

**DORCAS K. HUTTON, MS, LCPC, NCC**  
LICENSED COUNSELOR

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## **Informed Consent Policies and Procedures**

Welcome. Your therapist, Dorcas Hutton, has received a Master of Science degree from Loyola University Maryland in the Clinical Pastoral Counseling Program. Please ask her any questions and feel free to discuss any concerns regarding this form.

### **CONFIDENTIALITY**

Dorcas Hutton maintains a policy of strict confidentiality in all matters pertaining to her clients. At times she may discuss aspects of your therapy with a supervisor. As issues are presented, she will protect the client's confidentiality by using only the client's first name and remove any identifying characteristics.

Your therapist will not disclose any information about you except under the following circumstances:

- You threaten to harm yourself or someone else.
- You are involved in a legal action and the court has ordered your records.
- You or your child states being abused as a minor, and this abuse has not been reported previously. \*
- Your child is under 18 years of age and is at risk for being abused. \*
- The abuse of a vulnerable adult is disclosed.

\* Child abuse is sexual or physical abuse, neglect, or mental injury by a family member or household member, a caretaker, or a person who has permanent or temporary custody. Maryland state law mandates disclosure in such cases

### **INFORMED CONSENT**

In all likelihood you are seeking counseling because of some difficulty or crossroads in your life that you wish to address. Your therapist is here to assist you in that process. While being in therapy can be very helpful, it is not without possible risk. Those risks may include but are not limited to:

You may feel worse before you feel better.

- You will have to "work" for therapy to be helpful to you.
- You may experience mood changes that could affect your day-to-day functioning.
- You may experience some mild or severe depression that could result in a referral to a physician/psychiatrist for medication evaluation.
- As you learn new ways to address troubling situations, the people around you may change their behavior and complain that you have changed.
- You may decide to make changes in your life such as a career move.

### **CLIENT-THERAPIST RELATIONSHIP**

Your therapist encourages you to let her how you think you are doing in therapy, what you find helpful and not, and what areas you would like to stress in treatment. In turn your therapist will provide you regular feedback of her impressions of your progress or areas of concern.

### **TERMINATION OF SERVICES**

The therapist reserves the right to terminate therapy at her discretion. Reasons for termination include: untimely payment of fees, failure to comply with treatment

recommendations, conflict of interest, failure to participate in therapy, the client's needs are outside the scope of competence or practice, or the client is not making adequate progress in therapy. The client also has the right to terminate therapy at her/his discretion.

If you fail to keep your standing appointment for two consecutive weeks without calling to cancel or reschedule, the therapist will assume that you no longer wish to receive services and will send you a notice of termination.

In the event of the therapist's demise, all records will be released to a representative of the therapist's practice estate and in specific instances, a law enforcement official.

**PROBLEMS WITH A THERAPIST**

Should you have a concern about your treatment, you are encouraged to discuss this with your therapist. If that discussion does not meet with your satisfaction, you may contact the therapists' supervisor.

**GRIEVANCE PROCEDURE**

Any client who believes that she/he has been aggrieved by a decision, action, or inaction by the therapist retains the right to have their grievance heard. Grievances must be submitted in writing within five business days of the incident to the therapist's supervisor.

**APPOINTMENTS AND CANCELLATIONS**

Therapy works best when both client and therapist appear for scheduled appointments. The agreement we make each time we schedule an appointment is to honor each other's commitment of time and effort by being there. To ensure fairness to all, please be on time for appointments. If you are late, please be advised that your session will last only for the remainder of your scheduled session. If you need to cancel your appointment in the event of an emergency, please leave a message for your therapist on her voice mail. We ask that cancellations be made 24 hours in advance. Appointments missed or those cancelled with less than 24 hours notice will be charged as usual.

**RETURNED CALLS OR E-MAILS**

Phone calls and e-mails will be returned within the business day whenever possible. In case of an emergency, call 911 or go directly to the closest hospital emergency room for immediate treatment.

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I confirm that I have read and understand the above-stated policies.

Client's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist's signature: \_\_\_\_\_ Date \_\_\_\_\_