

Joseph G. Girillo

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Informed Consent

Therapy is a process where you will learn about yourself through the guidance of a trained and experienced clinician.

Before beginning the course of therapy, you should be aware of the following:

- 1) You have the option to discontinue therapy at any time.
- 2) Information shared with your therapist will be kept confidential except for (a) matters related to endangering the health and safety of yourself or others, and (b) information concerning child, elder, or dependent abuse.
- 3) You have the right to release information about your therapy.
- 4) A court order also overrides the confidentiality of the work.
- 5) Therapy may not turn out to be what you envisioned. You may at times feel sadder, angrier, more confused, anxious or despondent than you anticipated. This is part of the process of therapy.
- 6) You may at times believe that your therapist is not caring, sincere, available, insightful, or empathetic. This is a part of the process called transference whereby earlier life issues squeeze into the present time.
- 7) You may at times find yourself less functional than previously.
- 8) Your therapist may suggest referrals which make you uncomfortable. These may include medication evaluations, hospitalizations, support groups, and consultations.

9) Your therapist may terminate the therapy for reasons of non-compliance of any aspect of the treatment plan. If this occurs, you will be given a warning in writing and ample time and opportunity to talk things over with your therapist. If he/she terminates the therapy, you will be given three referrals to other mental health professionals.

10) If your therapist finds him/herself unable to assist you with your mental health issues, he/she will terminate the work and refer you to somebody with the needed skills.

11) You have the right to know your diagnosis.

12) You have the right to participate in your treatment plan and ongoing evaluations of your therapy.

13) You have the right to know your therapist's theoretical orientation and how it applies to your presenting issue.

I have read the above considerations, have discussed them with my therapist, and agree to proceed in therapy.

I understand that informed consents are an ongoing part of the process and in the event of shifts in my therapy, I will be given an opportunity once again to participate in a risk/benefit analysis of my therapy.

Client's Signature _____

Date _____

Clinician's Signature _____

Date _____

**This Agreement Supplements Previous Informed Consents
Please Retain a Signed Copy of This Agreement**