



# Consent to Treatment

## *Informed Consent & Client Rights*

*Congratulations on starting this journey! For many people, starting therapy is a difficult process – I completely understand this, having been to therapy myself. Hopefully this document will help assuage any concerns, fears or worries that you may have about what counseling and therapy is, and how it can help.*

**My name is Samantha Heuwagen, and I will be your therapist.** I hold a bachelor's degree from Oakland University in Spanish Language and Literature minor in Women and Gender Studies, my first master's degree in Women and Gender Studies from the University of South Florida, and a second master's degree in Couple and Family Therapy from Mercer University. I am a licensed marriage and family therapist in the state of Georgia (GA # MFT001641). I am also a Certified Sex Educator from the American College of Sexologists. I identify as a multiracial, heterosexual, middle class cisgender woman with an invisible disability. I am fluent in Spanish and can provide therapy services in both English and Spanish. I enjoy primarily working with sex, relationships, and self-confidence, but I am well versed, trained, and experienced in many presenting concerns and modalities. I am confident I can help you achieve your goals in therapy – and if not, I can refer you to someone who can.

**I cannot guarantee any results in therapy – no therapist can.** I can guarantee you that I will work as hard as you do toward achieving lasting change. Therapy is much more of an art form than an exact science. There is no magical formula to alleviate all of your concerns and difficulties. However, research does show that people who attend therapy feel better and are more well-adjusted than those people who do not. This is not to say that therapy will always be easy – often you will leave not feeling as good as when you came in. This is a good thing! It means that you are doing something and working hard. In our sessions we will talk about difficult topics, explore areas that are painful, and may uncover unpleasant information. My goal is that therapy will be a positive affective experience, and in the end, you will leave living your best life.

I treat **confidentiality** very seriously within my practice. The only people who will have immediate access to your case, documents, and total file will be myself as your therapist, and my clinical supervisor, Dr. Christopher K. Belous. You should know that first and foremost, my concern and belief is to provide the most secure and helpful experience possible for my clients. There may be times, however, when I have to breach that confidentiality. This may occur when:

1. There is any suspected, confirmed, reported, or observed child abuse (sexual, physical, monetary) or neglect.
2. There is any suspected, confirmed, reported, or observed adult, geriatric, or disabled persons' being abused (sexual, physical, monetary) or neglected.
3. Whenever any legal proceedings are opened or required by you, the client, or as a component of a legal proceeding in which you are a part of – this includes subpoena's and signed, legal orders compelling testimony or release of records. This includes complaints and concerns you may allege against me.
4. You request or require a release of records or information to another party or yourself via written request or release of information documentation.

Only the absolute bare minimum information will be provided in any of the above instances. You will additionally be informed of any release of information prior to the disclosure.

For couples and families – I view the relationship as my client, not each individual. As such, I have a **“no secrets” policy** – this is simply a fancy way of saying that I will not be your secret keeper. If you have something occurring that may be damaging to the relationship, and/or is something that needs to be disclosed to a loved one, that is something that we will work on doing together. I will not conduct treatment holding secret information that could be damaging to a relationship or a person, as I cannot guarantee that it won't slip out at some point during a session!

**Social media** is a big deal in today's society. I get this – I am very active on social media myself! However, you should know that I will never friend you, follow you, or request you to disclose or divulge your relationship as a client in the public forum of social media platforms. If you chose to follow one of my professional pages/profiles, that is your decision. You should know that by doing so, you are publicly affiliating yourself with me as a helping professional, and it may result in (albeit minor) assumptions of connection. I am not – and will not – request any follows, views, likes, or shares of any content.

The world, alas, is also not as large as we would like. Should I see you in a **public setting or place**, I will not initiate contact with you. I will treat you as a stranger unless you chose to begin an interaction with me. This is to protect your confidentiality. Should we interact publicly, I will never disclose any information about our treatment, nor will I discuss your case with you. It will be pleasant and friendly, but not professional or therapeutic. I will not take offense if you ignore me as well – we are all good!

As a client, you have my phone number and email address to contact me. Feel free to contact me with scheduling issues/concerns, and if you need to request a different appointment or time. You should know I am not a 24hr service, nor am I an **emergency** clinician. Should you be experiencing a mental health – or any other kind of – emergency, you should go to your nearest emergency receiving facility (typically an emergency room at the local hospital). Alternatively, you can also call the Georgia Access and Crisis Line at 1-800-715-4225 or call 9-1-1.

→ You should know I also do not typically provide **telemental health services**. I am trained and qualified to do so, having accrued the required continuing education credits per Georgia Board of PC, SW, and MFT Rules. However, only in rare, emergency cases shall I offer and/or conduct telemental health therapy. This may take the form of video conference or audio calls via a HIPAA/HITECH secure platform. Our therapy sessions will occur primarily in a face-to-face format.

**Appointment** are typically held at least once per week, unless otherwise agreed upon when determining your treatment plan. Sessions are approximately 50 minutes in length, and start on the hour, unless otherwise scheduled. Fees, payment methods, and disclosures of such are described in the Fee Agreement - which is separate from this document. Treatment typically includes an initial evaluation and assessment process (unique to each client), a 'treatment' phase, and then an ending – or a 'how do you make the change you've achieved last' part. You can expect your treatment to last as long as it needs to, until your difficulties are managed, and you feel comfortable and confident without therapy. You should know that even after your treatment is complete, you can (and research says you should!) check in periodically to get 'booster' sessions.

**As the client, you hold all the power in this relationship.** You have the right to discuss the course of treatment and how you would like it to go, determine the length of treatment (you can fire me at any time), and have complete access to all of your clinical records – you own them. I am a provider and keeper, not the owner. You should empower yourself to speak up when you have concerns, and my goal is that you be comfortable enough to do so whenever necessary. Ask questions! Get answers and feel confident in the treatment.

-----

By signing below, you are stating and confirming that you understand the above discussed treatment information and provide your informed consent to receive mental health services from Samantha Heuwagen, LMFT (GA #MFT001641), All clients over the age of 17 are required to sign, under 17 a legal guardian must accompany signature.

A copy of this agreement can be provided upon request.

_____ Client Written Name	_____ Client Signature	_____ Date
_____ Client Written Name	_____ Client Signature	_____ Date
_____ Client Written Name <input type="checkbox"/> Check here if signing/consenting for a minor (<17 years of age)	_____ Client Signature	_____ Date
_____ <b>Samantha Heuwagen, MFT, LMFT</b> Therapist	_____ Therapist Signature	_____ Date