, that you have had any questions with regard to its terms and conditions answered to your satisfaction, and that you agree to the terms and conditions of this agreement and consent to participate in psychotherapy.

Note: If you have printed out this form and are scanning it and emailing it back, please sign your name on the first line below. If you are filling out this form on an electronic device, please type your name in both the “sign name” and “print name” lines. Doing so will serve as your electronic signature that you understand and agree to the above.

Print Name: _____

Sign Name: _____

Address: _____

Cell Phone: _____

Today's Date: _____