



Jennifer Iannuzzi, MSW, LCSW

49 Locust Avenue • New Canaan, CT. 06840

917-968-9213 • Jmiannuzzi@gmail.com

Informed consent for individual therapy

Welcome: Before starting your therapy, it is important to know what to expect, and to understand your rights as well as commitments. This consent form is an attempt to be as transparent with you as I can about the therapy process, so you are fully informed prior to starting your journey.

What to expect from therapy: Psychotherapy is a process of opening up about your life experiences and your genuine thoughts and feelings in order to increase your self-awareness of psychological and emotional conflicts that keep you stuck in unwanted patterns. My approach to therapy is psychodynamic and emotion-focused. This means that I focus on helping you uncover the root causes and stuck emotions that contribute to current life distress. The therapy may involve temporary periods of discomfort as you begin to work through past trauma or confront psychological conflicts you have previously been avoiding.

Confidentiality: The information you share with me during therapy sessions is considered confidential information and is protected by state law. As a psychotherapist I cannot reveal to third parties whether or not you are a past or current client of mine and cannot disclose any of the information you discuss during our sessions without first obtaining your written consent to do so.

In the following instances, however, I may be mandated or allowed to share information without your written consent:

- If during your therapy, you are deemed to pose a threat of harm to someone else or to yourself, I am allowed to collaborate with the police or a hospital to take necessary measures to prevent harm from happening.
- If you talk about events that lead me to believe that a child under the age of 18 or an elderly or disabled person is at risk for emotional, physical or sexual abuse, neglect, or exploitation, I am required by state law to make a report to Family and Protective Services with or without your consent.

- If you are not yet 18 years of age, your parents or legal guardians may have access to your records and may authorize release of information to other parties on your behalf.
- If you disclose sexual misconduct by a previous therapist I am required to make a report to the licensing board governing the license of the therapist.
- If a judge in a court of law orders me to release information or if I need to respond to a lawfully issued subpoena.
- If I need to cooperate with legal actions against a mental health professional by a licensing board.

The scope of my services: I am qualified to work with a wide variety of clients and problems, but sometimes I may not have the training needed to address a particular concern. If this is the case I will discuss it with you and make sure that you receive a referral to another professional who is better qualified to serve you. If you are looking for a very specialized treatment for an eating disorder, obsessive compulsive disorder, attention deficit/ hyperactivity disorder, panic disorder, or substance use disorder, or a very specific treatment method such as exposure and response prevention, and if you do not want to explore how personality dynamics, personal history, and internal conflicts may contribute to the above problems, I may not be the best therapist for you. Also, if you are having current hallucinations/ delusions, severe thoughts of suicide or self-harm, or extreme Bipolar mood swings you may need more support than I can offer you through weekly psychotherapy, and I reserve the right to refer you to a different or more intensive treatment if I believe you exceed the level of care I can offer.

I consent to the above terms and agree to initiate treatment with Jennifer Iannuzzi, MSW, LCSW (Psychotherapist License CT. #995500)

(Print Name/Date of Birth)

(Signature) (Date)