

Therapy Consent for Tanya Oken, Ph.D.

I am so excited that you have chosen to work with me! It is one of my ethical responsibilities to help you understand what you can expect when working with me. This document is not exhaustive as it supplements the general practice informed consent. Please read this document carefully and ask any questions you may have. You should only sign this document once you fully understand it. When you sign this document, it will be an official agreement between us:

- **Collaboration:** This therapy is voluntary. That means that you are here because you are choosing to be here. You are able to terminate therapy with me or transfer to a different therapist at any time. For me, treatment is successful when the things we do during our appointment are applied in ways that help you in your life outside of our appointment. That is why therapy works best when you take an active role, ask questions, or share suggestions about the process. It is very important to me that we collaborate to identify clear goals for therapy. This helps us monitor that therapy with me is working for you.
- **Therapeutic Relationship:** The relationship between a therapist and the people they work with is unique and called a therapeutic relationship. There are specific rules that govern how therapists interact with the people they work with. These rules are put in place to protect you by making sure that your relationship with your therapist remains professional and confidential. In order to do this:
 - I will not address you in public unless you speak to me first.
 - I will not be able to accept requests on social-networking sites.
- **Emergencies:** As an outpatient therapist I am not available by phone and email at all times. Generally, I will return phone calls within 24-48 hours. If you have a mental health emergency, I encourage you to do one or more of the following:
 - **Call 911 or Go to the emergency room of your choice.**
 - **Call Behavioral Health Link/GCAL: 800-715-4225**
 - **Call Ridgeview Institute at 770.434.4567**
 - **Call Peachford Hospital at 770.454.5589**
 - **Call Lifeline at (800) 273-8255 (National Crisis Line)**
- **COVID-19:** Please be aware, that if we choose to meet in person during the COVID-19 pandemic, you are assuming the risk of exposure to the coronavirus. However, both you, and myself, will take reasonable steps to reduce the risk of exposure to the coronavirus by adhering to safeguards intended to keep us safe. This includes wearing a mask in public areas, using appropriate social distancing, and refraining from attending appointments if either you or myself are sick.
- **Telecommunications:** This information is to help you make an informed decision about the risks associated with email and/or texts. Email and texting can be a convenient form of communication. However, text messaging and emailing are not secure means of communication and may compromise your privacy and confidentiality. If you choose to communicate with me or clinic staff by email, please be aware of the boundaries around privacy that can be expected.

I have read and understood the information and policies described in this form. I have also been given the opportunity to ask questions and have had my questions answered. I have been given a copy of this form for my records, I consent to the agreed upon services.

Client name (printed)

Date

Client signature

Responsible party name if applicable, such as parent for minor (printed)

Responsible party signature