

Lincoln Pastoral Counseling Services Information & Consent

Information shared during your contacts with Lincoln Pastoral Counseling Services will be kept confidential, consistent with State and Federal law and applicable ethical standards.

Limits on Patient Confidentiality

State and Federal law and professional ethics do allow for a few exceptions in which some information may be shared with others. Following are examples of the types of circumstances which may warrant the discussion of confidential information with others:

1. You waive your rights to privilege or give consent to limited disclosure by your therapist.
2. If information you share gives a counselor reason to suspect that a child or elderly person may be a victim of abuse or neglect, appropriate authorities would be notified.
3. If there is reason to suspect that you are a danger to yourself or others, appropriate steps would be taken to protect the safety of all concerned.
4. You are under the age of 16 years and are the victim of a crime.
5. If a judge orders a release of information regarding your counseling, we may need to comply with such a court order.

In such exceptional instances, efforts would typically be made to alert you to the possibility, or actuality, of release of information occurring.

By signing this form, you agree to the following:

- As a part of the healing and growth process, you may experience initial discomfort or worsening of symptoms. This may be a result of the issues being addressed in counseling.
- If you do not pay for services as agreed, further services will be suspended until your account has been brought current.
- You may choose to decline certain therapeutic interventions.
- Your counselor meets the requirements of the Illinois State Department of Financial and Professional Regulations.
- You have a right to end counseling at any time. Additionally, your counselor reserves the right to end counseling at any time. Referrals to another counselor will be made at that time, if requested.

☐ Please check the box if you would like to receive automated appointment reminders by email.

*If you have any questions about these limitations, please discuss them with your therapist. Your signature below indicates that you understand and agree to the terms described above.

Signature: _____ Date: _____
(Client)

Signature: _____ Date: _____
(Counselor/Witness)