

First Press Counseling, PLLC

INFORMED CONSENT FOR THERAPY SERVICES

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, as well as to help you clarify what it is that you want for yourself towards your therapeutic goals and self-improvement. I believe effective changes in counseling come from dealing with the whole person: physical, mental, emotional, and spiritual.

You are entitled to receive information before and during therapy regarding the methods of treatment I will use, my theoretical background, and the practical techniques I may use. At times it may be necessary to refer you to another professional who may have specific training or specialize in special treatment alternatives. Also, you as a client, always have the right to seek a second opinion or to terminate counseling at any time and for any reason.

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.

If abuse or neglect is disclosed under the conditions above, the State of California and Texas, requires me to report such information to an appropriate agency.

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.

NOTICE TO CALIFORNIA CLIENTS: The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

NOTICE TO TEXAS CLIENTS: The Texas Behavioral Health Executive Council receives and responds to complaints regarding services provided within the scope of practice. You may contact the board should you need to file a grievance.

1801 Congress Ave., Ste. 7.300

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(512) 305-7700

Investigations/Complaints 24-hour, toll-free system- (800) 821-3205

Kristal Thi Struble, Licensed Marriage and Family Therapist

CA License #142781, Expires 11/30/2027

TX License #205544, Expires 12/31/2026

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

This document has been updated on 1/6/26

Signature

Date

Signature

Date