**Informed Consent for Psychological Services**

**Dr. Kirby K. Reutter**

*EMDRIA, DBTC, LMHC, MAC, etc.*

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Licensed Psychologist: Ohio # 7158

Licensed Psychologist: Texas #37448

Licensed Mental Health Counselor: Indiana # 39002367A

# You should feel free to:

* Actively set your own goals for psychological services.
* Contribute to and refine the treatment plan, if required.
* Ask any questions about your mental health and the psychological services being used.
* Express your opinions (both positive and negative) about the psychologist’s recommendations.
* Ask about all psychological services that are available to you.
* Give or withhold your permission, in writing, for psychologist to communicate with anyone outside the clinical relationship.
* Ask for a referral if, at any time, you do not believe you are receiving the services you need.

# You have the right to:

* Choose among various psychological services that can be used to address your needs.
* Know the risks and benefits of any recommended psychological interventions.
* Know the clinical guidelines used in providing and managing your care.
* Know your counselor’s education, training, licensure, and clinical specialties.

# We, in turn, expect:

* You will arrive for your appointments on time.
* You will be open and candid with psychologist; you have a responsibility to provide psychologist with accurate information to ensure highest quality of services.
* You will let psychologist know when the recommended services no longer work for you.
* You will ask questions about your care so you can better understand psychologist’s role in that care.
* You will follow the plan and instructions for care, as agreed upon between you and the psychologist.

# BY ENTERING INTO THIS CLINICAL ARRANGEMENT, YOU GIVE CONSENT TO RECEIVE SERVICES FROM THIS OFFICE. FAILURE TO FOLLOW THE GUIDELINES STATED ABOVE WILL COMPROMISE THESE SERVICES, AND MAY MEAN YOUR CASE COULD BE TRANSFERRED TO ANOTHER PROFESSIONAL.

Signature of Client or Parent/Guardian Date