

# Informed Consent for Psychotherapy 2024-2025

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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 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 and brave 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 and repeating patterns, as well as to help you clarify what it is that you want for yourself.

### Confidentiality

The session content and all relevant materials to your treatment will be held confidential unless you request 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.

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.

### **Unexpected therapist absence**

In the event of my unplanned absence from practice, whether due to injury, illness, death, or any other reason, I maintain a detailed Professional Will with instructions for an Executor to inform you of my status and ensure your continued care in accordance with your needs. *Please let me know if you would like the names of my Executor and Secondary Executor.* You authorize the Executor and Secondary Executor to access your treatment and financial records only in accordance with the terms of my Professional Will, and only in the event that I experience an event that has caused or is likely to cause a significant unplanned absence from practice.

### **About Your Therapist**

The therapist-client alliance is of utmost importance to me. My job is to hold space for honest, vulnerable, human connection. You're not alone in your journey, and I'm here walk with you as you explore the infinite meanings to be made from the human experience in all its beauty, complexity, and suffering. While the therapy process covers a lot of ground, I believe being heard, understood, and validated is deeply healing in and of itself. I aim to weave an empathetic, compassionate, and strengths-focused approach with real/straight-talk that will challenge you towards building insight and putting that insight into action.

I specialize in therapy for those who struggle with intense emotions related to the symptoms of anxiety and depression, whether these emotions feel unmanaged or so controlled you can't feel anything.

I also enjoy working with adults simply seeking an accepting, pressure-free space to be themselves and process their thoughts and feelings about the everyday nuances of being a human in relationship with other humans.

I'm particularly interested in helping my clients work towards healing from painful past childhood experiences in which their core needs were not consistently met.

If you like, you can visit my website at [rebelliouswellnesstherapy.com](http://rebelliouswellnesstherapy.com) to learn more.

### **Complaints**

TEXAS: To file a complaint against me or another therapist, contact Texas State Board of Examiners of Professional Counselors in writing at the address below or call 1-800-942-5540 for more information.

Complaints Management and Investigative Section

P.O. Box 141369

Austin, Texas 78714-1369

MINNESOTA: To file a complaint against me or another therapist, download the complaint form on the Minnesota Board of Behavioral Health and Therapy website. To file a complaint, you will need to complete the form and submit it to the Board office. If you prefer to have the form mailed to you, contact the Board office at

651-201-2756 or [bbht.board@state.mn.us](mailto:bbht.board@state.mn.us)

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.