



RESTORATIVE SOLUTIONS NOW

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Client Consent to Therapy

This consent is to acknowledge that you are giving permission for Jay R Griffith, IMFT, M.Div., a licensed Marriage & Family Therapist in the State of Ohio, to provide you with mental health services specific to the concerns you have, and that you continue to decide to communicate with him about, over the course of therapy.

You are recognizing that this is a collaborative process, and is best helped a growing level of trust and openness between you and your therapist. This is done for the expressed purpose of improving and creating more personal objectivity for you in facing, learning from, and transcending, your current ways of seeing yourself, others, society, and the world as you are now finding and experiencing it.

Doing so, has an empowering effect on us to more calmly, compassionately, and justly weigh the needs, concerns, and desires, not only of ourselves, but of others, and doing so less reactively and more respectfully. As we are able to distinguish this, we are also improving in our self-understanding, and self-and-others acceptance, no matter the circumstances, situations, and conditions, we now know, face, and experience. In doing so, we begin to discover that we can find highly tailored, personal insight, direction, and even inspired actions to take, in troubling and difficult situations, or with challenging and difficult people, while still improving both our quality of life and enjoying better outcomes in our life as well.

Certainly, you have a unique history, and a diversity of your own life experiences that you bring into counseling. Given your own upbringing, the times you have lived through, along with how you are uniquely wired to think, feel, and respond to those around you, and your own personal choices that have developed into certain beliefs, habits, and patterns of handling life stressors, everyday concerns, not to mention how you have learned to handle all the personal choices and freewill of those around and over you, brings your own unique perspective into the counseling room. This is desired to be understood, valued and respected, as much as possible. This means there is also likely to be plenty of causes for tensions, conflicts, disagreements, misunderstanding, and uncooperativeness to arise with others, and even your own therapist.

It is an aim of therapy to support you in filtering this out and in seeking to best understand, see, and value you, along with all the contributions and blessings you

yet have to offer and give to others with your life; and to do so in a way that both honors your current needs and concerns and those of others, while still appreciating your inherent worth, wisdom, and potential, that you bring into therapy, and carry back out into the world you help to create, be it at home, work, and play.

Any confidences shared in therapy will be held as confidential, and not to be released to anyone without your prior consent. The only exceptions to this are the legal responsibilities asked of us to inform primary family or recognized authorities, should there be any expressed intent to hurt or harm oneself, others, including children, the disabled, or the infirmed.

By signing below, you are giving your consent to participate in therapy, and in working with this therapist that you have chosen for mental health services at this time. Your consent to therapy services in no way limits you from terminating services at any time, for any reason. Therapy records will remain confidential and secure records of RSN, which you can request at any time in the future, even beyond your time in therapy.

Thank you for this opportunity to be of service to you.

Client Approval for Therapy:

Printed Name of New Therapy Client: _____

Signature of New Therapy Client: _____

Signed on this Date: _____

Acceptance by Assigned Therapist:

Therapist: Jay R Griffith, IMFT, M.Div.

Signature of Therapist: _____

Date Accepted: _____