

## Informed Consent

**Information about Psychotherapy & Counseling Services:** Your therapist, Adam Magers, is a Provisionally Licensed Professional Counselor (PLPC) in the State of Missouri. His license number is 2020014381 and is valid through May 3, 2023. He has a Master's degree in Counseling Psychology from Pacifica Graduate Institute, with an emphasis in Depth Psychology, Professional Clinical Counseling, and Marriage and Family Therapy. He also possesses a Graduate Certificate in Ecopsychology from Pacifica, and is trained in Ecotherapy. In 2019, Adam passed the National Counselor's Exam (NCE) which is administered by the National Board of Certified Counselors (NBCC). Currently, he is working under the supervision of Whitney Logan, Licensed Professional Counselor (LPC) (license number 2016039436). He is also a member of the American Counseling Association. Adam's professional experience includes over four years of expert-level work with veterans and first responders suffering from severe psychological trauma, and two years of experience working with adults and teens facing a wide range of challenges, including grief, trauma, post-traumatic stress disorder (PTSD), personality disorders, anxiety, panic attacks, and depression.

Adam's training and supervised experience focused on depth psychology, with a specific focus in Jungian and archetypal psychology, as well as psychoanalytic and psychodynamic therapies. His background also includes training in Cognitive-Behavioral Therapy, Gestalt, mindfulness-based, humanistic or person-centered therapy, and somatic therapies. Both the client and the therapist will work together to determine goals for treatment. In general, goals include alleviating symptoms so that one can live in a more satisfying and fulfilling way, though from a depth perspective, symptoms are generally inherently meaningful and are best alleviated by resolving the underlying unconscious sources of pain.

Clients should be aware that psychotherapy may be tremendously beneficial for some individuals, and in *some* cases, therapy may get easier as the therapeutic process goes forward. However, it should be noted that therapy also poses potential risks, and it is widely acknowledged that depth-oriented therapies tend to facilitate an inherently regressive experience where the client works through painful experiences of the past (when it feels safe enough to do so) so that healing can become possible. Over the course of counseling, clients may undergo significant changes and therefore they may face new challenges, such as the emergence of hidden traumatic memories, increased relational strain, changes in relationships, or the discovery of unpleasant feelings. Therapy may also contribute to the client making significant life decisions, such as reconciliations, separations, or life style changes. Clients should be aware that symptoms may become more acute or worse at times. Please note that, while uncomfortable, such experiences are a natural and normal part of the therapy process. In order to maximize the benefits of therapy and manage risks, the client and therapist should work closely together, ensuring that the therapeutic experience unfolds at a pace and intensity that feels appropriate. Clients should be open and honest about their experience of therapy so that the therapist can respond to the client's needs. It is important to note that I cannot guarantee a positive outcome from our work together.

**Confidentiality of Information:** Most of the information discussed with your therapist is confidential and protected by laws. Some information which must or may be disclosed even without your consent includes:

- If you threaten to harm yourself or someone else;
- If a court orders disclosure of information;
- If your therapist, due to sudden illness or vacation, becomes unavailable and backup therapist is required;
- When abuse of child, defenseless person, or animal is known or suspected (reporting required by state law);

**Security of records:** Your treatment records and related financial records are stored in a secure locked file cabinet or a secure online file not accessible to the public.

**Statement of Financial Policy & Fee:** Payment is due at the end of each appointment. Cash, check, and credit card are acceptable forms of payment, though clients should be aware that there are credit card processing fees associated with online and credit card payments that are automatically collected by processing companies. If your income or financial situation changes and the fee becomes a limiting factor to your treatment, please discuss your fee with your therapist.

The agreed upon fee is: \$\_\_\_\_\_ per session.

**24 hour cancellation policy:** You will be charged for every scheduled appointment unless you cancel at least 24 hours in advance. At any time, hazardous road conditions are a valid excuse for cancellation without charge. In the event of severe weather or road conditions, your therapist will cancel the session for safety reasons and notify you immediately.

**Communication:** It is my policy that technology, as a form of communication in a therapeutic relationship, should be limited. Safeguarding your confidentiality is important to me, while at the same time it is widely accepted that outcomes in therapy may be negatively affected by contact outside of the normal therapeutic frame, or beyond scheduled sessions in the therapy office.

- a. **Telephone communication:** Cell phone conversations are not always confidential and could jeopardize confidentiality. Therapeutic communication will be therefore be limited to in-person sessions. Leaving a voicemail is appropriate for scheduling, cancelling, or rescheduling your appointment for non-emergency situations. If you wish to text, please limit usage to brief communication related to scheduling. No therapeutic information or conversations will be conducted through text message. On a case-by-case basis, some clients may call as needed for emergency support between the hours of 8am-4pm, though it may not be possible for the therapist to respond in a timely manner due to other commitments. Clients should first call friends or family members in their support network, and if there is an emergency or crisis, clients should call the following applicable numbers or report to the nearest emergency room.

**National Suicide Prevention Hotline: 1-800-273-TALK (8255)**

**Emergency Medical Services: 911**

- b. **Email communication:** Email, like texting, is not always confidential or encrypted, and utilizing email for communication should be limited to content around scheduling or cancelling your appointment.
- c. **Social Media:** I will not communicate with any client through social media or any other media other than email or phone. This includes, but is not limited to, Facebook, Facebook messenger, SnapChat, Instagram, and Twitter. Both client and therapist should abstain from viewing one another's social media profiles. This is in order to protect the integrity of the therapeutic relationship and to maximize the benefits of therapy.

**Length of therapy appointment:** 45-50 minutes. Regardless of the time you arrive, your session ends 45-50 minutes after the scheduled start time. When appropriate, the therapy session may be extended.

**Referrals:** Not all therapist/client relationships are a good "fit." If either party feels this way, you will be given referrals to other therapists for you to contact. If your therapist believes you would benefit from a psychological assessment, you will be given referral information to a psychologist who will give you psychological tests and discuss the results with you. If your therapist believes you could benefit from medication, you will be given referral information to a psychiatrist who will administer and manage your medication. In such case, it is recommended that you continue to see your therapist in addition to seeing a psychiatrist and the assessing psychologist. Assessments or medication management is not meant to be a replacement for therapy.

**Note:** If you have not been seen for 3 consecutive months, your file will be considered closed. If you wish to resume therapy any time after that, you will need to go through another evaluation session.

**By signing below you are stating that you agree to comply with the conditions listed above and consent to treatment with Adam Magers, MA, PLPC.**

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Printed name

Signature

Date

Witness