

# **Jan Eaton-Bennette, LCSW, Clinical Supervision & Psychotherapy, LLC**

## **Informed Consent**

### **WELCOME!**

Please read over and sign my Informed Consent Policy before our first session. It contains very important information that you will want to know before getting started. Please let me know if you have any questions or concerns about what you are reading and signing.

### **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 about 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.

### **The 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**

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

## **Benefits and Risks to Psychotherapy**

There are benefits and risks to most things in life. This is true for psychotherapy as well. Here are a few examples of possible benefits and risks of engaging in psychotherapy:

- Adverse mental health symptoms may decrease
- Your relationships may improve
- You may gain insight about yourself that improves your well being
- Circumstances in your life may not feel as hard to manage
- You may learn skills and strategies to improve the challenges you experience
- Your symptoms may get better

### Risks

- Things may feel worse before they feel better
- You may be triggered during psychotherapy sessions
- You may feel like therapy is too hard and you may wish to disengage
- You may discover things that may redirect your life in a direction you didn't anticipate
- Your symptoms may get worse or stay the same

We will work collaboratively to determine if the benefits outweigh the risks for you to engage in psychotherapy. With you in the driver's seat and my assistance we will develop a sustainable plan forward and get you on your path to well-being at a pace that is comfortable to you. It is important that you know that you can stop psychotherapy at any time for any reason. Your engagement is determined by you with a few exceptions. The one exception being if you are a danger to yourself or others, as a licensed mental health provider and mandated reporter I am obligated to make treatment recommendation or to notify the appropriate authorities to ensure your safety and the safety of others.

## **Release of Information (ROI)**

There are times when consulting with your previous or current medical or mental health providers or family members or any other support person you feel appropriate, to ensure collaboration and good care. I will need an ROI (release information) signed for any person, agency or medical personal you may want me to talk with. Please let me know if you need additional copies.

## **Non-secure electronic communications**

Email and text messaging (SMS) or group messaging provide a quick and convenient way to communicate; however, email and text message are not "secure" forms of communications; meaning I cannot guarantee that your privacy is maintained as this is not ordinarily a HIPAA compliant service form of communication. Worst case scenario your correspondence can be read by unauthorized people. Email through my web site or any other social web site may be subject to this. If you chose to correspond in this manner, please note that you are doing so at your own risk. Therefore, I recommend that you only write what you would be comfortable someone else knowing (unlikely but not impossible). The recommendation is that you call my confidential voice mail, leaving a confidential message. I do provide a secure way of communication by email once you are granted access to my secure communication portal. \*\* For additional information about non-secure communication refer to my electronic waiver form.

## **Your Rights**

It is important to me that you know your rights as a client receiving mental health services. You have the right:

- To expect that as a licensed clinical social worker, I have met the expectations for training and education required by state law and the Oregon State Board of Licensed Clinical Social Workers.
- To request records and information from the Board of Licensed Social Workers pertaining to my credentials
- To file a complaint with The Board of Social Workers.
- To know the fees, out of pocket and insurance information in advance of receiving services.
- To be assured confidentiality except in special circumstances outline in my Consent to Treat Form
- To be treated fairly and respectfully, free of discrimination based on race, gender, gender identify, sexuality, ethnicity, religion or any other identification.

### **About me: Education & Experience**

I am a Licensed Clinical Social Worker (LCSW) with 40 years of providing psychotherapy, supervision, and leadership in both the public (community mental health), and the private sector (private practice) in the Portland metropolitan area. I hold a Master of Social Work degree from Portland State University, and a Bachelor degree in Social Sciences from the University of California, Berkeley. My extensive experience in my profession has allowed me the privilege of working with a wide variety of people from many backgrounds, differing ages, varied skill sets, and many needs and goals. I believe my practice and my life has been greatly enriched by all of them.

### **Philosophy & Approach**

My approach to clinical practice is grounded in trauma informed, and equity & inclusion principles. I use a relational perspective, that is attachment informed, strength based, solution focused, and family systems inclusive. I have a collaborative and relaxed Interpersonal style, always seeking to maintain a transparent dialogue about the process of therapy. My goal is to bring resolution to a wide range of life challenges and psychological issues, for those seeking my service.

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Jan Eaton-Bennette, LCSW's Informed Consent. I understand that if I have any questions regarding the Informed Consent I can contact Jan Eaton-Bennette, LCSW at: (503) 893-2580. I consent to treatment under the policies outlined.

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Signature, Print Name , Date

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