

Informed Consent Form

Purpose of Informed Consent

This document has been provided as an explanation of the services I provide. The intent is to allow you to make an informed decision about the counseling process.

Qualifications

I currently hold a Bachelor's Degree (BA) from Liberty University in Psychology. I hold a Master of Arts (MA) degree in Clinical Counseling from Colorado Christian University. I am licensed by the State of Florida, and my title is Licensed Marriage and Family Therapist (LMFT). While I have significant experience and training, I sometimes find it necessary to refer a client to another qualified professional. If a referral is in order, I will inform you and discuss possible options with you. You may request to be referred to another counselor at any time.

Counseling means Collaboration

Counseling is a collaborative process between you and a counselor where emotional and relational health challenges are evaluated, assessed, and treated. For therapy to be most effective, it is absolutely essential that you take an active role in the process. Ownership, or taking responsibility for our actions, and a hard work ethic are very important components in the outcome that we desire.

Risks

The counseling process may open up levels of awareness and provoke realizations that may cause uncomfortable feelings, sadness, guilt, anxiety, anger, pain, frustration, loneliness, and/or helplessness. In some cases major life decisions are made, in others traumatic events are reflected upon. This process of growth and maturation can cause significant impacts to employment, lifestyles, and relationships.

Appointments

Sessions are generally scheduled in 60 minute increments, once per week, however, I prefer that initial appointments are booked for 2 hours. Once an appointment is made, it is **not** assumed to be a recurring ongoing scheduled appointment. Subsequent appointments must be scheduled. Some situations may justify modification of the schedule, thus increasing or decreasing frequency of appointments. We can discuss this at the end of the initial interview. Being late for an appointment by 25 minutes or more may require that you reschedule. If you need to cancel an appointment, please contact me at (813) 431-8766 at least 24 hours in advance. Cancellations with less than 24 hours notice will be charged a \$75 no-show fee. We reserve the right to terminate the relationship in the event that 2 consecutive appointments are missed without notification of cancellation.

Fees and Payment

Payment in full will be collected at the time the service is rendered. The standard fee for a single 60 minute session is \$75. I do not currently accept credit cards, so please bring a check or Money Order to your appointment. Please avoid paying in cash. Amscot stores provide free Money Orders, as well as Walmart Money Orders are either free or only a few pennies. Personal checks returned for insufficient funds may be subject to an additional \$25 fee.

Confidentiality

Your confidentiality is important to me. The nature of the counseling profession, and the ethics and laws that govern it, presents certain limitations that need to be both acknowledged and addressed. All communications between a mental health professional and a client are protected by law. If required or requested, I will release information regarding our communications to others with your express written consent. (See Authorization to Release Information Form)

Diagnosis

When requested by you, I can provide a superbill for you to submit to insurance providers for reimbursement. Most 3rd party payers require that I provide a diagnosis

code to describe your condition. Once that information is provided to insurance companies, I can accept no liability for impacts to insurability or employment.

Mandatory Reporting

Mandatory reporting requires me to report situations where the client is a danger to self or others. Situations in which a child, elderly, or disabled person is subject to abuse or neglect are also subject to mandatory reporting.

Records

I am required by law to maintain detailed records each time we interact. The records contain sensitive information including observational data, diagnosis, treatment plans, and other clinically relevant information. I will share records, in full or in part, with you as the client if requested; unless the determination is made that it may hinder progress or otherwise cause undue harm.

Termination

Termination of the counselor-client relationship can occur in several different contexts, but it is important that we be prepared for a termination phase from the outset of treatment. You can choose to terminate therapy at any time. You have a right to expect that the relationships will be terminated when you have realized maximum benefit from it, or have achieved the goals that are made at the outset.

Emergencies

In the event of an emergency, for which you feel immediate attention is necessary; I will make reasonable effort to make myself available. If I am not immediately available and you reach voicemail, please leave a message indicating that the call is urgent. **I have read, understood, agree, and consent to the above conditions of service. I have had the opportunity ask questions regarding the above policies.**

Client Signature_____Date_____