TRUST 2 BELIEVE | SOGOL PHILIPSON, LCSW

Informed Consent for Adult Psycnotherapy

DRAFT — FOR CLINICIAN AND CALIFORNIA LEGAL/COMPLIANCE REVIEW

LCSW #66853 | 4199 Campus Drive, Suite 550, Irvine, CA 92612 | Telehealth only

Nature of services

I understand that psychotherapy is a collaborative professional service intended to address emotional, behavioral, relational, and mental health concerns. Treatment may include assessment, discussion of experiences and patterns, skill building, and mutually developed goals. Benefits are not guaranteed; discussing difficult experiences can cause temporary distress.

Voluntary participation

I may ask questions, discuss alternatives, decline a particular intervention, request referrals, or end treatment. The therapist may recommend additional evaluation or a different level of care when appropriate. Treatment is not an emergency service.

Confidentiality

Information is generally confidential, subject to applicable legal exceptions including mandated abuse reporting, serious safety concerns, court processes where disclosure is legally required, and permitted treatment, payment, and operations disclosures. The separate Notice of Privacy Practices describes privacy rights and practices.

Telehealth and practical policies

All appointments are provided remotely. I have received or will review the separate telehealth consent, fee policy, communication policy, and client rights document. Questions may be raised before signing.

Acknowledgment

By signing, I acknowledge an opportunity to ask questions and voluntarily consent to adult outpatient psychotherapy. This form does not replace separate authorizations for disclosures that require them.

Client name: _____ Date: _____

Client signature: _____ Date: _____