

## **Patient/Counselor Agreement for Services and Informed Consent**

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask your counselor any questions that you may have regarding its contents.

### **Risks and Benefits of Counseling.**

Counseling is a process in which Counselor and Client discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so clients can experience his/her life more fully. It provides an opportunity to better, and more deeply understand oneself, as well as, any problems or difficulties clients may be experiencing. Counseling is a joint effort between Client and Counselor. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors. Participating in counseling results in a number of benefits to clients, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on the part of Client, including an active participation in the counseling process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that counseling will yield any or all of the benefits listed above.

Participating in counseling may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which Counselor will challenge Client's perceptions and assumptions, and offer different perspectives. The issues presented by Client may result in unintended outcomes, including changes in personal relationships. Client should be aware that any decision on the status of his/her personal relationships is the responsibility of the Client. During the counseling process, many clients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Client should address any concerns he/she has regarding his/her progress in counseling with Counselor.

### **Confidentiality**

All communications between you and your counselor will be held in strict confidence unless you provide written permission to release information about your treatment.

There are exceptions to confidentiality. For example, counselors are required to report instances of suspected child or elder abuse. Counselors may be required or permitted to break confidentiality when they have determined that a patient presents a serious danger of physical violence to another person or when a patient is dangerous to him or herself. In addition, a federal law known as The Patriot Act of 2001 requires counselors (and others) in certain circumstances, to provide FBI agents with books, records, papers and documents and other items and prohibits the therapist from disclosing to the patient that the FBI sought or obtained the items under the Act.

If you participate in marital or family therapy, your counselor will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release such information. However, it is important that you know that your

counselor utilizes a “No-Secrets” policy when conducting family or marital/couples therapy. This means that if you participate in family, and/or marital/couples therapy, your counselor is permitted to use information obtained in an individual session that you may have had with him or her, when working with other members of your family. Please feel free to ask your counselor about his or her “No Secrets” policy and how it may apply to you.

As a requirement to obtain Marriage and Family Therapy licensure your counselor is currently under the supervision of a licensed Mental Health Counselor and may review information with her. The LMHC is also required to keep the information your counselor shares with her confidential, although the exceptions to confidentiality apply to her as well.

The laws and rules on confidentiality are complicated. Please bear in mind your counselor is unable to give you legal advice. If you are in a situation in which you need advice regarding special or unusual concerns, please seek legal assistance to protect your interests.

### **Minors and Confidentiality Communication**

Minors and Confidentiality Communications between therapists and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child’s treatment are often involved in their treatment. Consequently, your counselor, in the exercise of her professional judgment, may discuss the treatment progress of a minor patient with the parent or caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with their counselor.

### **Appointment Scheduling and Cancellation Policies**

Sessions are typically scheduled to occur one time per week at the same time and day if possible. Your counselor may suggest a different amount of sessions depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you are expected to notify your counselor at least 24 hrs. in advance of your appointment. If you do not provide your counselor with at least 24 hours notice in advance, you are responsible for payment for the missed session. Please understand that your insurance company will not pay for missed or cancelled sessions.

Counselor Availability/Emergencies Telephone consultations between office visits are welcome. However, your counselor will attempt to keep those contacts brief due to the belief that important issues are better addressed within regularly scheduled sessions.

You may leave a message for your counselor at any time on her confidential voicemail. If you wish your counselor to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. Nonurgent phone calls are returned during normal workdays (Monday through Friday) within 24 hours. If you have an urgent need to speak with your counselor, please indicate that fact in your message. Your counselor is often in session with a client and unable to return calls as promptly as desired. In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.

### **Local Community Crisis Contact Information**

You should also be aware of the following resources that are available in the local community to assist individuals who are in crisis:

Crisis Hotline: 211

Metropolitan Ministries: (families & women) (813) 209-1000

Domestic Violence Help: (800) 962-2873

Mary and Martha House: (single women & children) (813) 645-7874

Hospital: Tampa General (813) 844-7000

## **Payment**

Individual Sessions and conjoint (marital /family) sessions are approximately 60 minutes in length. The self-pay rate for counseling sessions is \$85.00 per session.

Payment is made at the time services are rendered and will be processed utilizing the card on file.

## **No Surprise Act/Good Faith Estimate**

Based on the No Surprise Act/Good Faith Estimate Fees for Healthcare Services 2022, Emotional Wellness Counseling offers affordable options based on need. Prior to receiving services, EWC will provide you with either a self-pay rate or an insurance quote to see what your insurance will cover per session. Please allow a two-week period from the date you provide insurance information to receive the coverage information.

## **Health Insurance**

Please inform your counselor if you wish to utilize health insurance to pay for services. If your therapist/provider is a contracted provider for your insurance company, your therapist/provider will discuss the procedures for billing your insurance. The amount of reimbursement and the amount of any co-payments or deductible depends on the requirements of your specific insurance plan. You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions. You should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage. Although your therapist/provider is happy to assist your efforts to seek insurance reimbursement, we are unable to guarantee whether your insurance will provide payment for the services provided to you. Please discuss any questions or concerns that you may have about this with your therapist.

If for some reason you find that you are unable to continue paying for your therapy, you should inform your therapist. Your therapist will help you to consider any options that may be available to you at that time.

Your counselor is currently under the supervision of licensed mental health professional, Dr. Elizabeth Mahaney. The clinical supervisor's name, license type and licensure are listed below:

Elizabeth Mahaney, Licensed Mental Health Counselor, Marriage and Family Therapist # MH-10069

South Tampa Therapy and Mediation  
425 S Orleans Avenue  
Tampa, FL 33606

## **Termination of Counseling Services**

The counselor reserves the right to terminate services at her discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, client needs are outside of counselor's scope of competence or practice, or client is not making adequate progress in therapy. Client has the right to terminate counseling his/her discretion. Upon either party's decision to terminate counseling, counselor will generally recommend that client participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. Counselor will also attempt to ensure a smooth transition to another counselor by offering referrals to clients.

Please ask your counselor to address any questions or concerns that you have about this information before you confirm you have read this document and agree to all that is stated.

Your confirmation on the Intake Form indicates that you have read this agreement for services carefully and understand its contents.

## **Financial Agreement**

Credit Card Number on File:

Your counselor, Cara Lewis, respects your time and sets aside time to see you when you make an appointment with her. A session usually lasts 60 minutes and payment is due at the time of treatment. It is important that clients respect the therapist's time as well. Clients wishing to cancel or change an appointment must give the counselor 24-hours notice. In most cases, the counselor will be able to accommodate another client if such notice is given. To impress upon clients the importance of giving advance notice when canceling appointments, the counselor requires a credit card number and information on file. If a client no-shows or cancels at the last minute or without giving 24 hours notice so that the slot may not be taken by someone else who is waiting for therapeutic care, the credit card will be charged a fee of \$50 for the missed appointment. In addition, if payment is made by check and a check is returned, the owed amount will be charged to the credit card plus a \$30 returned check fee. Once again, please take note – clients who miss appointments or cancel without 24 hours notice will be charged a \$50 fee for the missed appointment. Cara Lewis will be very respectful of this information and your rights to privacy.