

Client Informed Consent

Thank you for considering Jenkins Couples and Family Therapy, the private practice of Toby Jenkins LMFT. In order to serve you in the best way possible and to meet your needs, I want you to be fully informed about the nature of therapy services I provide, what you can expect from me, what I expect from you and the limitations of my services. Please take time to read the information provided below related to my private practice

My goal is to put important information in writing for you to refer back to as needed. I want to ensure that you understand everything in this agreement and have the chance to ask questions. As such, I ask that you do not initial or sign anything in this agreement until this document has been reviewed verbally between us prior to the start of therapy services.

Academic Qualifications

In 2015, I earned a masters degree in Couples and Family Therapy from the University of Kentucky. In 2019 I became fully licensed by the state of Kentucky licensure board. Although my undergraduate degree, in industrial engineering, is in a separate field that on the surface may appear unrelated, there are significant overlaps in the two fields. The primary overlap being applying systems theory to trouble shoots problems. In engineering, the components of the system may consist of equipment, people and materials. In family therapy, the components are people.

Academically, my education has helped me gain expertise in the latest approaches to doing therapy, however, I think the thing that gives me the most expertise is being a father and husband myself. In particular, I spent the first 10 years of my children's lives as a stay at home parent. In couples and family therapy, this experience has provided me with unique insight into the lives of

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couples that have children trying to balance the challenges of work, family, and their relationship. In addition to that insight, in my time as a stay at home parent, my wife and I served as marriage ministry leaders and I volunteered working with at risk teens in inner city St. Louis on being sexually responsible.

In my spare time, I enjoy running, biking, golf, and spending as much time as I can with my wife and children. In 2018, I started hosting a weekly talk radio show/podcast (Paradigm Radio Show) dedicated to mental health, relationships and overall well-being. The radio show airs in Cincinnati and can be found anywhere you subscribe to podcast. At heart, I am a do-it-yourselfer, especially when it comes to home improvement and vehicles. I am happiest with my old jeans on, grease and grime on my hands and face, knee deep in trying to figure something out or fix something. I view therapy similarly. I think fewer things are more rewarding than surprising yourself by doing something today that you didn't think you could do yesterday.

Family Systems Approach

Marriage and family therapist approach therapy from a Family Systems perspective. The focus is on how an individual client exists within the social group that they are associated with instead of seeing that individual as the object that needs help or "fixing".

The Family Systems approach believes that the whole (family) is different from the sum of its parts (individual members) and that problems are most often the result of ineffective patterns of interactions instead of one person being "at fault." (An exception to this is in the case of violence, which we believe is never justified no matter how another person acts.) A family systems therapist views the relationships or the family as their client and requests that family members participate with you in therapy. With your permission, I will help you invite your family members to the therapy sessions.

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Services Offered (but not limited to)

Individual:

- Depression
- Anxiety
- Anger
- ADHD
- Adolescents
- LGBTQ

Family/Couple:

- Marital Satisfaction
- Infidelity
- Communication Issues
- Intimacy
- Parenting
- Addiction Recovery
- LGBTQ

Business:

- Organizational Culture Assessments
- Systems Evaluation and Consultation
- Creation of Vision and Mission Statements

Limits of Confidentiality

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Honoring your confidentiality is very important to me. Therapy sessions will be strictly confidential except under circumstances where I am required by state law to disclose information. These circumstances include reporting of threats of violence, harm, or neglect towards children, adults, self, or have a spouse or suspicions threat, harm, or neglect. If one of these situations arises, I prefer to work with the client to inform the appropriate authorities. If that is not possible, you will be informed of my obligation to report incidences or suspicions of abuse.

Another context in which confidentiality may be broken is in the event of harmful secrets being revealed when working with couples, families, or groups. On occasion when working with more than one person, individual consultation may be necessary. In the event that information is shared individually that I feel is important to be shared with others in therapy with you, I will discuss with you about sharing this information in the relational session.

_____ *My initials indicate that I understand and agree to the "No secrets" policy.*

Professional Boundaries

Professional boundaries between you and your therapist ensure a safe and supportive environment for you to disclose personal information. The following professional boundaries will be kept by your therapist.

- Your therapist will not acknowledge the existence of a relationship with you outside the therapy session unless first initiated by you. This is to protect your privacy and right to confidentiality.
- With the growing presence of social media in our lives, part of protecting your confidentiality is not becoming friends on social media.

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- The therapeutic relationship is a professional relationship and will not be social in nature. Mixing social and/or business relationships with therapeutic relationships are considered detrimental to the purposes of therapy. It is not uncommon for an adult client to develop feelings of friendship and sometimes even experience romantic feelings toward his or her therapist because of the caring, supportive relationship. It is unethical for a therapist to terminate therapy for the sole purpose of shifting a therapy relationship to a social or business relationship.
- Sexual intimacy between a client and their therapist is prohibited.

_____ *My initials indicate that I understand and agree to the Professional Boundaries Policy.*

Client Goals and Responsibilities

Making the decision to enter into a therapeutic relationship is a big commitment for client and therapist. Unfortunately, there is no magic wand present in the process of therapy to make things suddenly better. The process of therapy takes work from the therapist and client alike. The process often includes some emotional distress and sometimes a step back to take two steps forward. With that said, therapy has been shown to benefit people with better relationships, solutions to specific life problems, and reductions in feelings of distress. While I cannot guarantee specific results, I will provide quality therapy services to help you get to where you want to go.

Fees

My fee is \$130 per 50-minute session. In the event other services outside of weekly sessions are needed, this hourly rate will apply. Some of these other services may include report writing, attendance at meetings with other professionals you have authorized, and preparation of records or treatment summaries.

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Payment is expected for each session at the time it is held. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I will exercise the option of using legal means to secure payment. In that event, your confidentiality will be maintained with the only information being shared is your name, the nature of services provided, and the amount due.

In the event that you need to cancel an appointment, as a courtesy please notify me at least 24 hours in advance. Clients who cancel more than twice in less than 24 hours will be charged a full session fee which will be billed to you.

By signing this therapy agreement, I understand and am agreeing to its contents and thereby showing my readiness to start therapy services.

Printed name of ADULT Client (18 years old or older) giving consent to treatment:

Signature of Client:

Date:

Printed name of CHILD or YOUTH (under 18) agreeing to participate:

Signature of Child or Youth:

Age of Child or Youth: Date:

Printed name of legal guardian(s) providing consent for treatment of child or youth under the age of 18 years old:

Relationship to child/youth:

Custody documentation provided? Yes, No, N/A:

Signature:

Date:

Printed name of therapist:

Signature of Therapist:

Role: (i.e., primary, co-therapist, , team)

Date Started:

Date finished:

Date