Kelley Armbruster, PhD, LISW-S, LLC

Informed Consent Form for Social Psychotherapy Services

- I have chosen to receive services through Kelley Armbruster, PhD, LISW-S, LLC. My participation is voluntary and I am aware that I may discontinue receiving services at my discretion.

- I understand that all information I disclose to my therapist is held in the strictest of confidentiality and may not be released without my written consent EXCEPT AS REQUIRED OR ALLOWED BY LAW. Some exceptions to confidentiality include, but are not necessarily limited to, situations where there is:

  - A danger to myself or another person, which requires me to provide protection to you and/or the other person(s).
  - Actual or suspected abuse or neglect of children/minors, developmentally disabled/mentally retarded individuals, and/or the elderly (Kelley Armbruster, PhD, LISW-S, LLC is mandated or allowed by law to disclose this information to the proper authorities).
  - Presentation of a valid court order

- I have been informed of the costs of services. While Kelley Armbruster, PhD, LISW-S, LLC will submit claims to my insurance company, I understand that I am responsible for the costs of services should my insurance company not cover services unless I am contractually bound not to charge. I have been encouraged to contact my insurance company to determine the scope of mental health services covered by my policy.

- I understand that some of the information discussed in the course of social psychotherapy may be distressing to me, but may be necessary to help me resolve my problems and concerns. I understand that alternatives to social psychotherapy include medication treatment or no treatment. These issues will be addressed in the counseling session as Kelley Armbruster, PhD, LISW-S, LLC and I (the client) see necessary.

- I understand that this informed consent form will remain valid so long as I continue to see Kelley Armbruster, PhD, LISW-S, LLC for services.

_____/_____   _____/_____
Signature   Date   Witness   Date

_____/_____
Name (print)   Date of Birth