



The Self-Care Path, LLC  
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## **Informed Consent and Confidential Limitations Form**

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**Services Available:** Behavioral Health Intake Evaluation, Adult & Children's Individual Counseling, Couples Counseling, Family Counseling, Group Counseling, CADC Counselor, First Responder Psychological Support Services, EMDR, and Mental Health Presentations

**Treatment Risks:** *Experiencing uncomfortable thoughts and feelings.* However, psychotherapy has been shown to have benefits for individuals who undertake it. While there are no guarantees, and psychotherapy requires your very active effort, the willingness and ability to participate can help reduce unwanted symptoms.

**Confidentiality:** Your provider will not release your private information without your written consent, unless: 1) there is risk of harm to self, 2) there is risk of harm by you to others, and/or 3) there is harm to a child (under 17yo). Patients over 12yo must sign a release of information before a disclosure can be made to a parent by a provider, unless the same disqualifying situations (listed above) occur. Patients who are 12-17yo should be aware that provider discretion is allowed, but that the provider will hold the therapeutic relationship as priority.

**Your First Session:** The first 1-3 sessions can involve a comprehensive evaluation of your needs. You should also be evaluating your provider to see if there is an appropriate therapeutic match. Please do not be shy about asking to switch providers if you believe it is necessary. Counseling professionals are happy to help you find a better match, and we do not take offense to this.

**\*\*\*Appointment Length and Time:** Your "therapy hour" includes two parts. Appointments are billed at **50 minutes**. The remaining time within the hour is scheduled so that your provider can complete a therapy/billing note. Please be mindful of this time limitation. Also, appointments are usually scheduled within the hour, and we ask that you are mindful of those who may be scheduled after you. We will expect the same from the person scheduled ahead of you. Appointments that end before 38 minutes are billed as a half-hour session.

**Professional Records:** For billing and insurance purposes and as a professional provider, we will keep appropriate records of psychological services provided to you. All records are maintained in a secure location. You have the right to request a copy of your records at any time. Your therapist may indicate or not indicate this review before you receive your copies, and provide an explanation to you as to why.

**Other Rights:** If you are unhappy with your treatment at any time, please notify your provider. You have the right to considerate, safe, and respectful care that is appropriate and effective. You have the right to receive treatment without any discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment (including pro bono services). If you are not comfortable telling your provider about your dissatisfaction – please contact your provider's supervisor, Sarah Gura, M.A., L.C.P.C., EMDR Trained at 815-557-1267. If your provider is Sarah, please call Jessica Heimark, M.S., L.M.F.T. at 773-571-9476 or Patty Dirilten, M.S.W, L.C.S.W., C.A.D.C., EMDR Trained 630-240-1647.

### **INFORMED CONSENT TO PSYCHOTHERAPY**

Your signature below indicates that you have read this document, understand it, and consent to treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of patient, or guardian when under 12yo)

Printed Name: \_\_\_\_\_