

INFORMED CONSENT FOR TREATMENT

Michael Wenger
Licensed Ordained Minister
Executive Director of TNT Youth Ministry

The purpose of this document is to *inform* you of the details, processes, benefits and risks inherent in the counseling relationship as well as to secure your *consent* for treatment, after having been made aware of those dynamics. Please note that this is an honest attempt to address the most common concerns arising in a counseling relationship, however, since no document can speak to every possible scenario should other concerns arise, which are not addressed in these forms, every attempt will be made to resolve them in a professional, courteous fashion. Feel free to ask about the contents of this document as you **complete and sign it, bringing it to our first session together. Please be aware that I cannot begin meeting with you UNLESS THIS DOCUMENT IS READ AND SIGNED. Thank you! MW**

I _____ of
_____ (Address),
phone number _____, have contacted Michael Wenger with the
specific purpose of securing his services as a Pastoral Counselor, to help me regarding
the following “presenting problem” _____
and to help me reach the following goal _____.

I understand that Michael Wenger is a licensed ordained minister, in graduate school for marriage and family therapy. He specializes in providing pastoral counseling to individuals, couples and families, doing all he can to bring in ideas from such diverse fields of knowledge as a Thrivesphere facilitator, Elijah House Prayer counselor, Restoring the Foundations, Biblical theories, along with marriage and family systems theories and decades of personal experience. Because Michael Wenger is a Licensed Minister and therefore, there might be times he will utilize Biblical/religious references and stories, prayer and traditional Christian practices in the course of his work with clients and by checking this box *I authorize him to do so, in an appropriate fashion, according to his professional judgment.* I have been made aware of the fact that Michael Wenger is NOT a social worker, psychologist, nor medical professional and if I prefer meeting with such persons, he will assist me in that regard. I also understand that counseling is not the only, nor necessarily the “best way” for people to “heal” or “get help” and Michael Wenger will explain to me, if so desired, other alternatives for personal growth and recovery.

I understand that the therapy process is characterized by confidentiality and privacy **but under certain circumstances, Michael Wenger will be released from all such stipulations and thereby granted immunity from suit if, under those circumstances he breaks confidence with me/my family/spouse.** Such circumstances are delineated in a

separate sheet, but briefly they include, but are not limited to: (1) suspicion of child abuse or neglect or any endangerment to a child, (2) elder/disabled person abuse or neglect, (3) suicidal threat or ideology or acts of self-harm, (4) suspicion or report from myself or another associated with me (such as a family member or close friend, whether a direct participant in the counseling process itself or not) who indicates to Michael Wenger, that I might commit a crime or harm another person, (5) legal summons or government involvement requiring Michael Wenger to surrender records of therapy sessions. In such cases Michael Wenger will follow a “duty to warn” and/or “duty to report” and will contact appropriate authorities as PA State or Federal Law dictates, complying with all local and national laws. In all such cases I agree that Michael Wenger is acting under legal/ethical mandates and I will NOT construe his disclosures of our sessions as violations of confidentiality. My check here acknowledges my understanding of this _____.

I understand that should I have a dispute with Michael Wenger, I agree to negotiate said dispute, doing so directly and if this proves unsatisfactory, I agree to work with a mutually acceptable third-party mediator (such as a local minister or another therapist) until resolution is reached and/or until we agree to respectfully terminate therapy.

I understand that meetings with Michael Wenger will generally be scheduled in 60-minute increments, will consist of identifying those problems regarding which I seek assistance, those goals I hope to reach and all relevant personality, marital and/or family assessments necessary to help me move from problem to goal. Counseling will be as brief as possible and will operate per a defined treatment plan which we will, together, construct.

I also realize that phone calls or emails sent to him will be returned, when at all possible, within 24 to 48 hours but I also understand and agree that if I cannot reach Michael Wenger in a crisis or emergency situation, I will contact Crisis Intervention or call 911, and not hold Michael Wenger liable in such situations. I understand that Michael Wenger does NOT operate a crisis counseling center and is not expected to be available on a 24-7 basis. In regard to phone calls and messages, by checking this box _____, I give Michael Wenger my permission to leave messages on my voice mail, and I will not construe this as a violation of confidentiality. This will also apply to his corresponding with me via email although I realize that Michael Wenger does not, conduct therapy by phone, email or computer sessions, and so interactions using those mediums will be brief.

I understand that termination of therapy will be something we discuss together but ultimately will be at Michael Wenger’s discretion if he believes I would be better helped by another therapist.

I acknowledge that *if* in the course of my work with Michael Wenger, I involve him in any and all legal/court related matters, I hereby agree to compensate him at the rate of \$ 500.00 (Five Hundred Dollars) **per hour**, paying him *in advance*, for a minimum of three hours (\$1,500.00) and within ten days for any additional hours, also paying him for document preparation (\$50.00/hour) , travel expenses, meals, telephone time, parking *and any and all legal counsel he seeks regarding my case, etc.* I realize that this clause underscores the strong resistance Michael Wenger has to all involvement in legal proceedings and makes a clear statement to me in that regard. Furthermore, if I as a counselee file a complaint/legal suit against Michael Wenger, I understand that he is thereby authorized to fully disclose any and all relevant information regarding me/our meetings together, in his defense and I, thereby, waive my right to confidentiality and/or privacy.

