

MARY LOU TABERS, MA, LMFT
11901 N. MacArthur, Suite D-5 , Oklahoma City, OK 73162
Ph# 405-436-9962

Welcome to my counseling practice! I am glad you are here.

INFORMED CONSENT

The decision to begin counseling may impact significant areas of your life. When you enter counseling with a good understanding of what you are about to undertake, you are likely to achieve more favorable results. This form contains information to help you make informed decisions about the process of counseling, my services, and policies.

- **Therapist qualifications and credentials** – Mary Lou is a Licensed Marriage & Family Therapist in the state of Oklahoma. Goals of the therapeutic relationship – Mary Lou works with the goals established by her clients, but may add therapist goals for counseling, which is communicated with the client.
- **Services the therapist can provide** – Mary Lou provides counseling from several points of view, primarily from a systemic reference but uses other approaches including cognitive behavioral therapy (CBT), solutions focused, and emotionally-focused, to name a few. She may use assessment instruments for personality inventories, career assessments and check lists to screen for mental health issues. She may suggest an approach tailored to meet your goals and obtain your approval before proceeding. However, Mary Lou believes strongly that the therapeutic process is most effective when therapist and client collaborate together in setting therapeutic goals, as this best promotes the healing process. She will also inform you of any additional fees for assessment instruments.
- **Rights of the client** – (a) In the event of an emergency, you may contact Mary Lou at any time at her office number above. When she is out of reach and there is a medical emergency, please call 911 and then follow up with a call to her office number listed above. (b) Every client has a right to terminate counseling at any time, however, please discuss termination or taking a therapy break during a regular session, rather than over the telephone. (c) You have the right to know your diagnosis and have it explained to you. (d) Mary Lou is bound by the Code of Ethics set forth by the American Association of Marriage and Family Therapy (AAMFT) and Oklahoma Association of Marriage and Family Therapy (OKAMFT). You have a right to request a copy. (3) You have a right to discuss your treatment approach and refuse any treatment. (f) You have a right to ask for an estimate of the probably length of therapy. (g) You have a right to request a referral to another therapist.
- **Behavior desired of the client** – (a) Mary Lou often makes recommendations of things to do between sessions. Completing these should facilitate therapy and reduce the number of sessions needed. (b) Please bring up any concerns that you have about therapy or your therapist so they can be resolved. (c) Please be as open as possible concerning any issues that relate to your problems. Withholding information may cause therapy to take longer. (d) Parents of minor children need to be involved in the therapy in order for Mary Lou to be effective. (e) Please give 24 hours notice of needing to reschedule and preferably 48 hours for evening appointments.
- **Risks and benefits of therapeutic procedures** – A benefit is that therapy may help you

personally and with your relationships. A risk of therapy is that it may not by itself resolve our problem. Mary Lou will assess your progress with you periodically to ensure movement toward your goals. Another risk is that you may feel discomfort in talking about uncomfortable topics, but such discussions are intended to help you accomplish your therapy goals.

- **Limits to confidentiality** – All information in counseling is confidential with some exceptions. In order to provide others (including insurance) with information about the therapy, all participating family members who are 14 or older will need to sign a written release. Other exceptions to confidentiality according to Oklahoma law are (a) When information pertains to child or elder abuse or neglect, (b) When information pertains to a criminal act, (c) When a child was the victim of a crime (d) When a client brings charges against the therapist, (e) When the therapist is called upon to testify in court or hearings about adoption, adult abuse, child abuse, child neglect or other matters pertaining to the client’s welfare, (f) When the therapist is collaborating or consulting with professional colleagues or an administrative supervisor on behalf of the client. (g) According to the AAMFT Code of Ethics, another exception includes preventing a clear and immediate danger to a person or persons (suicide or homicide). (h) Confidentiality of e-mail cannot be guaranteed. (i) In addition, parents have a right to a reasonably complete account of their minor child’s therapy. Mary Lou plans to involve parents in the treatment of a minor child. Occasionally when a child/adolescent reveals information in therapy, he/she wish it to remain confidential. Mary Lou will usually honor their request unless it involved dangerous behavior such as drugs, sex, suicidal ideation, or running away.

My signature below indicates that I understand and agree with the therapist’s policies and give informed consent to receive therapy services from Mary Lou Tabers. To be signed by all participating family members 14 years old and over.

I/We authorize Mary Lou to release our name only to our referral source to thank them for our referral to her, unless the referral source is from advertising or an insurance company. I acknowledge that I have received a copy of the therapist’s Notice of Privacy Practices.

Signature

Date

Signature

Date