

Deidre Werner-Groh LMFT

AAMFT Approved Supervisor

Informed Consent

Welcome! I am glad you are here and taking this step in your personal development. I understand how exciting as well as frightening it can be to try something new. I look forward to being a part of your growth and hope that the following documents provide insight into this experience. These documents contain important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss at our next appointment.

I view therapy as a collaborative experience; not something I do to you, but rather, a journey shared. My clinical expertise is rooted in systemic thinking with a niche in cognitive behavioral modalities; however, various models are utilized depending on your specific needs, goals, and preferences. Therefore, for therapy to be most successful I ask that you are open and willing to address your goals not only within the therapy office, but between sessions as well. I am licensed in the state of Pennsylvania as a Licensed Marriage and Family Therapist (LMFT) this includes the practice of individual, couple, family, and group therapy. Within this systemic practice I have additional training in trauma, working with military families, addiction, parenting and addressing mental health concerns such as bipolar and related disorders, depression, and anxiety.

I am not specifically trained outside of my Master's degree in feeding and eating disorders, neurodevelopmental disorders, psychotic disorders, elimination disorders, sexual dysfunctions nor paraphilic disorders.

I am also recognized by the American Association of Marriage and Family Therapists as an approved supervisor. This designation allows me to supervise clinicians working toward the completion of their Master's degree and state licensing requirements.

Risks and Benefits

Therapy can provide benefits as well as potential risks. As therapy often requires addressing areas of growth and discomfort, you may experience feelings such as sadness, anxiety, anger, guilt, and other distressing emotions. Along with uncomfortable emotions there may be a recall of memories, intrusive thoughts, or dreams as you process past events in session, your personal growth may also impact how you engage with others in a manner they are uncomfortable with experiencing. These feelings are normal to experience and represent how the process through therapy is often meandering rather than a linear trajectory. It is important that you share these experiences in session in order to obtain appropriate treatment and coping skills,

Therapy often increases relational satisfaction, insight and personal awareness, solutions to problem areas, and significant reductions in areas of distress. There are no guarantees of what you will experience as everyone is unique. You are encouraged to be open about your experience and invited to process the process of therapy along with your treatment work.

Initial sessions may involve a period of evaluation in order to determine your needs, goals, and preferences. Through these sessions I may offer impressions of our clinical treatment plan, including interventions and resources. I ask for your open and honest feedback

regarding working together and areas of collaboration. Therapy involves a significant commitment of time, money, and energy which is best utilized with your thoughtful investment in the treatment plan. In the event that I am not a good fit for addressing your goals I am dedicated to work with you to provide an appropriate referral within the community.

Meetings

My evaluation process may take between one to three sessions during which we will define your goals, needs, and anticipated modalities for treatment. During this time, we can determine whether I am a good fit for your treatment or offer referrals as needed. Appointments are scheduled for approximately 50 minutes at intervals we agree upon. The duration of therapy services may be brief, concluding within a few months, or consisting of regular contact over years in order to reinforce maintenance of goals.

It is expected that you attend appointments as scheduled and are financially responsible unless you provide 24-hour advance notice of cancelation. You are asked to arrive on time for all appointments. Arrival 15 minutes or later may result in forfeiting your session and financial responsibility for the missed appointment. (These details may be further reviewed in the financial agreement)

Limits of Confidentiality

In General, the privacy of all communications between a patient and psychotherapist is protected by law, and can only be released with your written permission. There are a few exceptions which include:

- Mental or physical health emergencies requiring immediate action
- High-risk situations or cases in which there's evidence of suicidal thoughts, gestures, attempts, or a significant history of attempts or those presenting with a history of, propensity for, or threats of violence
- Legal issues such as possible reporting obligations related to suspected abuse or neglect, or ethical violations by other professionals

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional health is an important issue, a judge may order my testimony.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I must reveal some information about a patient's treatment. For example, if I believe that a child, elderly person, or disabled person is being abused, I may be required to file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization for the client. If the client threatens to harm themselves, I may be obligated to seek hospitalization for them or to contact family members or other emergency contacts who can help provide protection.

Should any of these events arise, I will make every effort to fully discuss it with you before acting.

I may occasionally find it helpful to consult other professionals about your care. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep 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. By signing this document, you agree to release information to other DGR Behavioral Health providers in order to consult about your needs and best care.

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 in sessions. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are complex.

Nature and Extent of Record Keeping System

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we may discuss the contents. An appropriate fee will be charged for any professional time spent in responding to information requests, including written materials for self or others. This fee is \$50 per documentation.

Contact Outside of Therapy

Should a time arise when you need to contact me outside of our scheduled appointment, please call the office at 610-378-9601 Ext 150. I am often not immediately available and will return your call as soon as I am able. I appreciate if you can provide a phone number where you can be reached as well as convenient times for a return call. There may be times when I am unavailable and a colleague at DGR Behavioral Health will cover my calls.

In the case of an emergency, please contact your primary care doctor or 911. Another resource available is 988 for suicide and crisis [Get Immediate Help | MentalHealth.gov](https://www.gettyhelp.org/)

Contact via e-mail is primarily for scheduling and clinical issues discussed ahead of time. It is not a substitute for therapy appointments or face-to-face conversations and should never be used for emergencies.

Regarding social media, I will not knowingly follow client's blogs, Twitter, Instagram, Facebook, Tik Tok or other form of social media. I ask that you also respect my privacy and do not follow any personal social media accounts I may maintain.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Signature	Date

Therapist Signature	Date