I understand that sometimes therapists find it helpful to consult other health care, ministry care and/or mental health professionals and I authorize Michael Wenger to do so regarding my case. I realize that he will only do so making every effort to avoid revealing my identity. I also realize I may or may not be informed of these anonymous consultations.

I understand that missed appointments and frequent rescheduling may result in termination of counseling.

I understand that in some scenarios we will be recording sessions for accountability, protection, and future review to provide a more effective counseling experience. These recordings will not be used for any purpose other than legal protection, learning, and review.

I understand that if Michael Wenger believes he is operating outside of the range of his abilities, and for that reason thinks I would be best served by another or would be wise to supplement our work with additional assistance, I will accommodate his intent in these changes to therapy. As a matter of course, Michael Wenger encourages all clients to consider a thorough medical checkup before beginning therapy, so as to rule out physical/medical contributing factors which might be exacerbating (aggravating) my situation. I will consider doing so and will also disclose any relevant medical concerns to Michael Wenger, as well as prior therapy, diagnosis experiences and/or medications I am currently taking.

I realize that entering a counseling relationship with Michael Wenger, or any other therapist, carries no guarantee –stated or implied- of a particular outcome but rather is, at the very least a learning process greatly dependent on my good-faith effort to seek personal growth and improvement. I realize there is an inherent “risk of change” involved in any such process, and I fully accept that risk and those repercussions which might result from making changes based on my therapy experience. I have been given a separate sheet on the “Risks and Benefits” of therapy and understand those risks as they have been explained to me both here and by that other document.

I am aware that Michael Wenger will keep records of our sessions and if I wish to secure a copy of those records, he will (a) initially suggest offering me a **verbal** summarize of his notes and if necessary, (b) provide a written summary (at the cost of preparing such a summary as well as copy costs). I understand that if I and my spouse and/or family and/or child over the age of 14 meets with Michael Wenger, records summarizing any such sessions can only be released if ALL PARTIES PRESENT sign off for those records. This means Michael Wenger CANNOT release records of sessions with anyone above the age of 14, without their permission, *even if I am that person's parent and have paid for their therapy.*

If I and my partner, and/or family are securing Michael Wenger's services, I/we realize he will do all he can to avoid being triangled between one member against another which means if any one of us shares "a secret" with him, either by phone, email or conversation, he will explore appropriate ways such "secrets" might be brought to the attention everyone else in therapy with Michael Wenger. He will do so if appropriate and in the service of marital and/or family therapy and in an attempt be fair and neutral to all parties involved.

In regards to seeing children, I am hereby informed that in this country, any minor over the age of 14 (Fourteen) has all the rights of confidentiality enjoyed by an adult, which means if a 14-year-old individual shares something, in confidence, with Michael Wenger, unless arranged otherwise, Michael Wenger is legally bound to hold that confidence and not disclose that which the minor shared. I also understand if Michael Wenger will not see children unless both parents and/or the Custodial parent (in such cases where a divorce has occurred) have given him written permission to such meetings.

As for other relevant details which sometimes become a concern in therapy, the following are stated to reduce confusion and aid in our overall process:

- Generally speaking Michael Wenger does not consult social media to "learn more about his clients," however if someone brings to his attention, a concern or "issue" which pertains to clients and which has been discovered on social media, Michael Wenger will (when appropriate) bring that concern up in therapy
- If Michael Wenger meets clients in public (in malls, restaurants, stores, etc) , unless decided upon by agreement, he will acknowledge them with a cordial greeting, but if asked by others how he knows them, will say that he "knows them from the neighborhood," and will not disclose the fact that they are "in counseling with him"
- Michael Wenger discourages clients from giving him gifts in the therapy context
- Michael Wenger will honor boundaries in therapy and will refrain from any and all inappropriate touch and/or language with clients. At all times he will seek to be respectful, decent and honorable.

- Michael Wenger will do his best to avoid “dual relationships” with clients (for example, being their friends as well as their counselor, etc) and if such scenarios emerge, he will discuss this with them in an upfront fashion

Please be advised that TNT Youth Ministry does not charge for Michael Wenger’s services. Michael is supported full time by TNT Youth Ministry. If you wish to make a donation for Michael’s services, we would appreciate that you make your check payable to TNT Youth Ministry. Our suggested donation is \$40-80 for a one-hour session with Michael, but we will certainly not turn you away if you can't afford this.

In summary, Michael Wenger will do all he can to make this therapy experience as pleasant, respectful, ethical, legal and therapeutic for all involved and should other scenarios emerge which are not addressed in this document, he will seek to discuss and navigate them with me in such a way as to promote healing and growth.

Your Signature _____ Date _____
(To be signed by all family members entering therapy)

_____ Date _____

Counselor Signature _____ Date _____