



New Pathways Psychotherapy PLLC.
13701 W. Jewell Ave., Suite 200-19
Lakewood, CO 80228
(720) 640-7876

Informed Consent for Psychotherapy

This document contains important information about my professional services and business policies.

Please read it carefully and ask any questions before signing. Your signature represents an agreement between us.

1. Nature and Goals of Psychotherapy

Psychotherapy involves a professional relationship with the purpose of helping you achieve personal goals, gain insight, and improve your quality of life.

Potential benefits may include improved coping, relationships, and self-awareness.

Potential risks may include experiencing difficult emotions or recalling distressing events, which can cause temporary discomfort.

There are no guaranteed outcomes, but I will support you and do my best to help you clarify goals and patterns in your life.

2. The Therapeutic Relationship

The therapeutic relationship is unique in that it is highly personal and at the same time a contractual agreement.

Clear boundaries and mutual respect help create a safe and productive environment. Please feel free to discuss any part of this consent or our work together at any time.

3. Confidentiality

Information shared in session is confidential and will not be disclosed without your written permission, **except when required by law**, including:

- Suspected abuse or neglect of a child, elderly, or dependent adult.
- Serious threat of harm to yourself or others.
- Court order or subpoena.
- As otherwise permitted or required under HIPAA.

Occasionally I may consult with other professionals to provide the best care; identifying information is minimized.

If we see each other in public, I will not acknowledge you first to protect your privacy. You are welcome to greet me if you wish, and I am happy to chat for a short bit.

4. Appointments, Cancellations, and Fees

- Sessions are typically **50 minutes** in length.
- **Cancellations require at least 24 hours' notice.** Sessions canceled with less notice may be billed at 50% of the session rate.
- **Payment is due at the time of service** unless other arrangements are made.
- A **Good Faith Estimate** of costs is available in compliance with the No Surprises Act.

5. Electronic Communication

Email, text, and telehealth platforms may not always be secure.

By using these forms of communication, you acknowledge these risks and consent to their limited use for scheduling and coordination.

6. Telehealth Services

If services are provided via secure video conferencing, the same confidentiality and consent terms apply as in-person sessions.

Technical issues may occasionally interrupt services.

7. Recording for Supervision or Quality of Care

At times, sessions may be audio or video recorded for clinical supervision, consultation, or quality assurance.

- You will be informed and asked for permission before any recording.
- Recordings are securely stored, accessed only by authorized supervisors, and deleted after review.
- You may decline or withdraw consent at any time without affecting your care.

8. Use of Artificial Intelligence (AI) in Documentation

This practice may use AI-assisted tools to support clinical documentation (e.g., drafting progress notes).

Two levels of use are possible:

Option A – Clinician-Generated Content Only (default)

- Only therapist-generated summaries or notes may be processed by AI tools.
- No raw session recordings or transcripts are shared.
- AI drafts are reviewed and finalized by the therapist.

Option B – Session Recording & AI-Assisted Transcription (optional)

- With your explicit permission, sessions may be securely recorded and transmitted to a HIPAA-compliant AI system to generate draft notes.
- Recordings are encrypted, accessible only to the therapist, and deleted after notes are created.
- You may decline or withdraw consent at any time without affecting your care.

Risks & Benefits:

Benefits include more accurate and timely documentation; risks include a small possibility of unauthorized access despite strong safeguards. AI never replaces professional judgment.

9. Emergencies and Crisis Services

I do **not** provide 24-hour crisis services.

In an emergency, call **911**, go to the nearest emergency department, or call **988 (Suicide & Crisis Lifeline)**.

You may also text or leave me a message, and I will return your call as soon as possible, typically within 72 hours.

10. Consent and Agreement

By signing below, you acknowledge that:

- You have read, understood, and agree to the terms of this informed consent.
- You have had the opportunity to ask questions.
- You consent to participate in psychotherapy under these terms.

Please indicate your preferences for AI-assisted documentation:

I consent to clinician-generated content only (default).

I consent to session recording & AI-assisted transcription as described above.

I **do not** consent to any AI use for my documentation.

Client Name: _____

Signature: _____ **Date:** _____

Therapist Name: Seth Muller, M.A., LPCC

Signature: _____ **Date:** _____