



FREDERICKSBURG RELATIONSHIP CENTER, LLC
150 Olde Greenwich Dr, Ste 204
Fredericksburg, VA 22408
www.fredericksburgrelationships.com
540-300-1973

Informed Consent for Treatment

Risks and Benefits:

Therapy often leads to better understanding of self, solutions to problems, decreased feelings of distress, and better relationships. There are no guarantees of what you will experience, most people benefit from therapy. However, because therapy often involves discussing challenging aspects of your life, you may at times experience difficult emotions or discomfort.

Treating Providers:

At the Fredericksburg Relationship Center, LLC, our treating providers include Licensed Marriage and Family Therapist, Counselors in Residence, and Marriage and Family Therapists in Residence. In this informed consent, the terms counselor and therapist refer to all our treatment providers regardless of their license status. All of our providers are subject to the discipline and review of the Virginia Board of Counseling.

Confidentiality:

State law and professional ethics require therapists to maintain confidentiality except for the following situations:

1. If there is suspected child abuse, elder abuse, or dependent adult abuse
2. A serious threat to a reasonably well-identified victim is communicated to the therapist
3. If an intent to injure or kill oneself is communicated to the therapist
4. If you sign a release for psychotherapy records
5. If the records are subpoenaed by a court and not quashed
6. Clients under 18 do not have full confidentiality from their parents
7. For couple's therapy, the "relationship" is the client. Destructive secrets will not be kept by the therapist from couples in treatment together. The therapist will exercise discretion and encourage full disclosure among the couple. Otherwise, s/he may terminate therapy for non-compliance.
8. We may speak with professional colleagues for consultation and case studies without asking permission or disclosing identifying demographics. Your identity will be protected.

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Social Media, Email, Texting

1. You may follow the Fredericksburg Relationship Center professional Facebook or LinkedIn pages. However, our counselors will not accept personal friend requests via any social media platforms.
2. You may use the client scheduling portal and MedTunnel to send encrypted messages to your counselor for treatment-related questions.
3. Cell phones, voicemail, text messages, and e-mails should be used for scheduling, not therapy.

Emergencies:

If it is a life or death situation or you or another person is in a severe mental health crisis, CALL 911 or go to the nearest hospital emergency room.

Medical Concerns:

We cannot diagnose medical conditions. We may recommend that you obtain a medical examination to determine any medical origins for some psychological problems, neurological disorders, endocrine disorders, or medication side effects, etc. We do not prescribe medication but will refer you for a medication evaluation to your primary care physician or psychiatrist as indicated.

Termination of Counseling

Termination of therapy is usually a collaborative agreement. However, you have the right to terminate counseling at any time. Your counselor may refer you to another professional. Your counselor may choose to terminate counseling with you as a result of lack of contact.

1. If you are absent from counseling:
2. For more than 45 days, your record will become "Inactive."
3. For more than 90 days, your record will be "closed."
4. If you wish to return, it may require a new intake evaluation to assess your current needs.
5. Your record will remain file for five years after termination unless the law requires longer.

Legal Proceedings/Court Involvement: Our goal is to support clients to achieve therapy goals, not to address legal issues that require an adversarial approach. Clients entering into treatment

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are agreeing not to involve us in legal/court proceedings or to obtain records of treatment for legal/court proceedings.

Please see our Court Policy for more details.

Acknowledgement of Informed Consent and Services Agreement

I have received and read this Informed Consent and Services Agreement. I have had an opportunity to ask questions about the information provided. My signature below indicates that I voluntarily consent to receive services from Fredericksburg Relationship Center, LLC, and to abide by the terms of this agreement. I understand that after therapy begins, I have the right to withdraw my consent to therapy at any time, for any reason, except to the extent that action has been taken in reliance on my previous consent.

Client Name (Please print): _____

Client Signature: _____ Date: _____