

TRANSFORMATIVE PSYCHOTHERAPY, L.L.C.

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Independent Marriage and Family Therapist #F1000006

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Joint Informed Consent for Psychotherapy

A. PSYCHOTHERAPY INFORMATION DISCLOSURE STATEMENT

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know about because this is your therapy, whose goal is your well-being. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

B. THERAPIST'S QUALIFICATIONS

1. License: This therapist holds a license to practice as an Independent Marriage and Family Therapist, in the state of Ohio, license #F1000006.
2. Education: Highest education of therapist is a Master of Arts degree in Counseling Psychology with a minor in Somatic (Body-oriented) Psychology from John F. Kennedy University in Pleasant Hill, California.
3. Professional Associations: At this time, I am not a member of any professional associations.
4. Therapists Limitations: as a master's level psychotherapist I **cannot** prescribe or provide medication, nor perform any medical procedures.

C. THERAPEUTIC PROCESS

1. Definition: Psychotherapy is the treatment of mental and emotional disorders through the use of psychological techniques designed to encourage communication of conflicts and insight into problems, with the goal being relief of symptoms, changes in behavior leading to improved social and vocational functioning, and personality growth.
2. Methods Used in Treatment: I am a holistic minded therapist and I have completed Level 3 Training in Gottman Method Couples Therapy and will be using this treatment model in my work with you and your partner. Attendance at sessions and on-going homework (usage of principles taught) is expected in order for therapy to succeed. ***Disclaimer: While I have taken training in the Gottman Method of couple's therapy, I want you to know that I (or my agency, if applicable) am completely independent in providing you with clinical services and I alone am fully responsible for those services. The Gottman Institute or its agents have no responsibility for the services you receive.**
3. Stages of Therapeutic Process:
 - a. Length of therapy will be dependent on the couple and the therapist making a determination based on the treatment plan and couple's assessments.
 - b. First session will be a brief phone or email screening interview which will have already taken place prior to receiving this document.
 - c. Therapy will take place in an office setting and will include conversations between client and therapist about the issue at hand, which was discussed during

the initial screening process. At times video-taping may occur but a waiver will be signed to release this information for discussion with a supervisor.

d. Evaluation of therapy will occur on an on-going basis through regular check-ins with client.

e. Termination will occur when both the therapist and client are in agreement that therapy is no longer necessary. (Special Circumstances) Termination can also occur if the therapist feels that she is not properly qualified to work with the client's needs and at that time a referral will be made to a professional specialized in dealing with the client's concerns.

f. Referrals will be made to the client if necessary, during treatment.

g. Emergency Numbers and National Hotlines:

1) For a life-threatening situation, you should contact 911

2) National Domestic Violence Hotline is 1800-799-7233

3) Alcohol and Drug Hotline 1-800-821-4357

4) Child Abuse 1-800- 4-A-Child / Elder Abuse 1-800-252-8966

5) Suicide Hotline 1-800-273-8255 (TALK)

6) Helpline National Alliance for Mentally Ill 1-800-950-NAMI

D. CONFIDENTIALITY

As a client, you have a right to confidentiality of your records. Everything that is discussed is private and confidential, with some exceptions below:

1. If you state that you are going to harm someone or are intending to harm yourself.
2. The abuse of a child or elder that is discussed will be reported to the local authorities.
3. Court Orders/testimony – if I am giving a subpoena on your behalf.
4. Waiver or Release of Information that you sign for me to speak to someone else in regards to your treatment. Generally, this would be a doctor. With children it would also involve parents/guardian, custodial agencies involved, school, or other professionals deemed necessary.
5. In the event of the client (s) death, the records will be shredded unless there is court involvement.
6. Therapist will share client information in consultation with another therapist or supervisor and this will be via video or verbal for best practices but names will be changed in most circumstances. If I am videotaping you there will be a different form to sign.
7. As this is couples counseling there is no confidentiality between myself and the two of you. When you tell me something in your family history session, we will determine how this will be discussed with your partner. Secrets cannot occur between couples in order to have success.

E. FEES

Couples fees are \$120.00/hour and are paid by check, cash or through Paypal (please use button on the couple's page of jkvegh.com/couples). **You are not able to bill your insurance company for these sessions and I will not be billing them as we are working for a longer period than insurance will pay for.** Clients have used their Health Savings Account cards on Paypal though and have had success with this.

There is a NO SHOW fee of \$120 per each hour scheduled if you do not call to cancel 24 hours in advance.

F. EMAILS FROM THERAPIST

Although emails are not shared by the therapist to anyone, they are at risk due to the fact that they can be viewed by a third party since they are not secure or encrypted. I am not responsible for unauthorized access of protected health information while in transmission (being sent by email) to the individual/client based on the individual’s request. Further, I am not responsible for safeguarding information once delivered to the individual. This being stated, I am not at liberty to conduct email therapy. The emails sent by the therapist will be limited to forms necessary for the first session, resources requested by individual in session, communication from the therapist if changes in session need to be made by therapist and/or responses to you, the client’s inquiries in regards to cancellations and updates to your future sessions.

G. GRIEVANCE PROCEDURES

If you have a grievance against this professional, please send your complaint to: The State Of Ohio Counselor, Social Worker and Marriage and Family Therapist Board, 50 West Broad Street, Suite 1075, Columbus, Ohio 43215-5919. Phone: (614) 466-6462 and website: cswmft.ohio.gov.

H. WEAPONS POLICY

By consenting to treatment with Jeannine Vegh at Transformative Psychotherapy, I consent to not bring any firearm or other weapon to treatment on any occasion.

Client’s Name _____

I hereby acknowledge that I have received information regarding informed consent for psychotherapy. I have had time to study the information and to ask any questions that I want to ask concerning the proposed treatment/services. I have also received a copy of this document for my own use.

Date Signed Client’s Signature _____
Date of Birth

Date Signed Client’s Signature _____
Date of Birth

Date Signed Therapist’s Signature