

Eliška Janderová, M.A.
Counseling Psychologist & Coach
IČO: 03738621

Basic Information

Full Name: _____
Date of Birth: _____
Mailing Address: _____
Phone: _____
E-mail: _____
Emergency Contact: name/relation _____ Phone _____

Client Agreement and Informed Consent

Welcome to my private practice. I am honored you have chosen me as your counselor/coach and I look forward to getting to know you during this time of growth and possibility. In order for our professional partnership to be most effective in meeting your needs and goals, it is important to begin with a clear understanding of expectations. The following information will better help you understand the counseling process, each of our rights and responsibilities, and my office policies. If you have any questions during or after reading this form, please discuss them with me. Please read this form thoroughly, initial the form where indicated, and sign the last page.

1. First Session

In order for our cooperation to work best, it is important that both the counselor and the client feel comfortable with each other. Our initial session will last about 30 minutes and is free of charge. During this time, I want to find out more about your concerns and goals in order to determine if my skills and experience are a good match for what you need help with. This initial session is also an opportunity for you to check me out! Feel free to ask questions in order to determine if my approach feels like a good match for you. Our relationship will not officially be established until after we have discussed your presenting problems and we agree to work together on your goals.

*Client initials: _____

2. Client Rights and Responsibilities

2.1. Confidentiality

I treat what you tell me with great care. Trust and openness are essential for effective cooperation. There are some times when the law limits confidentiality and requires me to contact others. There are also other urgent situations when I may choose to break confidentiality if I feel that doing so could help ensure the safety of you, others, or myself. I reserve the right to break confidentiality in the following circumstances:

1. If there is known or suspected abuse of a child, elderly person, or disabled person.
2. If there is risk of imminent serious harm to you or others.
3. If your records are subpoenaed by a court of law, or if I am subpoenaed to testify in court about our work together.
4. If you act aggressively, threateningly, or violently towards anyone in the counselor's office, including me.

In any of these situations, I would only reveal only the information needed. If I believe you are in danger of hurting yourself or others, I will contact any person in a position to prevent harm, including but not limited to the person listed as your emergency contact, family members, close friends, and appropriate medical and legal authorities.

*Client initials: _____

2.2 Electronic Communication Policy

In general, I limit e-mail contact to administrative matters, such as communication about scheduling, billing, and general issues. Please do not send any urgent communication to me via email. If you choose to email me through standard e-mail, you are indicating that you accept the risks to your confidentiality and give me permission to respond.

As a rule, I do not text with clients from the same reasons stated above. Please note that I do not engage in social media contact with clients. This includes Facebook, LinkedIn, and other social media outlets. I have this policy in order to protect our relationship and your privacy.

*Client initials: _____

2.3 Evaluation and Feedback

During the counseling process, you are encouraged to provide feedback, discuss your goals, and review your progress. If you feel you are not making progress toward your goals or if you are dissatisfied for any reason, you agree to discuss these issues with me directly so that we may work together to decide the best way to proceed.

*Client initials: _____

2.4 Potential Risks

In addition to the gains and positive outcomes associated with counseling and therapy, some “side effects” are possible. Because such process involves discussing issues that have caused distress or difficulty, you may find:

1. The energy it takes to focus on your concerns may make it harder to concentrate on other things.
2. Emotions may be heightened and you may feel moodier.
3. You may begin to see things in new or different ways, which could feel confusing or cause discomfort.
4. Relationships may be affected as you examine interpersonal issues. If these issues arise, you agree to discuss them with me so that we can work to find ways to alleviate these difficulties.

*Client initials: _____

2.5 Active Participation and Commitment

In order for counseling to be effective, it is important for you to take an active role. Active participation involves keeping appointments, being honest, discussing concerns openly, completing outside assignments, providing feedback to the counselor about the process of counseling. If we decide to work together, I may ask you to consider committing to 6-10 sessions. It can take time to notice results so think of it as a long-term investment.

*Client initials: _____

2.6 Other Treatment Options

I strive to provide you the most effective care possible. However, it is important to be aware of other treatment options that are available. Different counselors may practice different approaches or have different areas of specialization that may be more appropriate for you. In addition, some people can benefit from psychiatric care and medication.

If you would like to explore different treatment options, please discuss this with me. In turn, I agree to talk with you about other treatment options I feel may be appropriate for you.

*Client initials: _____

3. Counselor Rights and Responsibilities

It is my responsibility to provide you with informed, respectful, and competent care in accordance with the highest ethical and legal standards. I request the same safe, respectful treatment.

I may also exercise the following rights:

3.1 Scheduling

I will make every attempt to keep our appointment times. However, emergencies may arise that necessitate rescheduling your appointment. I will notify you as soon as possible in these situations. Every attempt will be made to reschedule your appointment at a time convenient for you.

