

# 2026 Informed Consent for Psychotherapy

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Uniquely You Behavioral Health

400 E Lincoln Hwy Suite 102, New Lenox, IL 60451

Informed Consent for Psychotherapy

## 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 your therapist. 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.

**BENEFITS/OUTCOMES:** The therapeutic process seeks to meet goals established by all persons involved, usually revolving around a specific complaint(s). Participating in therapy may include benefits such as the resolution of presenting problems as well as improved intrapersonal and interpersonal relationships. The therapeutic process may reduce distress, enhance stress management, and increase one's ability to cope with problems related to work, family, personal, relational, etc. Participating in therapy can lead to greater understanding of personal and relational goals and values. This can increase relational harmony and lead to greater happiness. Progress will be assessed on a regular basis and feedback from clients will be elicited to ensure the most effective therapeutic services are provided. There can be no guarantees made regarding the ultimate outcome of therapy.

**EXPECTATIONS:** In order for clients to reach their therapeutic goals, it is essential they complete tasks assigned between sessions. Therapy is not a quick fix. It takes time and effort, and therefore, may move slower than your expectations. During the therapy process, we identify goals, review progress, and modify the treatment plan as needed.

**RISKS:** In working to achieve therapeutic benefits, clients must take action to achieve desired results. Although change is inevitable, it can be uncomfortable at times. Resolving unpleasant events and making changes in relationship patterns may arouse unexpected emotional reactions. Seeking to resolve problems can similarly lead to discomfort as well as relational changes that may not be originally intended. We will work collaboratively toward a desirable outcome; however, it is possible that the goals of therapy may not be reached.

## The Therapeutic Process

- **Intake Phase** – During the first session, therapeutic process, structure, policies and procedures will be discussed. We will also explore your experiences surrounding the presenting problem(s).
- **Assessment Phase** – The initial evaluation may last 2-4 sessions. During this assessment phase, I will be getting to know you. I will ask questions to gain an understanding of your worldview, strengths, concerns, needs, relationship dynamics, etc. During this relationship building process, I will be gathering a lot of information to aid in the therapeutic approach best suited for your needs and goals. If it is determined that I am not the best fit for your therapeutic needs, I will provide referrals for more appropriate treatment.
- **Goal Development/Treatment Planning** – After gathering background information, we will collaborate to identify your therapeutic goals. If therapy is court ordered, goals will encompass your goals and court ordered treatment goals, based on documentation from the court (please provide any court documents). Once each goal is reached, we will sign off on each goal and you will receive a copy.
- **Intervention Phase** – This phase occurs anywhere from session two until graduation/discharge/termination. Each client must actively participate in therapy sessions, utilize solutions discussed, and complete assignments between sessions. Progress will be reviewed and goals adjusted as needed.
- **Graduation/Discharge/Termination** – As you progress and get closer to completing goals, we will collaboratively discuss a transition plan for graduation/discharge/termination.

**LENGTH OF THERAPY:** Therapy sessions are typically weekly or biweekly for 53- minutes depending upon the nature of the presenting challenges and insurance authorizations. It is difficult to initially predict how many sessions will be needed. We will collaboratively discuss from session to session what the next steps are and how often therapy sessions will occur.

## Confidentiality

Anything said in therapy is confidential and may not be revealed to a third party without written authorization, except

for the following limitations:

- **Child Abuse:** Child abuse and/or neglect, which include but are not limited to domestic violence in the presence of a child, child on child sexual acting out/abuse, physical abuse, etc. If you reveal information about child abuse or child neglect, I am required by law to report this to the appropriate authority.
- **Vulnerable Adult Abuse:** Vulnerable adult abuse or neglect. If information is revealed about vulnerable adult or elder abuse, I am required by law to report this to the appropriate authority.
- **Self-Harm:** Threats, plans or attempts to harm oneself. I am permitted to take steps to protect the client's safety, which may include disclosure of confidential information.
- **Harm to Others:** Threats regarding harm to another person. If you threaten bodily harm or death to another person, I am required by law to report this to the appropriate authority.
- **Supervision:** Within Uniquely You Behavioral Health all clinicians will participate in supervision. During this supervision time your case may be discussed to assist the clinician in providing the best care and most appropriate clinical interventions. Your confidentiality will be maintained by only sharing the most pertinent information.
- **Court Orders & Legal Issued Subpoenas:** If I receive a subpoena for your records, I will contact you so you may take whatever steps you deem necessary to prevent the release of your confidential information. I will contact you twice by phone. If I cannot get in touch with you by phone, I will send you written correspondence. If a court of law issues a legitimate court order, I am required by law to provide the information specifically described in the order. Despite any attempts to contact you and keep your records confidential, I am required to comply with a court order.
- **Law Enforcement and Public health:** A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability; to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or action; limited information (such as name, address DOB, dates of treatment, etc.) to a law enforcement official for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person; and information that your clinician believes in good faith establishes that a crime has been committed on the premises.
- **Governmental Oversight Activities:** To an appropriate agency information directly relating to the receipt of health care, claim for public benefits related to mental health, or qualification for, or receipt of, public benefits or services when a your mental health is integral to the claim for benefits or services, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.
- **Upon Your Death:** To a law enforcement official for the purpose of alerting of your death if there is a suspicion that such death may have resulted from criminal conduct; to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.
- **Victim of a Crime:** Limited information, in response to a law enforcement official's request for information about you if you are suspected to be a victim of a crime; however, except in limited circumstances, we will attempt to get your permission to release information first.
- **Court Ordered Therapy:** If therapy is court ordered, the court may request records or documentation of participation in services. I will discuss the information and/or documentation with you in session prior to sending it to the court.
- **Written Request:** Clients must sign a release of information form before any information may be sent to a third party. A summary of visits may be given in lieu of actual "psychotherapy/progress notes", except if the third party is part of the medical team. If therapy sessions involve more than one person, each person over the age of 18 MUST sign the release of information before information is released.
- **Fee Disputes:** In the case of a credit card dispute, I reserve the right to provide the necessary documentation (i.e. your signature on the "Therapy Consent & Agreement" that covers the cancellation policy to your bank or credit card company should a dispute of a charge occur. If there is a financial balance on account, a bill will be sent to the home address on the intake form unless otherwise noted.
- **Couples Counseling & "No Secret" Policy:** When working with couples, all laws of confidentiality exist. I request that neither partner attempt to triangulate me into keeping a "secret" that is detrimental to the couple's therapy goal. If one partner requests that I keep a "secret" in confidence, I may choose to end the therapeutic relationship and give referrals for other therapists as our work and your goals then become counter-productive. However, if one party requests a copy of couples or family therapy records in which they participated, an authorization from each participant (or their representatives and/or guardians) in the sessions before the records can be released.
- **Dual Relationships & Public:** Our relationship is strictly professional. In order to preserve this relationship, it is imperative that there is no relationship outside of the counseling relationship (ie: social, business, or friendship). If we

run into each other in a public setting, I will not acknowledge you as this would jeopardize confidentiality. If you were to acknowledge me, your confidentiality could be at risk.

- **Social Media:** No friend requests on our personal social media outlets (Facebook, LinkedIn, Pinterest, Instagram, Twitter, etc.) will be accepted from current or former clients. If you choose to comment on our professional social media pages or posts, you do so at your own risk and may breach confidentiality. I cannot be held liable if someone identifies you as a client. Posts and information on social media are meant to be educational and should not replace therapy. Please do not contact me through any social media site or platform. They are not confidential, nor are they monitored, and may become part of medical record.

- **Electronic Communication:** If you need to contact me outside of our sessions, please do so via phone.

- Clients often use text or email as a convenient way to communicate in their personal lives. However, texting introduces unique challenges into the therapist–client relationship. Texting is not a substitute for sessions. Texting and communicating outside a secure portal is not confidential. Phones can be lost or stolen, emails can be intercepted. DO NOT communicate sensitive information over text. The identity of the person texting is unknown as someone else may have possession of the client's phone.

- Do not use email for emergencies. In the case of an emergency call 911, your local emergency hotline or go to the nearest emergency room. Additionally, e-mail is not a substitute for sessions. If you need to be seen, please call to book an appointment.

