

**INFORMED CONSENT FORM FOR PSYCHOTHERAPY**  
**Beverly J. Matthews, MS, LPC, CPCS, NCC, NBCCH**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
(street address) (city, state, zip)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Permission to leave VM on which phones?

E-Mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_ Employer \_\_\_\_\_

Please describe any previous involvement in counseling or psychotherapy:

Please indicate how you heard of my services:

I typically conduct an interview in the first session. Are there particular concerns or issues that you would like to discuss then?

**Types of Therapy**

The type of therapy that I do is varied according to your particular needs and preferences. Normally, in our first session, we will evaluate together what type of therapy is appropriate, what issues to target, and how many sessions you may need. However, as therapy progresses and deeper issues surface, we may mutually agree to adjust goals and treatment accordingly. Much of my work with you centers on empowering and encouraging you to make the changes that you want to make. I accomplish this by working with you from a heart-centered place on your mental, emotional, and spiritual levels. On the mental level, I will help you become aware of and change unconscious thoughts and beliefs that affect your current reality. On the emotional level, I will work with you to release blocked feelings and emotions that prevent you from moving forward. And on the spiritual level, I will help you to access deeper levels of consciousness where you can feel and experience a profound connection to your own spiritual source. I use several modalities, individually and in combination, to help achieve these objectives:

Counseling: Holistic counseling that focuses on aligning you on the mental, emotional, physical, and spiritual levels so you can move toward authentic self-empowerment. Emphasis is placed on increasing your self-awareness and consciousness.

Hypnotherapy: A method of accessing and releasing blocked feelings and emotions by regressing to the early childhood experiences where they began. As children, we make decisions about ourselves and others that later serve as our dysfunctional programming in adulthood. Hypnotherapy works to change that programming by going to its source and reuniting your strong adult with your forgotten inner child.

Breathwork: Conscious connected breathing that gently pushes through blocked energy in your body and energy field, opening and expanding a space for healing on all four levels. It can lead to powerful transcendental and rebirthing experiences.

Please check the areas or symptoms for which you are seeking treatment:

<input type="checkbox"/> depression	<input type="checkbox"/> alcohol/drug addiction	<input type="checkbox"/> smoking
<input type="checkbox"/> panic attacks	<input type="checkbox"/> codependency	<input type="checkbox"/> anxiety
<input type="checkbox"/> sexual dysfunction	<input type="checkbox"/> unhealthy relationships	<input type="checkbox"/> weight issues
<input type="checkbox"/> low self-esteem	<input type="checkbox"/> eating disorders	<input type="checkbox"/> pain relief
<input type="checkbox"/> childhood abuse	<input type="checkbox"/> phobias	<input type="checkbox"/> sexual addiction
<input type="checkbox"/> incest recovery	<input type="checkbox"/> stress-related symptoms	<input type="checkbox"/> other:

### **Credentials**

I am a Licensed Professional Counselor and have an MS in Community Counseling. I am also a National Certified Counselor, a Certified Professional Counselors Supervisor, and a National Board Certified Clinical Hypnotherapist. I hold advanced certification in Breathwork and shamanic and energy healing modalities. My ongoing training since 1992 has included specialization in working with childhood abuse and trauma issues, pre-natal shock and trauma, dissociative disorders, anxiety disorders, relationship issues, sexual abuse and incest, addictions and codependency, release of shame-based emotions and beliefs, eating disorders and weight and body-image issues, and spiritual/soul work.

### **Note on Insurance Reimbursement**

I do not belong to any insurance panels; however, your insurance company may cover my services as an out-of-network provider. If you want insurance reimbursement, you must pay in full at the time of your appointment and submit your insurance forms to your insurance company directly. I will fill out the sections of your insurance form designated

for the provider or provide you with a bill which will include all the information your insurance company needs to reimburse you for part of your costs.

### **Confidentiality**

State law and professional ethics require therapists to maintain confidentiality except for the following situations:

1. If there is suspected child abuse, elder abuse, or dependent adult abuse.
2. A situation in which serious threat to a reasonable well-identified victim is communicated to the therapist.
3. When threat to injure or kill oneself is communicated to the therapist.
4. If you are required to sign a release of confidential information by your medical insurance provider.
5. If you are required to sign a release for psychotherapy records if you are involved in litigation or other matters with private or public agencies. **Think carefully and consult with an attorney before you sign away your rights.**
6. Clients being seen in couple, family or group work are obligated legally to respect the confidentiality of others. The therapist will exercise discretion (but cannot promise absolute confidentiality) when disclosing private information to other participants in your treatment process. Secrets cannot be kept by the therapist from others involved in your treatment.
7. I may at times speak with professional colleagues about our work without asking permission, but your identity will be disguised.
8. Clients under 18 do not have full confidentiality from their parents.
9. It is important to be aware of other potential limits to confidentiality that include the following:
  - a) All records as well as notes on sessions and phone calls can be subject to court subpoena under certain extreme circumstances.
  - b) Cell phones, portable phones, faxes, and emails are used on some occasions.
  - c) All electronic communication compromises your confidentiality.

