



Ann James Counseling, L.L.C.
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Psychotherapy Client Consent Form

Client/Therapist Relationship: You and your Therapist have a professional relationship existing exclusively for therapeutic treatment. This relationship functions most effectively when it remains strictly professional and involves only the therapeutic aspect. Your therapist can best serve your needs by focusing solely on therapy and avoiding any type of social or business relationship. Gifts are not appropriate, nor are any sort of trade of service for service.

Risks and Benefits: Counseling and Psychotherapy are beneficial, but as with any treatment, there are inherent risks. During counseling, you will have discussions about personal issues which may bring to the surface uncomfortable emotions such as anger, guilt, and sadness. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress and specific problem solving. I cannot guarantee these benefits, of course. It is my desire, however, to work with you to attain your personal goals for counseling and/or psychotherapy.

Counseling: I provide short-term counseling designed to address many of the issues my clients are dealing with. Your first visit will be an assessment session in which you and your Therapist will determine your concerns, and if both agree that I can meet your therapeutic needs, develop a plan of treatment. Should you choose not to follow the plan of treatment provide to you by your Therapist, services to you may be terminated.

The goal is to provide the most effective therapeutic experience available to you. If at any time you feel that you and your current Therapist are not good fit, please discuss this matter with your Therapist to determine if transferring to a more suitable Therapist is right for you. If you and your Therapist decide that other services would be more appropriate you will be assisted in finding a provider to meet your needs.

Emergencies: You may encounter a personal emergency which will require prompt attention. In this event, please contact my office regarding the nature or urgency of the circumstances. I will make every attempt to schedule you as soon as possible or to offer other options. Because clients may be scheduled back-to-back, it is not always possible to return a call immediately. However, I will make every effort to respond to your emergency in a timely manner. If your emergency arises after hours or on the weekend, please follow the message on the office voicemail. If you are experiencing a life threatening emergency, call 911 or have someone take you to your nearest emergency room for help. When your Therapist is out of town, you will be advised and given the name of an on-call provider.

Consent for Treatment: By signing this Psychotherapy Client Consent form as the Client or Guardian of said Client, I acknowledge that I have read, understand and agree to the terms and conditions contained in this form. I have been give appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receiving mental health assessment, treatment and services for me (or my child if said child is the client), and I understand that I may stop such treatment or services at any time. NOTE: If you are consenting to treatment for a minor child, if a court order has been entered with respect to the conservatorship of said child, or impacting your rights with respect to consent to the child's mental health care and treatment, the Therapist will not render services to your child until she has received and reviewed a copy of the most recent applicable court order.

Signature – Client/Parent Date

Signature – Spouse/Partner/Parent Date

Therapist Date