

SCOPE OF PRACTICE FORM

Psychotherapist / Counselor: [Psychotherapist's Name]

License/Certification Number (if applicable): [License/Certification Number]

Date: _____

I, [Psychotherapist's Name], understand and acknowledge the importance of defining and adhering to a clear scope of practice to ensure the provision of safe and effective psychotherapy services to my clients. By signing this form, I affirm that I am committed to practicing within the limits of my education, training, experience, and applicable legal and ethical standards.

Qualifications and Credentials

I hold a valid and current license / certification as a psychotherapist, issued by the appropriate regulatory body: _____ . [if applicable]

I have completed the necessary educational requirements, including [list relevant degrees, certifications, or specialized training].

I participate in ongoing professional development activities to enhance my knowledge and skills.

Description of Practice

I provide individual / couples / family / group psychotherapy services.

My approach to psychotherapy is [briefly describe the theoretical orientation or modalities used].

I offer services to clients dealing with various mental health issues, including but not limited to [list specific areas of expertise or focus].

I am aware of the limitations of my practice and will refer clients to appropriate professionals or specialists when necessary.

Boundaries and Scope Limitations

I will maintain appropriate professional boundaries with my clients, ensuring that the therapeutic relationship remains ethical and therapeutic.

I will not engage in any dual relationships with clients that could impair my objectivity or compromise their well-being.

I will not provide medical advice, prescribe medication, or perform any invasive procedures outside the scope of my practice.

I will comply with all applicable laws and regulations related to the practice of psychotherapy.

I will maintain the confidentiality of client information in accordance with legal and ethical guidelines, except in situations where there is a legal duty to disclose or when there is a risk of harm to the client or others.

I will obtain informed consent from clients prior to initiating any treatment or intervention, explaining the purpose, nature, risks, and benefits involved.

Professional Ethics and Conduct

I will adhere to the professional codes of ethics established by the relevant professional associations and regulatory bodies.

I will treat all clients with respect, dignity, and non-discrimination, regardless of their age, race, gender, sexual orientation, religion, or other protected characteristics.

I will maintain a safe and supportive therapeutic environment, free from harassment, exploitation, or any form of abuse.

I will handle any conflicts of interest or ethical dilemmas that may arise in an ethical and responsible manner.

I acknowledge that this Scope of Practice form is not exhaustive and may be subject to updates or revisions as needed.

By signing below, I affirm my commitment to providing competent, ethical, and professional psychotherapy services to the best of my abilities.

Psychotherapist's Signature: _____ Date: _____

Therapist's Printed Name: _____

I have read and understand the Scope of Practice form provided by my therapist / counselor.

Client's Signature: _____ Date: _____

Client's Printed Name: _____