NICOLE L. HARRIS
MARRIAGE AND FAMILY THERAPIST

Informed Consent

Effective September 1, 2018

Qualifications: I am a Licensed Clinical Marriage and Family Therapist (LCMFT) in the state of Kansas. I received a Master of Science degree in Marriage and Family Therapy from Friends University. I am a clinical member of the American Association for Marriage and Family Therapy. I have provided counseling to individuals, couples and families since 2006.

What to expect: I use a systemic approach to counseling where I explore the individual client within the context of their family and their environment. I will help clients clarify the reasons they are seeking therapy and establish therapeutic goals. Assignments and/or recommended changes in behavior are often made for outside of the sessions. Completing these should facilitate therapy and reduce the number of sessions needed. Parents of minor children may need to be involved in therapy for it to be effective.

Risks/Benefits of Therapy: When a person enters into therapy they should understand there are risks and benefits to the process.The benefits may include a greater self awareness, more effective coping skills and healthier relationships. The risks are that you may feel uncomfortable talking through particular issues and therapy may not give you the outcome you desire.

Confidentiality: All information in therapy is confidential with some exceptions. In the case of the following exceptions the therapist has the right to report to the appropriate authorities or state agency. These include:

- If the client presents a clear and present danger to him/herself and refuses to accept appropriate treatment (in this case a family member or emergency contact may be contacted).
- If the therapist has reason to believe there is a clear and present danger of physical violence against an identified victim by the client.
- If the therapist suspects physical abuse, emotional abuse or neglect of a child or an elderly adult, the therapist is required to to contact the appropriate state agency.
- In the case of a minor, if there is a serious suspicion of substance abuse/addiction is believed to exist or a serious runaway threat is likely.
- In legal cases, where the therapist is subpoenaed to provide testimony or therapy records.
- If the client initiates legal action against the therapist, the therapist may disclose information necessary to her defense.
- If a client would request information be released to a third party, a client will need to sign a written release.

_____ **(please initial)** I consent for my therapist to share information from my individual sessions with my spouse/partner/family member that are also participating in therapy, unless I request confidentiality.

Informed Consent Continued

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Physician Consult: Under Kansas law, my therapist is required to consult with my primary care physician or psychiatrist to determine if there may be a medical condition or medication that is contributing to the symptoms of a mental disorder. In order to complete such a consultation, my therapist will request a written consent. I also understand that I may submit a written waiver (form provided by therapist) to deny this request.

Emergency Services: You may contact me at 913-890-3858 and I will return your call within 24 hours. In case of a mental health emergency and you are unable to reach me, please call 911, Johnson County Mental Health (913-782-2100) or the Suicide Hotline (1-800-SUICIDE).

My signature below indicates that:

- I/we understand that my therapist is Licensed Clinical Marriage and Family Therapist.
- I/we understand that my therapist is bound by the Code of Ethics set forth by the American Association of Marriage and Family Therapy.
- I/we understand there are risks and benefits associated with therapy.
- I/we understand the confidentiality policies and the exceptions that apply.
- I /we understand the HIPAA privacy policy and the Client's Rights and Responsibilities are available at www.nicolelockharris.com
- I/we authorize my therapist to release our name only to our referral source to thank them for the referral.
- I/we consent to all forms of communication from Nicole L. Harris via email, phone, cell phone and/or texting.
- I/we understand that I/we may terminate therapy at any time.
- I /we give full and informed consent to receive therapy services from Nicole L. Harris.

I have read and understand the Informed Consent, therefore my below signature indicates that I agree to the terms and conditions herein:

X_____ Date:_____
Signature of Client/Parent/Guardian

_____ _____
Printed Name Relationship to Client

X_____ Date:_____
Signature of Client/Parent/Guardian

_____ _____
Printed Name Relationship to Client