

**Basic Rights In Psychotherapy**

1. You have the right to decide not to receive psychotherapy from me. If you wish, I shall provide you with the names of other qualified psychotherapists. \_\_\_\_\_ **Initials**
2. You have the right to end therapy at any time without any moral or legal obligations, or without incurring any further financial obligations. \_\_\_\_\_ **Initials**
3. You have the right to ask any questions about the techniques, methods, approaches, and/or procedures used during therapy. \_\_\_\_\_ **Initials**
4. You have the right to prevent the use of certain therapeutic techniques, methods, approaches, and/or procedures. I shall inform you of my intention to use any techniques, methods, approaches, and/or procedures and shall describe any risks involved. \_\_\_\_\_ **Initials**
5. You have the right to prevent electronic recording of any part of the therapy sessions; permission to record must be granted by you in writing on a form that explains exactly what is to be done and for what period of time. Should I request to record our sessions, I shall explain my intended use of the recordings and provide a written statement to the effect the recordings will not be used for any other purpose. You have the right to withdraw your permission to record at any time. \_\_\_\_\_ **Initials**
6. You have the right to review your records in the file at any time. \_\_\_\_\_ **Initials**
7. **One of the most important rights involves confidentiality.** You hold the legal privilege to all the information presented during therapy. Information is held in the strictest confidence and will not be revealed to any other person or agency without your written permission, within certain limits (see below # 8). \_\_\_\_\_ **Initials**
8. You should know that there are certain situations in which, as a psychotherapist, I am mandated by law to reveal information obtained during therapy to other persons or agencies without your permission. Also, I am not required by law to inform you of my actions in this regard. These situations are as follows; (a) if you threaten grave bodily harm or death to another person, I am required by law to inform the intended victim and the appropriate enforcement agencies; (b) if a court of law issues a legitimate subpoena, I am mandated by law to provide the information specifically described in the subpoena; (c) if you are in therapy or being tested by order of a court of law, the results of the treatment or tests ordered must be revealed to the court of law; (d) if there is sufficient evidence presented in therapy to suspect that a child is being abused, either by neglect, assault, battery, or sexual molestation, I am required by law only to report the "reasonable suspicion" of such abuse. I have no authority nor responsibility to investigate the case; (e) if there is sufficient evidence presented in therapy to suspect that an elder and/or dependent adult is being abused I am required by law to report the "reasonable suspicion" of such abuse; (f) in the case of potential suicide, I am allowed by law to inform the necessary individuals and/or agencies to prevent harm; (g) if you are billing your insurance company for reimbursement for your therapy sessions, I may be required to give your insurance company certain information regarding your diagnosis, prognosis, and treatment plan should they request it. \_\_\_\_\_ **Initials**
9. If you request it, any part of your record in the files can be released to any person or agencies that you designate. I shall tell you, at the time, whether I think making the record public will be harmful or potentially harmful to you. \_\_\_\_\_ **Initials**

I have read and understand all the above, and all of my questions have been answered to my satisfaction. My signature attests to this.

**Patient Name (please print):** \_\_\_\_\_

**Signature of Client/Patient:** \_\_\_\_\_  
(If Client/Patient is 12 yrs or older)

**Dated:** \_\_\_\_\_

**Signature of Mother/Guardian:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**Signature of Father/Guardian:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**Basic Rights In Psychotherapy**

**CLIENT COPY**

1. You have the right to decide not to receive psychotherapy from me. If you wish, I shall provide you with the names of other qualified psychotherapists. \_\_\_\_\_ **Initials**
2. You have the right to end therapy at any time without any moral or legal obligations, or without incurring any further financial obligations. \_\_\_\_\_ **Initials**
3. You have the right to ask any questions about the techniques, methods, approaches, and/or procedures used during therapy. \_\_\_\_\_ **Initials**
4. You have the right to prevent the use of certain therapeutic techniques, methods, approaches, and/or procedures. I shall inform you of my intention to use any techniques, methods, approaches, and/or procedures and shall describe any risks involved. \_\_\_\_\_ **Initials**
5. You have the right to prevent electronic recording of any part of the therapy sessions; permission to record must be granted by you in writing on a form that explains exactly what is to be done and for what period of time. Should I request to record our sessions, I shall explain my intended use of the recordings and provide a written statement to the effect the recordings will not be used for any other purpose. You have the right to withdraw your permission to record at any time. \_\_\_\_\_ **Initials**
6. You have the right to review your records in the file at any time. \_\_\_\_\_ **Initials**
7. **One of the most important rights involves confidentiality.** You hold the legal privilege to all the information presented during therapy. Information is held in the strictest confidence and will not be revealed to any other person or agency without your written permission, within certain limits (see below # 8). \_\_\_\_\_ **Initials**
8. You should know that there are certain situations in which, as a psychotherapist, I am mandated by law to reveal information obtained during therapy to other persons or agencies without your permission. Also, I am not required by law to inform you of my actions in this regard. These situations are as follows; (a) if you threaten grave bodily harm or death to another person, I am required by law to inform the intended victim and the appropriate enforcement agencies; (b) if a court of law issues a legitimate subpoena, I am mandated by law to provide the information specifically described in the subpoena; (c) if you are in therapy or being tested by order of a court of law, the results of the treatment or tests ordered must be revealed to the court of law; (d) if there is sufficient evidence presented in therapy to suspect that a child is being abused, either by neglect, assault, battery, or sexual molestation, I am required by law only to report the "reasonable suspicion" of such abuse. I have no authority nor responsibility to investigate the case; (e) if there is sufficient evidence presented in therapy to suspect that an elder and/or dependent adult is being abused I am required by law to report the "reasonable suspicion" of such abuse; (f) in the case of potential suicide, I am allowed by law to inform the necessary individuals and/or agencies to prevent harm; (g) if you are billing your insurance company for reimbursement for your therapy sessions, I may be required to give your insurance company certain information regarding your diagnosis, prognosis, and treatment plan should they request it. \_\_\_\_\_ **Initials**
9. If you request it, any part of your record in the files can be released to any person or agencies that you designate. I shall tell you, at the time, whether I think making the record public will be harmful or potentially harmful to you. \_\_\_\_\_ **Initials**

I have read and understand all the above, and all of my questions have been answered to my satisfaction. My signature attests to this.

**CLIENT COPY**

**Patient Name (please print):** \_\_\_\_\_

**Signature of Client/Patient:** \_\_\_\_\_  
**(If Client/Patient is 12 yrs or older)**

**Dated:** \_\_\_\_\_

**Signature of Mother/Guardian:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**Signature of Father/Guardian:** \_\_\_\_\_

**Dated:** \_\_\_\_\_