



## JP Family Therapy – Informed Consent for Psychotherapy

Jocelyn Pijpaert, Ph.D., LMFT #87678

580 Broadway St. Suite 204, Laguna Beach, CA 92651

120 Vantis Dr. Suite 300, Aliso Viejo, CA 92656

### 1. Purpose and Nature of Therapy

Psychotherapy is a collaborative process focused on your goals. It may include dialogue, skill-building, and exploration of thoughts, feelings, and behaviors. While therapy can be highly beneficial, it may also bring up difficult emotions or memories.

### 2. Potential Risks and Benefits

- Benefits: increased self-awareness, improved relationships, symptom relief, and personal growth.
- Risks: possible emotional discomfort, shifts in relationships, or temporary symptom worsening.

### 3. Confidentiality and Its Limits

Your privacy is protected under California law and HIPAA. Information is not released without your written consent, except when required by law:

- Suspected child, elder, or dependent adult abuse
- Serious threat of harm to yourself or others
- Court order or legal mandate

### 4. Telehealth Consent

When receiving services via secure video or phone:

- You agree to be in a private, secure location and to secure your device and internet connection.
- Telehealth services are provided to clients physically located in California (or in jurisdictions where Dr. Pijpaert is licensed). You agree to inform the therapist if you are outside California before starting a session.

Each session I will confirm my current physical location:

Emergency backup plan if disconnected:

- Attempt to reconnect via the platform.
- If unable within 5 minutes, Dr. Pijpaert will call the best phone number provided below.
- For emergencies or imminent risk, call 911 or go to the nearest emergency room.

Best phone:

Alt phone:

I understand neither party will record any part of a telehealth session without prior written consent.

### 5. Use of AI for Notetaking

AI-assisted tools may be used to help draft clinical notes. Identifying details are minimized or anonymized; tools are encrypted and consistent with HIPAA. Notes are stored securely.

AI-assisted notetaking consent:                      Yes                      No (opt out)

### 6. HIPAA Privacy Practices (Summary)

Under HIPAA, you have the right to access and request copies of your records, request corrections, receive an accounting of disclosures, request confidential communications, and file a complaint if you believe your privacy rights have been violated. You may request a full copy of JP Family Therapy's HIPAA Privacy Practices at any time.

### 7. Fees, Payment, and Cancellation

Session fees are due at the time of service unless other arrangements are made. Cancellations require 24 hours' notice to avoid the full session fee.

### 8. Recording for Training/Consultation

Recording is optional and requires separate written consent. If proposed for training or consultation, you will be notified in advance and may decline. See the standalone Consent to Audio/Video Recording form.

I consent to recording for training/consultation purposes:

Yes

No



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*Signatures*

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### 9. Consent to Treatment

I have read and understand the information above, had the opportunity to ask questions, and agree to participate in psychotherapy under these terms.

Client 1 Name (Print):

Signature:

Date:

Client 2 Name (Print):

Signature:

Date:

Therapist Signature:

Date: