

COUNSELING INFORMED CONSENT AND AGREEMENT FOR SERVICES

1. Services. Counseling is provided without discrimination regarding race, color, creed, gender, sexual orientation, nationality or any other affiliation. Therapist will provide a wide range of therapy services, including individual, couple, and family therapy. Sessions last 50-60 minutes and the number of sessions can vary with the amount of progress made and the seriousness of the situation(s) to be addressed in counseling. Parents or guardians must consent to treatment for minors, except in emergency situations as provided by Florida law. If the custody agreement or court order requires consent from both parents, counseling will not be provided absent a change in the court order or consent of both parents. By signing this consent, you represent that, unless otherwise specified, you have legal authority to seek counseling for any minor(s).
2. Appointments. Regular attendance to counseling sessions is important to ensure progress with the concerns and issues which have been presented. Please make every effort to be on time. If you need to cancel an appointment, please provide at least 12 hours notice, and preferably 24 hours' notice. A \$20 no-show fee will be charged if there is a no-show without contact to the therapist except in the case of emergencies.
3. Therapist. Dana Anderson is a licensed Florida Marriage and Family Therapist, License No. MT 2565.
4. Fees. Fees are usually \$60 per hour, but therapist will provide a sliding scale fee schedule for clients who have financial hardship or other agreed fees. Discounts are available for past or current members of the armed services. Fees are payable at the time of the session. Make checks payable to Dana Anderson. Some services will be billed directly to insurance or EAP providers at no cost or less cost to patient, only if therapist is on the insurance company or EAP panel.
5. Termination. The client is expected to inform the therapist if discontinuing therapy. The final session is important to summarize the progress and growth that has occurred, and plan for the future.
6. Benefits and Risks of Counseling. While the majority of individuals, couples, and families obtain benefit from the counseling process, and find it helpful in gaining insight, coping skills, and new options to deal with problems, some risks do exist, and no results are guaranteed. As counseling begins, please understand that there may be a temporary increase in unhappy feelings and discomfort from examining issues and concerns that can be frustrating or upsetting. These feelings are a difficult but natural part of the counseling process. Other family members or people in relationships with someone in counseling may have negative opinions of the counseling process or feel that it might be unhelpful, in part due to this common reaction. Please discuss these feelings or reactions, if they occur, with your therapist. Don't hesitate to discuss or revise counseling goals, procedures, or services provided. **For emergencies, dial 911 and seek immediate help for feelings of wanting to hurt yourself or others.**

7. Confidentiality and Limits. Although communications between therapist and client are confidential, there are exceptions to this confidentiality. First, any abuse or neglect of a child must be reported under Florida law. This is also true of the elderly or people who are not competent to take care of themselves. Second, if I believe based on your statements or actions that you are a serious danger to yourself or others, I will report that and take whatever steps necessary to safeguard you or the other person(s) who may be at risk. There is also a low risk of a court ordering disclosure of records.

I have read and understand the nature, limits, and responsibilities of counseling and I agree to the services as described.

_____ Date: _____

Client (Parent/Guardian) Signature and Name: _____

RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge receipt of the Notice of Privacy Practices for the Counseling Office of Dana Anderson.

Dated: _____

Client Signature