

Consent to Treatment

Psychotherapy (including sex therapy) is used to treat a variety of problems that might affect an individual's mental and emotional wellbeing. There are benefits and risks. Risks may include the experience of uncomfortable feelings such as sadness, guilt, shame, anxiety, or anger. Psychotherapy can lead to decisions to change certain aspects of one's behaviors, thoughts, beliefs, circumstances, or relationships. Those close to you may welcome these changes or they may not. Psychotherapy often involves recollection of painful experiences of your past. You may not always feel better after a session. The process of recovery can be difficult and sometimes emotionally uncomfortable. Benefits of psychotherapy can include the reduction of uncomfortable feelings, improvement in self-esteem, improvement in relationships with others, and resolution of specific problems.

Psychotherapy is not an exact science with results that are always predictable. There are no guarantees of success. The duration of the recovery or change process is not predictable. Psychotherapy may not always produce the desired result, but most clients will see progressive benefit and feel helped by the process.

You may terminate psychotherapy at anytime. It is suggested that this be planned and discussed with the therapist in advance. The therapist may also terminate the treatment if he determines this to be necessary and in the best interest of the client or himself. This will be discussed with the client in advance and referrals to other therapists will be offered.

This therapist receives clinical supervision from Steven Davidson, PHD, LCSW and all cases will be presented for supervision as recommended by the Tennessee Licensing Board of Social Work. The intent is to be accountable for clinical and ethical decisions made during treatment.

I consent to receive the counseling services of Renee Burwell, LMSW. I have been informed of my patient rights, including my right to privacy as outlined in the Health Insurance Portability and Accountability Act (HIPAA).

Signature 1

Signature 2

Signature of Parent/Guardian (under 18)

Date

Renee Burwell, LMSW
Steven Davidson, PhD, LCSW