



# INFORMED CONSENT FOR PSYCHOTHERAPY

Growing Hope Counseling Inc  
1217 3rd St S, Suite 103, Nampa, ID 83687  
208.606.2783

## ***General Information***

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding of how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

## ***Therapeutic Process***

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

## ***Confidentiality***

Excluding certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy communication (including children, age 14 and older). We cannot and will not tell anyone else what you have told us, or even that you are in therapy with us without your prior written permission.

Under the provisions of the *Health Care Information Act of 1992*, we may legally speak to another health care provider or a member of your family about you without your prior consent, but we will not do so unless the situation is an emergency. We will always act to protect your privacy even if you do release us in writing to share information about you.

You may direct us to share information with whomever you chose, and you can change your mind and revoke that permission at any time.

You may request anyone you wish to attend a therapy session with you.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law ensures the confidentiality of all electronic transmission of information about you. Whenever we transmit information about you electronically (for example, sending bills or faxing information), it will be done with special safeguards to ensure confidentiality. If you elect to communicate with us by email at some point in our work together, please be aware that email is not completely confidential. All emails are retained in the logs of your or our Internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. Any email we receive from you, and any responses that we send to you, will be logged.

Session notes are contracted for transcription to a transcriber located out of state; confidentiality and electronic transfer security measures are in effect.

The following are legal exceptions to your right to confidentiality. We will inform you in the event it is necessary to put these into effect:

1. If we suspect that you will harm another person, we must attempt to inform and warn that person of your intentions. We must also contact the police and ask them to protect your intended victim
2. In the event of a medical emergency information deemed necessary for treatment may be released.
3. If we suspect that you are abusing or neglecting a child or a vulnerable adult, or if you give the counselor(s) information about someone else who is doing this, we must inform Child Protective Services within 48 hours and Adult Protective Services immediately. If you are between the ages of 16 and 18 and you tell us that you are having sex with someone more than five years older than you, or sex with a teacher or a coach, we must also report this to CPS, even though at age 16 you have the right to consent to sex with someone no more than five years older than you. We would inform you before taking this action
4. If we learn of past child abuse or neglect
5. If we believe that you are in imminent danger of harming yourself, we may legally break confidentiality and call the police or the County crisis team. We are not obligated to do this and would explore all other options with you before taking this step. If at that point you were unwilling to take steps to guarantee your safety, we would contact the Mental Health Safety Team
6. If we receive a court order to share information with a judge or lawyer
7. If you give written permission for us to provide or request information from

another person or agency

**Couple's Confidentiality:** We consider the couple in couples counseling to be the "client." In the course of working with you as a couple, it may be necessary to see one or both of you in individual sessions. Secrets shared with the counselor in these individual sessions may be shared with the partner in the best interest of the couple, our client. We will give you the opportunity and encourage you to make the disclosure yourself to your partner if this is in the best interest of the couple. If you desire individual counseling in which such secrets will not, in any case, be disclosed to your partner, we can make a referral for you to another counselor.

**Family Confidentiality:** We consider the family in family counseling to be the "client." In the course of working with you as a family, it may be necessary to see members of the family in individual sessions. "Secrets" or private information shared with the counselor in these individual sessions may be shared with the other members in the best interest of the family, our client. We will give you the opportunity and encourage you to make the disclosure yourself to your other members if this is in the best interest of the family. If you desire individual counseling in which such privacy is afforded, we can make a referral for you to another counselor.

### ***Your Responsibility as a Therapy Client***

You are responsible for coming to your session on time and at the time we have scheduled.

If you miss a session without canceling or cancel with less than 24 hours' notice, you must pay for that session at our next regularly scheduled meeting. The answering machine has a time and date stamp which will keep track of the time that you called us to cancel.

The only exception to this rule about cancellation is if you would endanger yourself by attempting to come (i.e., driving on icy roads without proper tires), or if you or someone whose caregiver you are has fallen ill suddenly.

If you no-show for three sessions in a row and do not respond to our attempts to reschedule, we will assume that you have dropped out of therapy and will make the space available to another individual.

You are responsible for paying for your session weekly unless we have made other firm arrangements in advance.

### ***About the therapist***

Bruce Pagano completed his B.S. in Occupational Education at Wayland Baptist University. He has both an M.A. in Christian Ministry from Liberty University Baptist Theological

Seminary and an M.Ed. in School Counseling, with a focus in Mental Health Counseling from Liberty University. He is currently pursuing a doctoral degree in Community Care and Counseling.

Bruce has over 10 years of experience in Pastoral Counseling and received his License as a Professional Counselor in 2020. Bruce is a Nationally Certified Counselor ®, Certified Clinical Trauma Professional, and a Certified Grief Counseling Specialist. He is a member of the American Counseling Association, Idaho Society for Individual Psychology, Idaho Mental Health Counselors Association, and is licensed in the state of Idaho.

BY SIGNING I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

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PRINTED NAME

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DATE

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SIGNATURE