

**This form is meant to be an example to help guide you in creating your own informed consent. It is not meant to be copied and used as written, but instead as guidance in helping you create your own form. It was developed by a group of professionals from various state organizations and is not an official Board form.**

## **Informed Consent Guidelines**

*The purpose of this document is to provide a resource to encourage counselors, marriage and family therapists and graduate students in the State of Idaho to comply with the minimum requirements Rule 525 of Section 54-3410A of Idaho Code, including compliance with the respected professional ethical codes adopted by the code. This is meant to serve as a guiding tool. It is your responsibility to review the statutes and rules and include your personal information in order to be in compliance. Please note that additional information may be required by your agency and/or other codes of ethics.*

### **Counselor Name**

Include your legal name (e.g., the name on your license)

### **Business Address**

The physical address of your practice/agency

### **Contact Information**

Phone number (at a minimum), email address, website

### **License, Credential, and Certification Information**

License Type (e.g., Licensed Professional Counselor) and License Number

Credentials (List any credentials relevant to the profession of counseling that you have earned- name of credential and number)

Examples: National Certified Counselor; Certified Alcohol/Drug Counselor  
Certifications (List any certifications relevant to the profession of counseling that you have earned- name of certification and number)

Examples: EMDRIA Certified; CPR; CBT Certification

[If Under Supervision, include a statement that you are practicing under supervision (either for your clinical license, or as a graduate student), and include your supervisor's name, business address, and phone number.]

### **Education and Training**

Graduate School Name	Degree Earned
Undergraduate School Name	Degree Earned

If you attended a special institute for advanced training in counseling, include that here also (e.g., Beck Institute in Philadelphia, Gestalt Institute in New York City).

### **Theoretical Orientation and Approach**

Describe your theoretical orientation and approach to counseling. Make this information specific, yet at the same time, readable for someone without a degree in counseling. These questions might help you consider what to write:

- What is the name of your theoretical orientation, or names if practicing from an integrated perspective? Be sure to include how these different theories work together.
- How do you believe counseling helps clients?
- How does counseling help clients in terms of outcomes for presenting problems? This does not have to be specific for each presenting problem, but overall, what do you believe about how counseling helps?
- Is there a specific format your clients can expect from each session?
- Is there a specific number of sessions in which clients can expect to be in counseling? (time-limited vs. extended?)

### **The Counseling Relationship and Fee Structure/Billing**

Include a statement about the nature of the clinical relationship being private. This can include information such as confidentiality being foundational to the process, boundaries that exist, and what happens if you see a client outside of sessions. Be sure to include information about the benefits, limitations, and boundaries of the use of social media (see Section H.6 of the ACA Code of Ethics, and Section 6 of the AAMFT Code of Ethics).

- If the counseling relationship changes (e.g., from individual to family), be sure to include information so the client is fully informed of any anticipated consequences (see Section A.6 of the ACA Code of Ethics).
- Fee Structure/Billing: How much does a session cost? If different session lengths, be sure to include the cost as it varies. Provide details about how billing occurs. (Are you using software? Accepting cash/check? How will clients receive receipts for sessions?) If using third party billing systems, provide information about this process, and about the possibility that the client might be responsible for a copay or coinsurance (can include a blank line to fill in with client).
- If a counselor intends to use a collection agency or take legal action against clients for nonpayment of fees, that information needs to be included (see Section A.10 of the ACA Code of Ethics and 8.3 in AAMFT Code of Ethics).
- Cancellation Policy: What is your cancellation policy for client cancellations or if you need to cancel a session?

### **Extents and Limits of Confidentiality**

Provide detailed information to the client about the times you will have to break confidentiality. When are you legally obligated to? Are you under supervision, and will you consult with your supervisor? Include that here (in addition to above). When are you not legally obligated, but ethically obligated to break confidentiality? If you work on an interdisciplinary/integrated treatment team, provide information about the team's existence and composition, what information will be shared, and the purposes of sharing the information (See Section B.3 of the ACA Code of Ethics and Section 2 of AAMFT Code of Ethics). Be specific (bullet points can help here).

### **Sexual Intimacy is Forbidden**

A written statement that sexual intimacy is never appropriate with a client and should be reported to the board, is required to be included.

### **Client Rights in Counseling**

A statement that details the clients' rights shall include their right to participate in treatment decisions, to seek a second opinion, to file a complaint without retaliation, and to refuse treatment.

## **Telehealth/Distance Counseling Information**

If a licensee is providing counseling services electronically, they must include the following information in their informed consent document per Section H.2 of the ACA Code of Ethics:

- Distance counseling credentials, physical location of practice, and contact information
- Risks and benefits of engaging in the use of distance counseling, technology, and/or social media
- Possibility of technology failure and alternate methods of service delivery
- Anticipated response time
- Emergency procedures to follow when the counselor is not available
- Time zone differences
- Cultural and/or language differences that may affect delivery of services;
- Possible denial of insurance benefits
- Social media policy

Section 6 of AAMFT Code of Ethics details the following:

- Include a statement that explains what will happen in the event the clinician becomes unavailable (e.g., illness, incapacitation, death, termination of license, move out-of-state). See section B.6.i of the ACA Code of Ethics and Section 2.6 of AAMFT Code of Ethics. “Clients and supervisees, whether contracting for services as individuals, dyads, families, or groups, must be made aware of the risks and responsibilities associated with technology- assisted services. Therapists are to advise clients and supervisees in writing of these risks, and of both the therapist’s and clients’/supervisees’ responsibilities for minimizing such risks.”
- “Therapists and supervisors are to ensure that all documentation containing identifying or otherwise sensitive information which is electronically stored and/or transferred is done using technology that adhere to standards of best practices related to confidentiality and quality of services, and that meet applicable laws. Clients and supervisees are to be made aware in writing of the limitations and protections offered by the therapist’s or supervisor’s technology.”

## **Preparation for Practice Changes**

Include a statement that explains what will happen in the event the clinician becomes unavailable (e.g., illness, incapacitation, death, termination of license, move out-of-state). See section B.6.i of the ACA Code of Ethics and Section 2.6 of AAMFT Code of Ethics.

## **Licensing Board Contact Information**

*Can copy below verbatim:*

The practice of licensees and interns is regulated by the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists

Idaho Division of Occupational and Professional Licenses  
PO Box 83720  
Boise, ID 83720-0063  
Phone: (208) 334-3233

**Receipt of Informed Consent Document**

Provide a statement that the client has read the above information and agrees to engage in the counseling relationship. Must include signatures!

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Client Printed Name

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Client Signature

Date

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Client's Guardian (if under 18)

Date

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Licensed Counselor/Intern Signature

Date

Resources used in the creation of this template:

American Association for Marriage and Family Therapists. (2015). *Code of ethics*. Retrieved from [https://www.aamft.org/Legal\\_Ethics/Code\\_of\\_Ethics.aspx](https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx)

American Counseling Association. (2014). *2014 code of ethics*. Retrieved from <https://www.counseling.org/resources/aca-code-of-ethics.pdf>

Idaho Administrative Code. (2020). *IDAPA 24.15.01 Idaho licensing board of professional counselors and marriage and family therapists*. Retrieved from [https://secure.ibol.idaho.gov/IBOL/COU/Laws\\_Rules/COU\\_20S\\_Fee\\_HealthWelfare.pdf](https://secure.ibol.idaho.gov/IBOL/COU/Laws_Rules/COU_20S_Fee_HealthWelfare.pdf)