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iTrust Wellness Group Psychotherapy Policies

I value my relationship with my clients and believe that these relationships are the catalyst for the healing process. I believe that each individual is unique and has his/her own way of addressing resolutions. I believe in a wellness model that helps each client empower themselves by focusing on what works for them and not in a systematic approach that provides a generic procedure. Everyone's journey is unique.

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights that are important for you to know. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you. My responsibilities to you as your Therapist include confidentiality.

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will always act so as to protect your privacy even if you do release me in writing to share information about you.

Therapy, including EMDR (Eye Movement and Desensitization and Reprocessing) therapy, has potential risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behaviors can be frightening, and sometimes disruptive to the relationships you already have. EMDR can be disruptive to family relationships due to the changes that can occur as a result of therapy. EMDR therapy can also induce physical sensations and disturbing dreams and memories and/or flashbacks. EMDR therapy is a treatment approach that has been widely validated by research. It is important that you consider carefully whether these risks are worth the benefits to you.

Please be advised that EMDR therapy is not recommended for individuals with a history of seizures or who are at risk for seizures. It is also not recommended for individuals with disorders of the eye, with a history of migraines, or individuals who have participated in hand-to-hand combat.

If I am not, in my judgment, able to help you, because of the kind of problem you have or because my training and skills are in my judgment not appropriate, I will inform you of this fact and refer you to another therapist who may meet your needs.

Rights

1. The client may ask questions about what to expect during therapy as well as the goals of the therapy.
2. The client may cease to continue therapy anytime, without any impediment and may return to therapy anytime.
3. The therapist has the right to dismiss the client from the course of therapy at her discretion.
4. The client has the right to review his or her records from the therapist.
5. Right to confidentiality: Within limits provided for by law, all records and information acquired by the therapist shall be kept strictly confidential in accordance to the principles of a doctor-patient relationship. All information will not be shared or revealed to any person, agency, or organization without the prior written consent of the client. The exception to this confidentiality is if the client presents a danger to themselves or to others. In this case, the therapist has a duty to report this information.

Acknowledgement

I have reviewed this Psychotherapy Informed Consent Agreement. I likewise understand my Client's Rights set in this form. I have received education about EMDR therapy, if I am participating in it, and have had the opportunity to answer any questions that I have. Before commencing to EMDR treatment, I have thoroughly considered all of the above. By my signature below I hereby consent to receiving EMDR treatment. My signature on this consent form is free from pressure or influence from any person or entity. I accept this agreement and consent to counseling/treatment.

Signed:_____

Date:_____

Witness:_____

Date:_____