- E-mail is not confidential. Do not communicate sensitive medical or mental health information via email. Furthermore, if you send email from a work computer, your employer has the legal right to read it. E-mail is a part of your medical record.

- **Sessions Outside the Office:** From time to time, clients like to meet in an alternate location (i.e. their home, in public, or somewhere more conducive for them). We may be able to accommodate this request, however, this can put your confidentiality at risk.

### PART III: HEALTH INSURANCE

**YOUR INSURANCE COMPANY:** By using insurance, I am required to give a mental health disorder diagnosis that goes in your medical record. The clinical diagnosis is based on your current symptoms even though you may have been previously diagnosed. We will discuss your diagnosis during the session. Your insurance company will know the times and dates of services provided. They may request further information to authorize additional services regarding treatment.

**IMPORTANT:** Some psychiatric diagnoses are not eligible for reimbursement (ie: marriage/couples therapy). In the event of non-coverage or denial of payment, you will be responsible to pay for services provided. Uniquely You Behavioral Health reserves the right to seek payment of unpaid balances by a collection agency or legal recourse after reasonable notice to the client.

**PRE-AUTHORIZATION & REDUCED CONFIDENTIALITY:** When visits are authorized, usually only a few sessions are granted at a time. When these sessions are complete, we may need to justify the need for continued service, potentially causing a delay in treatment. If insurance is requesting information for continued services, confidentiality cannot be guaranteed. Sometimes, additional sessions are not authorized, leading to an end of the therapeutic relationship even if therapeutic goals are not met.

**INTEREST ON OVERDUE BALANCES:** We reserve the right to charge interest on any outstanding client balance that remains unpaid after 30 days. The applicable interest rate will be calculated at the current prime rate plus 1% per annum, applied monthly to the unpaid balance until payment is received in full.

**POTENTIAL NEGATIVE IMPACTS OF A DIAGNOSIS:** Insurance companies require clinicians to give a mental health diagnosis (i.e., "major depression" or "obsessive-compulsive disorder") for reimbursement. Psychiatric diagnoses may negatively impact you in the following ways:

1. Denial of insurance when applying for disability or life insurance;
2. Company (mis)control of information when claims are processed;
3. Loss of confidentiality due to the increased number of persons handling claims;
4. Loss of employment and/or repercussions of a diagnosis in situations where you may be required to reveal a mental health disorder diagnosis on your record. This includes but is not limited to: applying for a job, financial aid, and/or concealed weapons permits.
5. A psychiatric diagnosis can be brought into a court case (ie: divorce court, family law, criminal, etc.).

It is important that you're an informed consumer. This allows you to take charge regarding your health and medical record. At times, having a diagnosis can be helpful (ie: child needing extra services in the school system or a person

being able to receive disability).

### PART III: REASONS YOU MAY CHOOSE TO NOT USE YOUR INSURANCE

- **Increased Ability to Choose:** Most health care plans today (insurance, PPO, HMO, etc.) offer little coverage and/or reimbursement for mental health services. Most HMOs and PPOs require "preauthorization" before you can receive services. This means you must call the company and justify why you are seeking therapeutic services in order for you to receive reimbursement. The insurance representative, who may or may not be a mental health professional, will decide whether services will be allowed.
- **Pre-Authorization and Reduced Confidentiality:** Insurance typically authorizes several therapy sessions at a time. When these sessions are finished, your therapist must justify the need for continued services. Sometimes additional sessions are not authorized, leading to an end of the therapeutic relationship even if therapeutic goals are not completely met. Your insurance company may require additional clinical information that is confidential in order to approve or justify a continuation of services. Confidentiality cannot be assured or guaranteed when an insurance company requires information to approve continued services. Even if the therapist justifies the need for ongoing services, your insurance company may decline services. Your insurance company dictates if treatment will or will not be covered. Note: Personal information might be added to national medical information data banks regarding treatment.

Why Not To Use Insurance These involve enhanced quality of care and other advantages:

1. You are in control of your care, including choosing your therapist, length of treatment, etc.
2. Increased privacy and confidentiality (except for limits of confidentiality).
3. Not having a mental health disorder diagnosis on your medical record.
4. Consulting with me on non-psychiatric issues that are important to you that aren't billable by insurance, such as learning how to cope with life changes, gaining more effective communication techniques for your relationships, increasing personal insight, and developing healthy new skills.

