



Tice Counseling & Wellness LLC (TC&W)

Carrie Messick, LPC

475 W Governor Rd

Hershey, PA 17033

Phone: (717) 500-1296 (call or text)

Email: carrie@ticecounselingandwellness.com

Website: www.ticecounselingandwellness.com

Informed Consent for Psychotherapy

General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

To Whom It Concerns:

By signing this form, I consent that I am agreeing to being treated as a client by Tice Counseling & Wellness LLC. Consent can be revoked at any time.

The Therapeutic Process

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures (...most of the time). I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and identify repeating patterns, as well as to help you clarify what it is that you want for yourself.

Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to

these abuses.

5. Suspected neglect of the parties named in items #3 and # 4.

6. If a court of law issues a legitimate subpoena for information stated on the subpoena.

7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Consent for the Treatment of Minors

Counseling for adolescents/children can have benefits and risks. Since therapy often involves discussing unpleasant aspects of one's life, your child may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. Working through difficult emotions can sometimes lead to an increase in difficult behaviors before the adolescent/child is able to utilize new skills or fully integrate their experiences. On the other hand, counseling has been shown to have many benefits including better relationships, finding solutions to specific problems, significant reductions in feelings of distress and improved self-esteem. There are no guarantees of how an adolescent/child will respond to therapy.

To Whom It Concerns:

By signing this form, I consent that my minor child may be treated as a client by Tice Counseling & Wellness LLC. Consent can be revoked at any time.

About The Therapist - Carrie Messick, LPC

I received my Bachelor of Art degree in Human Development and Family Science at Messiah College and my Master of Art degree in Marriage and Family Counseling from Lancaster Bible College and Graduate School. I have over 15 years of experience working in various mental health settings, including foster care, family-based services, and outpatient therapy with all age groups.

Therapy can seem overwhelming and clients may feel hesitant talking to someone they do not know about their personal struggles.

I work to understand each client's needs and desires. My desire is for my clients to feel comfortable to be themselves and share what is on their hearts.

It is important to me to create a safe and encouraging environment for the therapy process. The therapeutic relationship is important for creating changes.

My counseling technique includes CBT, Person-Centered, Systems Theory, Motivational Interviewing, Narrative, Solution-Focused and Faith-Based.

I treat anxiety, depression, parenting concerns, life transitions, grief, women's issues, faith-related concerns and self-esteem.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD

AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT, AND ANY QUESTIONS I HAD
HAVE BEEN ANSWERED TO MY SATISFACTION.

Legal Guardian

A handwritten signature in black ink that reads "Brian Szeles". The signature is written in a cursive, flowing style.

Signed by Brian Szeles
April 4, 2024 at 12:47 pm

IP address: 76.5.101.193