

**COUNSELING CENTER****PSYCHOTHERAPIST-CLIENT AGREEMENT**

Welcome to the Rush University Counseling Center. This document contains important information about my professional services. Please read this Agreement carefully. We can discuss any questions you have about it at that time. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time and that revocation will be binding on me unless I have taken action in reliance on it.

**PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular problems you are experiencing. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reduction in feelings of distress. There are, of course, no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a commitment of time and energy, so you should be careful about the therapist you select. If you have questions about my approach, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another Counseling Center professional for a second opinion.

When the treatment needs of a prospective client exceed our scope of practice, every effort will be made to identify appropriate resources in the Chicago area.

**CONTACTING ME**

Due to my work schedule, I am often not immediately available by telephone. When I am unavailable my telephone is answered by voice mail. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are unable to reach me and feel that you cannot wait for me to return your call, you may find it helpful to contact the crisis hotline at Northwestern Memorial Hospital (312-926-8100) or you can go to the nearest emergency room and ask for the psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

**LIMITS OF CONFIDENTIALITY**

In accordance with professional ethics and Illinois law, the information revealed in psychotherapy is confidential and will not be revealed to anyone without your written permission, except as required by law. Illinois law requires that I make appropriate reports if you are suicidal or homicidal, or if any child or elder adult has been abused or neglected.

I may occasionally find it helpful to consult with other health and mental health professionals about a case. When appropriate, this may include the Counseling Center's consulting psychiatrist. During a consultation, I make every effort to avoid revealing the identity of my client. The other professionals are also legally bound to keep the information confidential. If you do not object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future.

**INFORMATION SHEET**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I hereby authorize Counseling Center staff members to contact me using the above  
E-mail address: \_\_\_\_\_

**Signature**

**Emergency Contact Information:**

Name: \_\_\_\_\_

Relation to you: \_\_\_\_\_

Phone Number: \_\_\_\_\_

YOUR SIGNATURE HERE INDICATES THAT YOU HAVE READ THE  
PSYCHOTHERAPIST – CLIENT AGREEMENT AND AGREE TO ITS TERMS.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_