

**Soul-Etudes LLC**  
**Dr. Debra Sutton, MDiv, PhD, MFT**  
**Certified IFS Practitioner**

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**CONSENT TO IN-PERSON THERAPY\***

Treatment is of a voluntary nature and may be ended by you at any time.

Confidentiality is extremely important. Information revealed during treatment will be kept strictly confidential. Exceptions to this include the following:

- If you disclose your intention to inflict physical harm to yourself or another person
- If you disclose that physical or sexual abuse or serious neglect of a minor child has occurred
- If a signed, valid court order requesting records is received\*\*
- I may communicate with other therapeutic staff about your treatment.

Psychotherapy is difficult to describe in general terms. Approaches and techniques vary depending on the problems you have identified, who you are as a person and what special qualities you bring to the therapy, and the training and professional experience of your therapist. In addition, there are different modalities of therapy (individual, couple, family, and group) that may be suitable for you. Occasionally, an evaluation for medication may be recommended, and a referral to a psychiatrist or other medical professional with prescribing privileges may be made.

Therapy has benefits and risks associated with it. It has been shown to produce lasting change and reduce overall feelings of distress. It can be helpful in resolving specific problems and can lead to improved relationships with significant others in your life. There are, however, no guarantees of success. Risks include intermittent feelings of discomfort (such as sadness, guilt, anxiety, or anger) during and after some sessions as problems are brought to the surface. You may be asked to recall difficult and unpleasant aspects of your personal and family history in order to loosen the grip of these past events on your life now. Occasionally, there is a poor fit between client and therapist.

The work begins with an initial evaluation, lasting from 1 to 5 sessions, depending on the presenting issues and the complexity of your situation. Your collaboration in this process is important to its success, including your active participation in clarifying problems and setting treatment goals with your therapist. At the end of the evaluation, your therapist will share initial impressions and provide a preliminary treatment plan. In deciding whether you wish to continue in treatment, carefully consider this information and your comfort in working with your therapist. Freely communicate with your therapist about any questions or concerns you have about their approach or treatment plan.

Payment (\$175.00) is due at the time of service unless other arrangements have been made in advance. Cash, checks (payable to Soul-Etudes LLC), and VenMo are accepted.

Occasionally circumstances arise that necessitate cancellation of an appointment. The full fee (\$175.00) will be charged for a missed appointment or one cancelled with less than 48 hours' notice. This applies to all clients.

Upon request, a monthly summary statement will be provided for you. Based on your insurance, you may/not be eligible for reimbursement of some of the cost of your therapy.

If you are experiencing an emergency situation, call 911 or proceed to the nearest hospital emergency room for help. If you have suicidal thoughts or are making plans to harm yourself, call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24 hour hotline service support.

**\*\*Client Litigation:** Dr. Sutton will not voluntarily participate in any litigation, or custody dispute in which Client and another individual, or entity, are parties. Dr. Sutton has a policy of not communicating with Client's attorney and will not write or sign letters, reports, declarations, or affidavits to be used in Client's legal matter. Therapist will not provide records or testimony unless compelled to do so. If Dr. Sutton is subpoenaed, or ordered by a court of law, to appear as a witness in an action involving Client, Client agrees to reimburse Dr. Sutton for all time spent for preparation, travel, and/or other time in which she has made herself available for such an appearance at twice the customary hourly rate of \$150.

By providing an emergency contact below, consent for this person to be contacted in case of an emergency is granted.

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

**Please sign below to indicate that you have read and understand the information above:**

Print Name of Client(s): \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Client(s): \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\*The consent agreement will remain in effect until therapy has been terminated or there is a lapse in treatment of longer than six (6) months.