



JULIE LEARNER, LCSW
Performance Coach & Sports Therapist

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INFORMED CONSENT

Counseling services include general support, personal counsel to help individuals and families cope with personal problems and/or develop and strengthen capacities for more adequate social and personal adjustments. Psychotherapy is not easily described in general statements. It varies depending upon the personalities of the therapist and client, and the particular problems you are experiencing. There are many different methods used to deal with problems being addressed. Psychotherapy calls for active effort on your part. In order for therapy to be most successful, you will have to work on things we talk about both during sessions and in your life.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of life, you may experience uncomfortable feelings. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solving of specific problems, and significant reduction in feelings of distress, but there are no guarantees as to what you will experience.

If you can't reach me and feel that you are in a dangerous situation or are experiencing suicidal thoughts, or thoughts of hurting yourself or someone else, you need to know that you should call 911 or go to the nearest emergency room and ask for a mental health professional on call.

Information discussed in sessions will be kept confidential and not revealed to anyone without your permission. The specific and limited exceptions are if there is a risk of imminent danger to you or another person, if there is suspicion of abuse or neglect of a child or vulnerable adult, if there is a valid court order, or if you are 18 years old or younger (parents may have rights to know certain things, but you will be informed before parents are given any information.)

This form is to be signed by all participating family members. Signing indicates that you have read, understood, and agree to abide by the terms during our professional relationship. You may stop treatment at any time, although this is best accomplished in consultation with the therapist.

Signed _____ Date _____

Therapist _____ Date _____