

Sample Informed Consent Statement

Family Counseling

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[Your legal header information should appear on this document, including a seal or insignia.]

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This document has been provided to explain my services to you. At the bottom of this document you will note a signature line. After reading and discussing this document, you will be asked to sign this document. Your signature indicates that you are giving me permission to continue in our counseling relationship. Please feel free to ask any questions to clarify what you read here.

My name is John Doe. I have been counseling for 15 years. I currently hold a Master's Degree in Counseling. I am also Pastor of the First Community Church. I am currently working on my PhD in Clinical Counseling .While I have significant experience counseling specific issues, there are times when I feel that referring an individual to another more qualified counselor would be best. In the event that I feel that your case will be better served in the hands of another counselor I will inform you and discuss those options with you. Furthermore, at any time you may request to be referred to another counselor.

My counseling expertise is with individuals suffering from emotional distress. I also have a five-year track record counseling both marriage relationships in crisis and premarital relationships.

As a Pastor, I find incorporation of spiritual insights important in many counseling situations. When I feel it is appropriate to specific situations, I will use the Bible as a counseling tool. While I do find spiritual issues important, I am also aware of the psychological sciences and I often explore what others might call "secular" understandings in my research. You will find that my counsel is a blend of Biblical understanding and secular science.

On a regular basis, I use a variety of assessments during the counseling process. I find that these assessments often save time in the counseling process. I often use them to gain insight into the issues that a family is facing. As a family, however, you should not feel that my use of assessments is in any way placing "psychological labels" upon individuals within the family or upon the family itself. I do not use

assessments for that purpose. Any assessment that is used is for the benefit of the entire family in the healing process.

A summary of the correlated and combined results will be available at my discretion. I will discuss the results of the assessments with the adult members of the family and together we will determine in what form the results will be discussed with the whole family or members thereof.

While the intent and focus of the assessments is largely focused on the family relationship as a whole, there are times when individual issues surface. In the case where an individual issue arises that is not part of a greater family relationship issue, that issue will be discussed with the individual to whom that issue pertains and will not be discussed during a joint session that includes both individuals. If the individual is a minor child, the issues will be discussed with the parent(s) or legal guardian first.

At that point individual counseling outside of the family counseling relationship may be engaged either with myself or with another therapist (as agreed upon jointly between the individual and myself). In no way will individual issues be exposed to the other party without consent from the individual – unless those issues have a direct and meaningful connection to the family relationship issues as a whole including danger to the family. The individual client will have complete control over the disclosure of personal issues that arise unless law or legal ethics determine that those issues must be disclosed to other parties within the family unit.

As part of any treatment, all of my adult clients are required to read and sign a *Confidentiality Agreement*. If you have not yet been offered that *Agreement*, please consult me about it.

Furthermore, in cases where more than one individual is involved in counseling, all adult individuals being counseled must agree together that they will not discuss their therapy with anyone else outside of the counseling office. This agreement extends to friends, to co-workers, to other family members, and to anyone else whom the individual may choose to discuss the counseling relationship. Such communication outside of the therapeutic environment will not help the growth and nurturing of the family relationship. In fact, there is a strong possibility that such communication will do significant and maybe even irreparable harm to the family relationship.

Your signature on this document states clearly that you will not discuss your family relationship or your family relationship difficulties outside of the counselor's office with others. In all likelihood, the advice that you will obtain from others will be biased information from sources untrained in therapeutic techniques. That information will hinder or destroy any prospect of health being brought to your family relationship.

As a Pastor, I do not regularly charge for counseling services. However, if you find that these services are of significant benefit to you, you may consider an additional offering to the Benevolent Fund of the church. Your gifts would be much appreciated.

As a client, you must understand that sexual harassment, sexual behaviors including requests for sexual performance, sexual discussion regarding a potential relationship with you as the client, inordinate touching or other physical contact of an affectionate or sexual nature, or offers of, attempts to commit or actual commission of sexual actions including intercourse but not related to intercourse are strictly forbidden by my moral and ethical codes of conduct. Client advances in these regards will result in termination of counseling relationship and reporting of the incident to proper authorities.

During the course of counseling, I regularly consult with individuals who are professional counselors. I have submitted myself to their oversight as a fellow counselor. When I need additional information I

often consult them. When I have problems of my own, I do not hesitate to call so that I can discuss those issues. **As the Pastor of the church I am also completely accountable to the church board for my actions. Finally I am also an active member in the Unified Association of Community Church Counselors (UACCC). I am a member in good standing with that organization.**

If you have any questions or concerns regarding this document or my qualifications, please contact me so that we can discuss those concerns. If you voluntarily wish to continue our counseling experience together, please indicate your desire by signing this document. After signing, you will receive a copy for your records.

In family counseling it is sometimes hard to determine who the “client” is. Is every single individual in the family a separate client? Or, is the family relationship itself the client and the individual members of the family unit are components of the client?

This is a hard question to answer. But, in most cases, therapists will agree that the family relationship itself is the client and the individuals in the family are components of the client.

This is an important question since it will set the tone for the whole counseling experience. Each individual involved in the family relationship should understand that they bring something special to the family relationship. Neither is more important than the other. And, without each person the family relationship itself would not exist. Therefore, in the therapeutic process, we will be counseling the family – not a particular individual within the family.

In the event that situations unfold and it is apparent that one individual or multiple individuals need personal guidance and assistance, then we will move forward to engage that individual in personal, individual therapy. That therapy, however, will be totally distinct and separate from the family based therapy in which we are engaging here. Any communication that ensues in individual therapy will have its own “rules” and will not be discussed during joint therapy sessions related to the family relationship itself. Any disclosures made by any individual who is engaging in individual therapy will be the sole choice of that individual and not the choice of the therapist.

Client _____ Client _____

Counselor _____ Date _____

[Note: All individuals above the age of eighteen (18) must sign this *Informed Consent Statement*.
Use additional lines when needed]