### Security Camera Waiver and Consent

For the safety of our staff and clients, we have installed a security system at Uniquely You Behavioral Health, which includes the use of a HIPAA compliant video recording system. We take your privacy seriously, and are therefore informing you of the existence of these cameras so that you can knowingly consent to being recorded while on the premises. We understand that some persons may not wish to be recorded while on the premises, but as the cameras are there for the safety of our own staff and clients, we respectfully ask that if you do not wish to be recorded, you do not come onto the premises. I understand that Uniquely You Behavioral Health LLC will use its discretion in the placement of such devices, and will comply with the laws regarding same, and will not hide or place cameras in areas where there is a reasonable expectation of privacy such as bathrooms. We must balance the safety of our clients and staff with their rights to privacy, and we will do our best to manage that balance responsibly. Nothing herein shall be read to impose a duty to record or monitor, or to provide those recordings upon demand..

### Video Monitoring while on Uniquely You Behavioral Health property

I hereby consent to be recorded while at Uniquely You Behavioral Health LLC, and agree for myself and/or my minor child to release, waive, hold harmless and covenant not to sue Uniquely You Behavioral Health LLC, its employees, owners, shareholders, officers, assigns, volunteers, independent contractors and other participants ("Releasees") harmless from any and all claims and/or damages of any kind, and causes of action of any nature or any kind, however arising, arising out of or related to the use of security recording devices on the Premises, to the greatest extent permissible by law.

I expressly agree that my license and invitation to be on the Premises, and that of my child/ren or other party on behalf of whom I am signing, is contingent upon this consent, and that if I or they withdraw or remove that consent, my license or invitation to be on the Premises will also terminate, and my sole remedy will be to remove myself from the Premises. Attorneys Fees. I agree that if Uniquely You Behavioral Health LLC is the prevailing party in any dispute arising out of or related to this agreement, it shall be entitled to collect any and all costs and attorneys' fees associated with the dispute. For the purposes of this provision, "prevailing party" shall mean a judgment in its favor with respect to any specific count or claim. Governing Law. The laws of the State of Illinois govern this Agreement without regard to conflicts of law principles. Any legal actions relating to this Agreement shall be brought and maintained exclusively in the venue of Will County, Illinois, and the parties consent to the personal jurisdiction of said venue. To the extent permissible under law, the parties agree that any dispute arising out of or related to this litigation shall be subject to binding arbitration in Will County, Illinois, and subject to the rules of the American Arbitration Association. The arbitration shall be conducted before a single, neutral arbitrator, and a judgment upon any award rendered may be entered in any court having jurisdiction. If the parties cannot agree on an arbitrator, AAA rules shall apply.

I UNDERSTAND THAT THE FOREGOING ARBITRATION CLAUSE MEANS THAT I AM WAIVING THE RIGHT TO A TRIAL BY JURY, AND EXPRESSLY CONSENT TO WAIVE THAT RIGHT.

Severability. If any clause, sentence, phrase or statement is found unenforceable or invalid by any Court of Law, the remainder of the document shall remain valid enforceable and the invalid clause, sentence, phrase or statement shall be struck from the document.

Durability. This document is effective from the date signed with no expiration.

#### CONSENT

1. I have read and understand the information contained in the Therapy Agreement, Policies and Consent. I have discussed any questions that I have regarding this information with a member of the Uniquely You Behavioral Health administrative staff prior to my intake. My signature below indicates that I am voluntarily giving my informed consent to receive counseling services and agree to abide by the agreement and policies listed in this consent. I authorize Uniquely You Behavioral Health to provide counseling services that are considered necessary and advisable.
2. I authorize the release of treatment and diagnosis information (as described in Part III, above) necessary to process bills for services to my insurance company, and request payment of benefits to Uniquely You Behavioral Health. I acknowledge that I am financially responsible for payment whether or not covered by insurance. I understand, in the event that fees are not covered by insurance, Uniquely You Behavioral Health may utilize payment recovery procedures after reasonable notice to me, including a collection company or collection attorney.