



### 3. Informed Consent for Psychotherapy

Thank you for choosing our services. We are committed to your care and meeting your needs. Providing you with important information so that you can give informed consent to initiate counseling is the first step in caring for your needs. This document is intended to inform you of our policies, State and Federal Laws, and your rights. If you have other questions or concerns, please ask and we will try our best to give you all the information you need. ALISON GARCIA MS, LMHC, CCTP is a Licensed Mental Health Counselor, and a Certified Clinical Trauma Professional. She has years of clinical experience in treating adolescents, adults and families using individual, relationship, family, and group therapy. She has specialized training in Trauma and Grief Therapy. Her approach is eclectic and interpersonal.

E-Sign: \_\_\_\_\_

-Name/Relationship: \_\_\_\_\_

- 1) Your therapist reserves the right to refer you out after the initial evaluation if she deems that you may benefit from the services of another provider, or if your needs are outside of her clinical expertise or scope of practice.
  
- 2) Therapy sessions are 45 minutes in length. If you are a self-pay client, you may request longer sessions, which will incur additional charges in 15 minute increments.
  
- 3) Punctuality is very important. We strive to be very respectful and considerate of everyone's schedules. If you are late for your sessions you forfeit the time, as your session will end on time to attend to the next client.
  
- 4) It is necessary to maintain continuity of care in order to meet your goals in therapy. Therefore, you will be required to schedule and keep your appointments on a regular basis. You and your therapist will agree on the frequency of sessions. You need to know that if you have repeat cancellations your therapist will bring this to your attention, and later on you may not be able to schedule additional sessions.

5) The decision to engage in psychotherapy is a very important one. Your therapist has the training and experience that can help you benefit from the therapeutic process, which requires your active participation and collaboration. Experiencing and expressing thoughts and feelings on an individual basis, or in the presence of others you include in your therapy sessions, may be difficult, and it may increase your level of emotional distress. Your beliefs and behaviors may be challenged, and your therapist will make recommendations in order to generate positive change in these areas. These changes may challenge and/or disrupt your current relationships. You also need to know that the great majority of individuals, couples, and families who take these risks and follow the recommendations made by your therapist find therapy very helpful

6) There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

7) If you are using insurance it is important to inform you that your carrier requires you to meet the clinical criteria for a mental disorder diagnosis, as they cover services ONLY if there is medical necessity. Your diagnosis is included with each claim that is submitted to your insurance. Such information becomes part of your permanent medical record.

.E-Signature: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_

### **CONFIDENTIALITY INFORMATION:**

Your verbal communication and clinical records are maintained in strict confidentiality, with the following exceptions

1) When you provide written authorization to release information TO or FROM another provider. Your consent is valid until such a time when you revoke this authorization at any time by giving written notice. A revocation is not valid to the extent that we have acted in reliance on such authorization

2) Information (diagnosis and dates of service) shared with your insurance company/EAP for the purpose of processing claims, case management, treatment plan reviews, utilization reviews, administration services, and audits.

3) Information that you (or your child/others who participate in therapy sessions) report, which leads your therapist to believe that a minor, an elderly person, or a disabled person is SUSTAINING and/or is EXPOSED to abuse, neglect, or exploitation. By Florida State Law I am mandated to report this information to the Department of Children and Family Services.

4) If you provide information that informs me that you are in danger of harming yourself or someone else. Your therapist may need to intervene to ensure your safety and/or the safety of others.

5) When required by law, if your therapist receives an order signed by a judge to appear before the court to share information regarding your case. Your therapist will inform you of such an occurrence.

6) Occasionally your therapist may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

7) If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

8) Alison may be reached during normal business hours. However do not leave a time sensitive message. In an emergency situation during which the client or their guardian feels that immediate attention is necessary, the client and/or guardian understands that they are to contact community services (911) or the Crisis Life Line at (800) 273-8255. You may also seek appropriate emergency services at the emergency room of the hospital nearest you. Alison Garcia, LMHC will follow those emergency services with standard counseling and support to the client and/or the client's family as soon as she is available. This includes emergencies when your therapist cannot be reached during work hours, emergencies after office hours, as well as during therapist's vacation.

## **CONTACT WITH THERAPIST**

You may contact the therapist via text, phone or email ONLY to schedule, reschedule, or cancel a session. Clinical issues need to be addressed in session.

## **I have read, understand and agree to the Informed Consent for Psychotherapy**

E-Signature: \_\_\_\_\_

.Name/Relationship: \_\_\_\_\_

Today's Date: \_\_\_\_\_