



## EXPAND WELL BEING

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### INFORMED CONSENT

Welcome to Expand Well Being. I appreciate you giving me the opportunity to be of service to you. This pamphlet answers questions that clients often ask about counseling. I believe that our work will be most helpful to you when you have a clear idea of what to expect from counseling. Please do not hesitate to ask me any questions you may have regarding this pamphlet. You will be asked to sign a 'Consent to Treatment' form once you have read and understood the information in this pamphlet prior to beginning treatment.

#### **About Counseling**

Counseling is a collaborative partnership between you and me. Counseling requires your active participation. From time to time, you and I will evaluate your progress and goals. An important part of your counseling will be practicing new skills that you will learn in your sessions. I may assign "homework" like exercises, journaling, or reading to deepen your learning. You will probably have to work on relationships in your life and make long-term efforts to get the best results. These are important parts of personal change.

#### **Potential Risks**

As with any powerful treatment, there are some risks with counseling. For example, there is a risk that you will experience uncomfortable thoughts or feelings during the course of treatment. Also, clients in counseling may have problems with people they are in close relationship with, as dynamics may change throughout the course of therapy. Sometimes a client's problems may temporarily get worse before they get better. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with my best efforts, there is a risk that you may not get the results you were hoping for, and there are no guarantees of specific results.

#### **What to Expect from Our Relationship**

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the Ethical Framework for Good Practice in Counseling & Psychotherapy. In your best interests, the Ethical Framework for Good Practice in Counseling & Psychotherapy puts limits on the relationship between a therapist and a client, and I will abide by these. It is important that you understand these limits, so you will not think they are personal responses to you.

First, I hold an LPC license to practice counseling - not law, medicine, finance, or any other profession. I am not technically qualified to advise you from these other professional viewpoints.

Second, laws and the rules of the Ethical Framework for Good Practice in Counseling & Psychotherapy require me to keep your information confidential. Limits to confidentiality are explained in the "About Confidentiality" section of this pamphlet. If you encounter me in public or socially, I cannot take the initiative to greet you. I will, of course, acknowledge you if you approach me first, but to protect your privacy I will do my best to remain oblivious to your presence in a concerted effort to maintain the confidentiality of your relationship.

Third, in your best interest, and following the LPC Code of Ethics, I can only have a professional relationship with you. I cannot have any other role in your life. I can never have a social, sexual or romantic relationship with any client before, during, or after, the course of group counseling. And I cannot have a business relationship with any of my clients, other than the therapy relationship. Bartering for services is not allowed.

Fourth, if you ever become involved in a divorce or custody dispute, please understand that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because of your therapeutic relationship; and (2) the testimony might affect that therapeutic relationship.

## **About Confidentiality**

Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. It is your legal right that your records are kept private. If you would like us to consult with other professionals, like psychiatrists, school counselors, or physicians, to consult or collaborate on your treatment, we will ask that you sign a Release of Information so that we can legally share your information.

In all but a few rare situations, your confidentiality is protected by law and by the ethics of the LPC Code. Here are the most common limitations to confidentiality:

1. In case that you were sent by a court or an employer, for evaluation or treatment the court or employer expects a report from the treatment provider.
2. If your records are subpoenaed by a judge or the therapist is subpoenaed to appear in court.
3. If you make a serious threat to harm yourself or another person, the law requires your therapist to try to protect you or that other person. This usually means telling others about the threat.
4. If there is reasonable concern for the abuse or neglect of a child, disabled or elderly person, your therapist is legally required to report information to the authorities.

## **Other Safety Factors**

1. Members of a group should not engage in discussion of group issues outside of group.
2. Members of group should remember that keeping confidentiality allows for an environment where trust can be built and all members may benefit from the group experience.
3. Your group facilitator will monitor discussions and maintain a respectful environment to keep safety and trust a priority.

## **Scheduling and Fees**

Therapy appointments are scheduled weekly, especially in the beginning weeks of treatment. If you must cancel your appointments please do so within 24 hours. Any missed sessions or late cancellations will be charged at the regular session fee.

Please be on time for your appointments. Your session starts at the time scheduled and ends 50 minutes from that time. If you are late, please understand that I must end the session as scheduled so that I can start on time for the next client.

Payment for services is an important part of any professional relationship. It shows that you value your healing and personal development. Your fee for the initial assessment and subsequent counseling sessions is 1.000 INR. I accept cash and checks and payments are due at the beginning of each session.

## **Communication**

The most common reason to contact me between sessions would be for scheduling purposes, which is why I have provided online scheduling through my website [www.expandwellbeing.com](http://www.expandwellbeing.com). Please use this feature whenever possible. In case of an emergency, please dial 112. Otherwise, you may contact me via phone or email. Texting and email is not a secure form of communication and your therapist cannot guarantee confidentiality.

Therapist: Alexandra Putlitz

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

Email: [alexandra.putlitz@gmail.com](mailto:alexandra.putlitz@gmail.com)



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## CONSENT TO TREATMENT

I have received a copy of the Informed Consent pamphlet and have had the opportunity to discuss any of the information found therein with my therapist. I know that I can ask about any of this information at any time with my therapist throughout the course of group counseling. I understand that after counseling begins, I have the right to withdraw my consent to group counseling at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending group counseling.

I understand that no specific promises have been made to me about the results of treatment, the effectiveness of the procedures used, or the number of sessions necessary for counseling to be effective. I understand the benefits and risks of therapy.

I understand the legal protection of my private records and personal health information, and also the limitations to confidentiality as outlined in the Informed Consent.

I agree to pay for services at the rate of 1.000 INR per session. I understand that missed appointments and cancellations made within 24 hours of my appointment time will be charged at this rate.

I agree to act according to the points covered in the Informed Consent. I hereby agree to enter into counseling with this therapist and to cooperate fully and to the best of my ability, as shown by my signature here.

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Client signature

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Date

I, the therapist, have discussed the issues above with the client. I agree to enter into group counseling with the client, as shown by my signature here.

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Therapist signature

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Date