### **Fees**

Payment is required at the time of your appointment by cash, check or credit card. If one of your checks bounces, you will then be required to make all payments by cashiers check, credit card or cash. The fee for service generally covers a 50-minute session, which is the minimum appointment time. Payment is due at the beginning of each session. Cost of living increases may occur on an annual basis. Telephone calls are charged at the same rate as personal consultation. A brief 5-minute call will not be charged, but any phone communication longer than 5 minutes will incur a 50-minute session charge.

50-minute session \$130  
75-minute session \$195  
110-minute session \$260

### **Cancellation Policy**

Please recognize that when you make an appointment, I am reserving that space and time for you. If you are late, I will not extend your appointment and will charge for the full time. I also require **24 hours** notice to cancel an appointment, and **Friday notice for a Monday appointment**. After two cancellations, I will charge for missed or canceled appointments and review with you your commitment to your therapy. Usually, cancellations are a sign that core issues are surfacing for you, so I encourage you to address these with me and use the opportunity to experience healing and resolution around them. **I will charge you for a full 50-minute session for cancellations less than 24 hours from the appointment time.**

### **What is Psychotherapy?**

Psychotherapy is both a way of understanding human behavior and of helping people with their emotional difficulties and personal problems. Psychotherapy typically starts with an assessment of problematic symptoms and maladaptive behaviors that often intrude into a person's social life, personal relationships, school or work activities, and physical health. Specific psychotherapeutic strategies may be employed to alleviate specific problems causing distress such as depression, anxiety, or relationship problems. Self-knowledge is seen as an important key to changing attitudes and behaviors. Psychotherapy may involve the development of insight as to how our physical health may be compromised in many ways by emotional and relationship issues. Therapy is designed to help clients of all ages understand how their feelings and thoughts affect the ways they act, react, and relate to others. Whether or not therapy works depends a great deal on the client's willingness and ability to experience all relationships deeply, especially in the therapeutic relationship. Each client has a unique opportunity to view themselves more accurately and to make connections between past and current conflicts that illuminate the way one relates to oneself and to others. Therapy may be emotionally painful at times. Clients are encouraged to talk about thoughts and feelings that arise in therapy, especially feelings toward the therapist. These feelings are important because elements of one's history of important affection and hostilities toward parents and siblings or significant others are often shifted onto the therapist and the process of therapy. Psychotherapy aims to help people experience life more deeply, enjoy more satisfying relationships, resolve painful conflicts, and better integrate all the parts of their personalities.

### **Agreement for Psychotherapy Consultation**

I have read this informed consent completely and have raised any questions I might have about it with my therapist. I have received full and satisfactory response and agree to the provisions freely and without reservations. I understand that my therapist is responsible for maintaining all professional standards set forth in the ethical principles of her of professional association as well as the laws of the state of Georgia governing the practice of psychotherapy and that she is liable for infractions of those standards. I understand that

I will be fully responsible for any and all legal and/or collection costs arising as a result of my contact with my therapist, including appropriate compensation for her time in preparing documents for insurance or other matters. I understand that my therapist from time to time makes teaching and research contributions using disguised client material. By consenting to treatment I am giving consent to this process of professional contribution and the right to use disguised material without financial remuneration.

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Therapist Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Legal Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Person you give permission for Beverly Matthews to communicate with in the event of an emergency such as danger to self, danger to others or severe psychological distress:**

**First Contact Name** \_\_\_\_\_ **Relationship to you** \_\_\_\_\_

**Contact Phone** \_\_\_\_\_

**Contact Address** \_\_\_\_\_

**Second Contact Name** \_\_\_\_\_ **Relationship to you** \_\_\_\_\_

**Contact Phone** \_\_\_\_\_

**Contact Address** \_\_\_\_\_

### **Statement of the Therapist**

This document was discussed with the client and questions regarding fees and treatment options were discussed. I have assessed the client's mental capacity and found the client capable of giving an informed consent at this time.

**Date:** \_\_\_\_\_ **Therapist Initials** \_\_\_\_\_