



Jen Mossefin Therapy, PLLC

Jennifer Mossefin, MSW, LCSW, LCAS

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Informed Consent for Psychotherapy

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 establish a clear understanding about how our relationship will work and what each of us can expect. This consent is to provide some clear expectations for our work together. Please read, and indicate that you have reviewed this information and are in agreement by signing at the end of this document.

The Therapeutic Process

Therapy can have benefits and risks. The outcome of treatment is greatly influenced by our therapeutic relationship and your willingness to engage in this sometimes uncomfortable process. As we make meaning and recognize patterns or connections in your past experiences and examine the nature of the problems you are dealing with, you may experience some discomfort and even an increase in negative feelings for a period of time. You may experience sadness, anger, anxiety, and guilt as you become more aware of feelings attached to past experiences. Therapy has been shown to have benefits for people who do this difficult work for themselves. Some of the benefits of the therapeutic process are improved relationships with others and self. Therapy can lead to solutions to specific problems and a significant decrease in feelings of distress. While I do specialize in a variety of issues, if I feel that you need expertise or knowledge that I do not have I may refer you to another mental health clinician for consultation or continued clinical work. Although I cannot promise that your behavior, experiences or circumstances will change, I can promise to support you and do my very best to understand you.

Confidentiality

Your privacy and confidentiality are a priority to me and in our clinical relationship. All information from our sessions and work together will be held confidential with a few exceptions:

- If a client or legally appointed representative have signed a Release of Information allowing specific information to be exchanged with a specified third party.
- If a client threatens or attempts to commit suicide or otherwise behaves in a manner in which there is substantial risk of incurring serious bodily harm. In this case I make it a policy to contact the appropriate authorities to give them an opportunity to protect that person.

- A court has ordered the release of confidential information without client consent, at which request the therapist is ethically bound to ask the court to disallow disclosure due to potential harm for a client or therapeutic relationship.
- The therapist has legitimate reason to suspect or believe that a child (or elder) is being abused, at which time it is my ethical and civic duty to report such abuse to the proper authorities.

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 or any other identifying information.

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. However, if you acknowledge me first, I will be more than happy to speak briefly with you but feel it most appropriate not to engage in any lengthy discussions outside of the therapy office.

About the Therapist

I have a Master of Social Work (MSW) degree from UNC- Chapel Hill with a special focus on adult mental health and substance abuse. I am a Licensed Clinical Social Worker, Associate (LCSW) and Licenced Clinical Addictions Specialist (LCAS). I have experience working with individuals facing a variety of issues. Some areas that I have experience with are Substance Use Disorders, Eating Disorders, Anxiety, Borderline Personality Disorder, Mood Disorders, Self-Worth Issues, Trauma and Coping Skills. My therapeutic philosophy includes an integrated approach, using mindfulness, working with the body/mind connection, Dialectical Behavioral Therapy and EMDR (Eye Movement Desensitization and Reprocessing).

Length of Sessions

Each session will last approximately 45-60 minutes and cannot be extended. It is important that the sessions begin and end at the scheduled time because there will be others waiting to be seen at their scheduled time. Please note that if you are late the session will not be extended and you will be responsible for the full payment. It is important that you are on time and consistent with appointments in order to work together successfully.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT. IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING ANY OF THIS MATERIAL, PLEASE CONTACT YOUR THERAPIST.

Printed Name (Client)

Client Signature

Date

Printed Name (Guardian if Client Under 18 years of age)

Signature (Guardian if Client Under 18 years of age)

Date