

Rob Womack,
Nationwide Telehealth Therapist
Website: equalsheal.com
Email: womackrp@gmail.com
Phone: 919 682 6549

Informed Consent Document

Preamble: For the purposes of modeling and sustaining harmonious relationships, this document is meant to inform you, so that you can give your consent, to the nature of this relationship we are about to enter. The text defines our roles and responsibilities to each other and the boundaries we will honor. It clarifies our expectations to satisfy our mutual needs and to avoid later disappointments. At the beginning of our first session together, I will ask if you have any questions about my responsibilities described below and will ask you to give a very brief summary of your responsibilities particularly on scheduling and fees. If you prefer, I can review this material verbally, in whole or in part. We will address any questions you may have. Our signatures below indicate our understanding and agreement.

My Responsibilities: I come to this relationship as your equal. During our time together, I pledge to listen deeply for the ways your historical, autobiographical memories shape your current feelings, thoughts, perceptions, interpretations, beliefs, and decisions. I will ask thoughtful questions and offer reflections of what I hear to further a deeper understanding of yourself and others with whom you are in relationship. I will always strive to be both kind and honest; to validate you when you are on the right track but uncertain, to affirm you when you do not see your own courage and beauty, and to challenge you if you sell yourself short. Since I have been given a gift of listening to the experiences of so many people, and heard the multiplicity of ways they responded to similar situations, I will offer a range of ways you might respond to your feelings and thoughts and the actions of people around you. Lastly, as two equals striving to be in right-relationship, I will always respect your autonomy and agency to make your own decisions. If you are in crisis and unable to make good decisions alone, I will offer you guidance. Otherwise, I place my unyielding trust in you to make your own decisions and to respond to the outcomes accordingly based on your values and preferences.

I feel a strong personal preference as well as a moral duty to care well for you. During our time together, I would like for you to have a felt-experience of being safe, well, and loved. My goal in this relationship is for you to feel these conditions for longer and longer periods of time for years to come. To prevent anything which might impede such a state, I pledge to never recommend any idea which

would predictably bring harm to you or those around you. I also pledge to never seek any personal favors from you; either professional or romantic. Once we sign this document, this limitation will be in effect until there has been at least three consecutive years of no contact between us.

Financially, I will run my practice and live my life in such a manner that my services will be as affordable as possible. I monitor all revenue collectively and report that amount, along with my expenses, on my website for your informed decision-making described below.

I will always maintain strict confidentiality about our relationship. This is so you may feel absolutely safe to share your feelings, thoughts, and actions in the most unfiltered and honest manner possible. Unless compelled by a court of law, I will never disclose a scintilla of what we discuss; even that I know you. If you would like for me to be in communication with a member of your family, a friend, supervisor, co-worker, or medical provider, a release must be signed to give your explicit written permission for me to be in contact with them.

However, out of a moral concern for your safety and the safety of others, if a situation were to arise where a predictable but preventable injury or death could occur, to you or anyone around you, I would break this strict commitment to confidentiality and notify someone of my concerns.

Between our sessions, I am available to address any questions or concerns that arise for you. I anticipate, however, most of our communications between sessions will concern scheduling. I prefer not to dialogue about substantive matters between sessions by email or text. You should also be aware that I do not maintain 24/7 on-call coverage or availability. Therefore, if you ever have an immediate need for assistance, please do not contact me. Instead, you are asked to reach out to a provider who has on-call coverage such as a local hospital or the mental health crisis line by phoning 988. If you need a specific plan in case of emergencies, I will gladly assist.

While we are apart, I also pledge to continuously improve my skills by investing in daily study. This may include readings, webinars, or formal in-person training in the fields of psychology, sociology, health sciences, history, economics, ethics, philosophy, theology, or spirituality. I will maintain on my website a running record of these studies for your review.

Lastly, please keep in mind that I am not authorized by any state government or professional association to certify disability benefits or leaves of absence for your employer, an insurance provider, or government agency. If you are in need of such authorizations, please contact a medical physician or licensed provider. I also have no privileges to commit persons to hospitalization or prescribe medications, but I can ably assist in the decisions of whether to pursue either or both of these options if you might be in need.

Your Responsibilities: As it is in all relationships, responsibilities are mutual. Your responsibilities are kept to a minimum, but are equally important.

In order for us to come together, you will be responsible for scheduling your sessions. You will set the frequency based on your needs, budget, and time constraints. You pledge to show up for the sessions as scheduled. To the best of your ability, you will notify me as early as possible if changes need to be made so other clients who await earlier appointments can be contacted and arrangements made. If you are unable to give adequate notice, you agree to cover some portion of the fee for the late cancellation and missed session. Only you know the circumstances around these last minute changes and therefore I will not mandate or monitor that such a payment is made. I will trust in your judgment based on what is fair for everyone involved. As a point of reference, historically, for every 100 sessions held among the general population, ten are canceled on short notice. If your schedule is being altered on short notice three sessions or more out of ten, we will discuss what is happening, how your other relationships are effected, and make some adjustments to improve. An inability to come closer to the average of one in ten would likely lead to an end of our relationship.

During our time together, I hope you will strive to trust me and the collaborative nature of our relationship. Your role is to raise topics that most concern you and to share observations of your current experiences, both those within you and of those around you, as honestly as you are able. Your willingness to openly discuss your history and the hopes for your future is crucial to the success of our work together. I hope you will also try to be receptive to new possibilities to bring about a more contented, harmonious life for you and those around you.

You will determine your own fee. In order for me to continue my practice, you agree to pay an amount that is fair and equitable for both of us based on your budget and the financial data on my website. You are responsible to make your payments in a timely manner which we generally define as at the time of your session, within the same week, or within the same month. I will not monitor your individual payments. If, however, it does come to my attention that you are not paying, and thereby neglecting our relationship, we will discuss the situation fully aware that such choices will likely lead to an end of our relationship.

As it is with all relationships, there will come a time when our relationship will end. The only questions are when and in what way. You are, of course, free to end this relationship at anytime with or without notice. Rather than end the relationship abruptly, however, if you ever feel I have not lived up to my responsibilities, I would be grateful if you shared, assuming you are comfortable doing so, any helpful feedback which might improve my practice. Often, this sharing is enough to extend our relationship and make it more resilient and trustworthy going forward.

If the day comes when you are satisfied and we have completed your work, it is always nice if closed with a word of gratitude such as ‘thank you’ and ‘good-bye.’ If you leave feeling safe, well, and loved, then we have accomplished all I have set out to achieve. This would be a blessing to me. I am grateful you are here. I look forward to our work together.

*Your Signature: _____

Today’s Date: _____

*Your printed name: _____

The lines below are for conjoint counseling involving co-parents or couples:

Second signature: _____

Today’s Date: _____

Second name printed: _____

My Signature: _____

Today’s Date: _____

My printed name: Robert Womack

*As this is not a legal document, enforceable by a court of law, but rather a person to person agreement, there is no legal age to consent. If the conditions described herein are easily understood and can be carried out independently, you may give your own consent, regardless of age, by signing above. If you are dependent on someone else for meeting your responsibilities, however, please have a parent, caregiver, or guardian sign as well.