

Sue E. Ouellette, LMFT

Informed Consent for Assessment and Treatment

I am pleased that you have selected me as your counselor. This document is designed to inform you about my background and to ensure that you understand our professional relationship.

My background and training: I have a New York State Marriage and Family Therapy license (LMFT) and hold a Ph.D. degree in communication studies. I have over 30 years of experience in practice and am a Clinical Fellow of the American Association of Marriage and Family Therapists as well as an Approved Supervisor. I have completed all levels of training in Internal Family Systems Therapy. Currently, I am pursuing a Master of Arts degree in theology at Colgate Rochester Crozer School of Divinity and have completed eight units of Clinical Pastoral Education and have worked as a hospital chaplain.

Goals of therapy: People come to therapy with different needs and different goals in mind. You and I will jointly agree on a treatment plan and will re-evaluate that plan periodically in order to ensure that we are meeting the goals that we have established. Some clients will only need a few counseling sessions to achieve their goals, while others may require months, or even years, of counseling. As a client you are in complete control and may end our counseling relationship at any point. I will be supportive of that decision and will refer you to other providers or services if requested.

While psychotherapy can provide significant benefits, it may also pose some risks. Psychotherapy may elicit uncomfortable thoughts and feelings, or may lead to a recall of troubling memories. This can be a normal and necessary part of treatment in many cases. If this occurs, I am here to help you walk through these thoughts and feelings and, hopefully, find new strength, resilience, and joy in living.

Therapeutic approach: The therapeutic approach I use with clients varies according to their specific needs and according to the issues that they bring with them into our work together.

My basic approach to counseling is:

- Holistic. I focus on the whole person, mind, body, emotion and spirit.
- Strength-based. I seek to identify, draw on and enhance the positive qualities and approaches that clients already use in life and those that have helped through difficult times in the past
- Person-centered. I work in collaboration with each person letting the client take the lead in introducing aspects of life he or she would like to work on. I am calm, centered, non-judgmental, a good listener.
- Systems oriented. I understand each person as part of many systems that influence his or her life including family, friends, workplace, neighborhood, culture, race and ethnicity, sexual identity, religion and the society we live in.

Confidentiality: Because of the way New York State law works, I cannot offer any form of legal confidentiality, such as the privileged communication you might have with a lawyer. I will, however, keep in confidence all of what you share with me, **with the following important exceptions:**

- If there is any risk of serious harm to yourself or others, I am ethically bound to take the necessary steps to prevent danger.
- When there is suspicion that a child or elder is being sexually or physically abused or is at risk of such abuse, I am legally required to take steps to protect this individual /these individuals, and to inform the proper authorities.
- When a valid court order is issued, I am legally bound to comply with such requests.

Occasionally clients and their counselor, may happen to run across each other outside of the session in public. In order to protect your privacy, I will do my best not to divulge our therapeutic relationship in public. I will follow your lead in the event we cross paths away from counseling office. For example, you will not offend me at all if you choose not to acknowledge me or our relationship. If you choose to greet me, I will simply return the greeting and not engage in further conversation unless initiated by you.

Fees and Cancellation: In return for a mutually agreed on fee per session, I agree to provide services for you. The fee for each session must be paid in full at the conclusion of each session. Cash or personal checks made out to: **Sue E. Ouellette, LMFT**, are acceptable for payment. In the event that you are unable to keep an appointment, you must notify me at least **24 hours** in advance **by phone**. Text notification does not count until I respond that I have received your text. If I do not receive such advance notice, you agree to pay the full price for that session.

If you have any questions regarding this consent form or about our work together, you may discuss them with me at any time. By signing this form you agree that you have read and understood the above and that you consent to participating in the treatment offered by me.

_____	_____
Client's Signature	Date
_____	_____
Counselor's signature	Date