

Informed Consent for Sport Psychology and Counseling Services

A) General information:

I, _____ (client), give my permission to _____ (provider at Fishbein & Assoc.) to apply his/her knowledge of theories, research, sport psychology techniques, counseling skills, and the like, which might include,

- a) Providing information relevant to the role of psychology in sport, exercise, and health to individuals, groups, and organizations.
- b) Teaching specific skills (goal setting, relaxation, imagery, etc.) to apply in exercise, physical movement, and sport settings.
- c) Helping clients measure and learn how to improve psychological factors such as arousal control, anxiety, motivation, etc.
- d) General counseling.

B) Confidentiality:

Sessions will remain confidential and specific information will not be shared with the following exceptions:

- 1) Written permission from the client,
- 2) Client poses imminent threat of harm to self (serious and foreseeable harm),
- 3) Client poses imminent threat of harm to others (serious and foreseeable harm),
- 4) Suspected that a child, elder person, or person with disabilities is being abused or neglected (serious and foreseeable harm).

In cases when confidentiality will be broken without prior consent, we will communicate with the client and/or guardian and work to first gain the client's permission to break confidentiality. During times when consent cannot be gained from the client and/or guardian and either the client or someone else is in danger, we must legally must break confidentiality. Minors under the age of 12 in Illinois have additional confidentiality laws. If you are a minor under the age of 12, we will talk with your parents about confidentiality.

C) Risks and Benefits of Services:

Successful sport psychology and counseling interventions can lead to improved performance, increased self-esteem, and overall feelings of wellness. Successful sport psychology and counseling interventions requires active involvement from both the client and therapist.

D) Social Media Policy:

1. Benefits--Social Media. Social media sites provide people with ways of staying connected via the internet. It is a convenient way of sharing information and learning about people, places, and things. It is very common for people to connect via social media to learn more about each other and to stay in touch for multiple reasons.

2. Limitations--Social Media. Social media sites have varying levels of privacy with policies that change on a regular basis. Social media sites are not confidential. Often times people believe that their private social media posts will remain unseen from wide audiences, however, we cannot always control the digital fingerprints left by social media. The nature of our work together is confidential; therefore, limitations of confidentiality prohibit me from seeking you out on social media and accepting you onto our personal social media pages.

3. Boundaries--Social Media. We may communicate professional work on LinkedIn, Twitter, Facebook, and other social media sites. We do not accept requests from clients, teams, family members of clients or teams, or others with close relationships with clients or teams on our personal social media sites. Our professional pages (LinkedIn, Twitter, Facebook, etc.) are not private and are accessible via the internet. Clients are not asked to monitor our online presence and are free to do so if they choose. We will not search your social media sites. Exceptions to us viewing your social media sites or viewing your online presence include: 1. If you give us permission to do so as it relates to our work together; 2. If we receive information that leads me to believe that the online knowledge would help in the work we do together; 3. If you begin following our online presence, we will likely see your online presence (for example, if you comment on a Tweet, we will see your twitter profile picture and read your comment).

E) In the Event of an Emergency:

If you experience an emergency or crisis please contact 911 for assistance.

We have permission to contact the person listed in the event of an emergency:

YES _____ NO _____

Emergency Contact name and phone number: _____

Informed Consent Signature Page

I, _____, have read and understand the *Informed Consent for Sport Psychology and Counseling Services* (document) provided by FISHBEIN & ASSOCIATES PERFORMANCE CONSULTING (FPC). I consent to the following:

To receive sport psychology and counseling services from my provider at FPC.

_____ (client's initials)

To allow FPC to discuss my sessions while protecting my identity within the context consultation with other professionals

_____ (client's initials)

To allow FPC to break confidentiality if (1) I am a threat of harm to myself, (2) I am a threat of harm to others, (3) it is suspected that a child, elderly person, or a person with disabilities is in danger. I understand consent is not legally necessary to reveal this information to the proper authorities

_____ (client's initials)

In addition, I understand:

The risks and benefits of sport psychology and counseling services explained in this document _____ (client's initials).

Confidentiality within a sport and health setting _____ (client's initials)

I should call 911 in an emergency _____ (client's initials)

I agree to release information about my sessions to:

a) _____

b) _____

c) _____

Client printed name

Client Signature

Date

Guardian printed name

Guardian Signature

Date

FPC PROVIDER printed name

FPC PROVIDER signature

Date