

Informed Consent Policies For Psychotherapy  
Alison Dwyer APRN-BC  
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401-263-8735

Welcome,  
I look forward to working together.

Please read the following Informed Consent Policies related to our work together. Your signature below or a return email stating (“I have read and agree with the Informed Consent Policies with Alison Dwyer, APRN”) signifies that you understand and agree with these policies, and freely consent to treatment.

Please be aware that I am a licensed therapist and Clinical Nurse Specialist in the states of Massachusetts and Rhode Island. The work I conduct outside of these states is Spiritual Guidance, Coaching and Consultation.

### Confidentiality

Legal and ethical codes require that information provided during therapy sessions be kept confidential except under the following circumstances:

### Release of Information:

There may be circumstances in which communication/release of information between myself and other professionals such as your primary care doctor, another healthcare provider or family members. This will only be done with your written consent.

### Legal Limitations to Confidentiality :

- I may disclose limited information to necessary people without your permission if I have clear evidence that you are in serious danger to yourself or others.

- I am mandated to breach confidentiality if I learn of child or elder abuse by you.
- There are some situations where the court can mandate that I release your records.

### Cancellation Policy

I request a 24 hour notice for cancellation. Less than 24 hour notice incurs a fee of 50.00. If there is an unavoidable circumstance or emergency on the day of your appointment, you will not be charged a fee.

### Phone Calls and Communications

To leave a message for me please call 401-263-8735. I will return your call typically within 24 hours.

### Email

I am available by email to you for questions, review of written correspondences, or documents and as a method of support between sessions. Please email me at [alison@alisondwyer.com](mailto:alison@alisondwyer.com)

### Consent to Treatment

Following our initial consultation ( phone or Skype 20-30 min) we will schedule an initial meeting. The first 1-2 sessions are a period of assessment, both for myself and for you. We will be discussing your goals for healing and the approach I believe will be most helpful to support your healing. During these first few session, I will be asking for information from you to better know your situation and you. I encourage you to ask questions of me to develop a beginning understanding of my approach. We will work together on a plan of healing for you.

Throughout our work together, I will collaborate with you to establish clear goals and expectations for our time together. We will develop and modify our plan together. Over time, we will define specific areas of focus, identify particular skills and capacities which need to be developed, and work together on developing skills and enhancing your well-being. As part of our work together, I encourage you to ask questions, express concerns, give me feedback about your experience on a regular basis.

### Termination of Sessions

You have the right to terminate our working relationship at any time. However, it sometimes happens that an individual wants to stop work

together when he/she is on the verge of a breakthrough, which is often preceded by discomfort in session. For this reason, I request at least one session to discuss and explore termination. It is also usually beneficial to have a closing session at the completion of our work together.

Thank you for allowing me to be a part of your healing journey.

I have read and understand the above policies and information. and I freely give consent to treatment.

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Signature

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Date