*Client initials: _____

3.2 Consultation

Consulting with colleagues is a standard of mental health practice because it helps ensure that you receive good care. I may seek consultation with other professional colleagues as needed in order to provide the most appropriate and effective services to you. I am involved in a regular consultation group, and may also seek consultation from other colleagues. Such consultation will not involve your name or specific identifying information unless you have provided permission to do so.

*Client initials: _____

3.3 Counselor Termination Rights

As a counselor I can terminate our contract for several reasons:

- A pattern of frequently canceled or missed appointments will result in termination. In such circumstances, referrals to other therapists or agencies will be provided if requested.
- Non-payment for services may result in termination. If I feel that the services I can offer are not or will not be appropriate for you, I may, after discussing reasons with you, refer you to another provider or agency.

- Furthermore, I reserve the right to terminate service if dangerous/risky behaviors are continued or if sessions are attended after consuming drugs or alcohol.

*Client initials: _____

4. Office Policies

4.1 Sessions and Fees

Sessions last typically 55 minutes, which includes time for scheduling, payment, and session. The fee is 600Kc per session. We may agree to have 90-minute sessions. The fee for this service is 900Kc. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time including preparation and transportation costs.

*Client initials: _____

4.2 Phone consultations

As a rule, **I do not conduct consultations over the phone.** Coaching sessions and personal development consultations are possible via Skype. However, I am available for phone consultations in urgent situations. Calls lasting longer than 15 minutes will be charged a fee proportional to my hourly rate. You are asked to provide me with your most current contact information at all times so that you may be reached about scheduling, payment issues, or emergencies.

*Client initials: _____

4.3 Crisis intervention

I do not provide after-hours emergency care. However, in an emergency, you may call my cell phone and I will return the call as soon as possible. Examples of when it is appropriate to contact me after hours include **suicidal or homicidal thoughts**, or a severe crisis involving your emotional well-being or that of a partner or family member. It is not appropriate to call me if you are simply feeling angry or upset and want to talk to someone, or to address routine office matters. **In an emergency, if I cannot be reached within a short period of time and you are in need of immediate assistance, call the Social Services Center Prague (222 580 697), crisis line in Psychiatric Hospital Bohnice (284 016 666), or go to your nearest emergency room.**

*Client initials: _____

4.4 Availability and cancellation rules

I am available for regularly scheduled appointment times between 8AM-8PM. Dates of vacations and other exceptions will be provided in advance whenever possible. During times that I will be out of town or difficult to reach, I may ask another mental health professional to be on call for urgent situations.

Scheduled appointment times are reserved especially for you. I also use my schedule as a planning tool to determine how to provide best care to my current clients and whether or not I am able to accept new clients. As such, it is important for us to work together to make scheduling smooth and respectful for everyone involved.

If you are unable to keep your appointment, please contact me as soon as possible so that I may offer that time to someone else in need. A regular hourly fee will be assessed for sessions canceled with less than 24-hour notice. Understanding that extenuating circumstances sometimes occur, I will waive the first late-cancel fee if you give me at least two hours advance notice. Cancellation with less than two-hour notice will be considered a missed session, and charged as outlined below. If you miss an appointment without cancelling in advance, you will be assessed the regular hourly fee.

*Client initials: _____

4.5 Keeping records

As I am not associated with any insurance companies I do not keep records of the sessions. However, I maintain Informed Consent forms with client contact information. These will be kept secure under lock and key during the course of our agreement and then appropriately destroyed. An exception to confidentiality may be made for purposes of the counselor supervision. In that case, another informed consent for recording of the session will be provided and discussed.

*Client initials: _____

4.6 Termination of Treatment

The length of time required for therapy will be determined by your personal situation. I will do my best to fulfill your therapeutic needs and provide you with my best care. For your part, you agree to participate in the process to the best of your ability. It is intended that when your needs are met, to the extent they can be, we will terminate our relationship. Although many people report benefits from therapy, there is no guarantee of a cure.

For your part, you may terminate services at any time. This may be done in several ways. These include, but are not limited to, putting it in writing or informing me verbally. If you do choose to terminate therapy with me, it will be my decision as to whether we can re-establish our therapeutic relationship if you request to do so in the future.

*Client initials: _____

Again, welcome to my private practice. I look forward to working with you. Please let me know if you have any questions about the information presented in this form or about any other aspect of our work together.

By signing this agreement, you are indicating that you have read this informed consent completely and have had all of your questions answered. Any changes must be signed by both parties. You have a right to keep a copy of this contract.

"I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. This agreement will remain in effect for the duration of my treatment with Ms. Janderová, though I understand that I may terminate this consent at any time".

Client Signature: _____ Date: _____

Printed Name: _____

Counselor Signature: _____ Date: _____

Eliška Janderová, M.A.

Revised 6/15