

Therapy with Joanna, P.C.  
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*Confidentiality and Consent to Participate in Treatment*

**LIMITS ON CONFIDENTIALITY**

The law protects the privacy of all communications between a patient and a psychotherapist. In most situations, I can only release information about your treatment to others if you sign a written authorization. This Authorization will remain in effect for a length of time you determine. In most cases, it cannot exceed 60 days. You may revoke the authorization at any time, unless I have taken action in reliance on it. However, there are some disclosures that do not require your Authorization, as follows:

1. You make me aware of current child or elder abuse.
2. It is determined that you are a danger to yourself or others
3. I am ordered by a court to disclose information.

As a psychotherapist, I provide clinical services and not forensic services. That means that you understand and agree that I will work with you solely as your therapist and not involved in any legal or administrative activities; e.g. such as testifying in a court of law on your behalf or providing documentation for accommodations or privileges other than provided under the American with Disabilities Act (1990).

**Consent to Treat**

Psychotherapy can have benefits and risks. Because therapy often involves discussing challenging and unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But, there are no guarantees as to what you will experience.

**Contact during Emergencies** –. It is the responsibility of the client to disclose thoughts of self harm or harming others, so that if necessary, an appropriate referral or change in treatment plan can be made. In the event of an emergency, the best number to reach me at is my cell phone, 484-477-8982. I do not answer the phone when I am with a patient. When I am unavailable, you may leave a voicemail for me. I will make every effort to return your call within 24 hours of when you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of the best times when you will be available. In emergencies, please contact your family physician or go to your nearest emergency room. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

I, \_\_\_\_\_ (please print), have received and understand the above notice concerning my confidentiality rights and consent to treatment with Joanna Frederick. I agree and authorize on a voluntary basis for Joanna Frederick to provide me with treatment, as deemed necessary.

X \_\_\_\_\_  
*Signature of Client*

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*Date*