# Crain Counseling Consent to Treatment

Counseling includes many different facets in treatment. This form provides you with information to allow you to make an informed decision on participating in the counseling process.

## **Qualifications**

Your identified counselor is Christina M Crain. Christina holds a Bachelor's of science degree in counseling and a Master's of Science degree in counseling. Christina is a licensed mental health counselor by the Florida department of health. Christina also holds credentials from the National Board of Certified counselors: National Certified Counselor, Certified Clinical Mental Health Counselor. According to the National Board of Certified Counselors standards and the qualifications set up by the Florida Board of Health Christina Crain is able to provide mental health services.

## **Risks & Benefits**

Counseling and psychotherapy can produce positive results in the lives of clients, but while it may be beneficial, like any treatment there are risks involved. Counseling will produce conversations about personal matters and experiences, naturally this has the potential to evoke a variety of emotions both positive and negative. Emotions such as shame, guilt, loss, sadness, or anger can at times be uncomfortable. On the other hand, the rewards of the counseling process often outweigh the discomfort experienced in the counseling process. Some benefits can include improved communication, resolved emotional discomfort, or conflict resolution. While these benefits cannot be guaranteed in the counseling room as they are dependent upon participation, investment in the counseling process, and many other variables we do desire to work with you to accomplish your personal goals in the counseling room.

I understand that there are proposed risks involved in counseling but acknowledge that I have been informed of the counseling process.

| Client Signature | Date |
|------------------|------|

Parent / Guardian Signature Date

#### Confidentiality

Crain Counseling follows the ethical guidelines of confidentiality. This means you are entitled to privileged communication with your counselor as outlined by law. As part of the counseling process your counselor will maintain a client file, and records of your treatment to include treatment plans, progress notes, and treatment summaries. Conversations between you and your counselor including your records are confidential. No information will be released without your written consent unless mandated by law. **[Review Crain Counseling Privacy Policy]** 

Possible Circumstances in which confidentiality may be broken include but are not limited to:

- Child abuse/ Child endangerment
- Elder abuse/ Elder exploitation
- · Abuse or exploitation of the disabled or patients in mental health facilities
- AIDS/HIV infection and possible transmission
- Criminal Prosecutions
- Child Custody/ Child endangerment cases
- Suicidal Ideation
- Homicidal Ideation
- Fee disputes between therapist and client
- Legal suits brought against counselor
- Complains issued to licensing or certifying board
- Court involvement
- Third party billing, payments
- Electronic communication
- Death of Counselor

### Incapacity or Death:

In the event of the death or incapacitation of your counselor it will be necessary to assign client records to another therapist to maintain legal possession of treatment records. I understand and consent to another licensed mental health professional, selected by my counselor, to take possession of my records and deliver those records to another therapist of my choosing.

By signing below, I acknowledge that I have read and understand confidentiality and its limitations in the counseling relationship. I understand that in circumstances where my counselor must share mandated reporter information I wave my right to privileged communication. I further understand the instances outlined above that would limit my confidentiality. I also understand that the Florida law allows confidentiality to be broken in incidents of child abuse, elder abuse, self-harm, or potential harm to others. I have read the **Crain Counseling Privacy Policy** and agree to these terms of service and will speak to my counselor with any questions regarding confidentiality and my counseling.

| Client Signature | Date |
|------------------|------|

| Parent / Guardian Si | ignature |
|----------------------|----------|
|----------------------|----------|

Date

## **Client therapist relationship**

The client therapist relationship is a unique relationship where in the counselor is a helping professional. While your counselor may provide for you genuine encouragement and support your counselor will maintain a professional relationship with you including setting appropriate boundaries for your protection and support. If you have any question concerning the nature of a helping professional please feel free to speak openly with your counselor.

## Social Media Contract

It is the nature of the counselor to protect client confidentiality. Your counselor will not be able to connect with you on social media platforms to include but not limited to Twitter, Snap Chat, Facebook, Instagram or the like. While your counselor may have a public profile, blog, or social media your counselor will strictly communicate with you through the client portal, over telephone, or in person. If you have questions or concerns, please review with your counselor.

I understand that I am entering into a client counselor relationship and will work with my counselor to establish the best ways to receive from this professional relationship. I also understand that my counselor will not interact with my on social media platforms. If I have further concerns about my relationship with my counselor, I understand that I can talk directly with my counselor.

Parent / Guardian Signature Date

#### **Emergency Services**

In the event of a life threatening emergency please contact 911 or visit your local emergency room. Your counselor is not providing an emergency service. Should a life threatening emergency occur while you are an active client it is the client's responsibility to inform their counselor of such events as they will impact treatment.

I understand that my counselor is a professional resource only and not an emergency provider. I understand that I am responsible for me/my child to accept or reject interventions offered by my counselor.

## Termination of Services

Clients should prepare that a client counselor relationship will not maintain for the course of a client's lifetime. During the course of treatment, the client shall work with their counselor to prepare for termination of services. The client reserves the right to terminate services at any time for any reason. It is strongly encouraged that clients work with their counselor to establish an agreed plan for discharge.

Should clients continue to break appointments or it becomes apparent that the helping relationship is no longer helping the client, the counselor will communicate with the client to discuss a termination or services or a referral for continued services by a counselor or the client's choice.

By signing below, I understand that I can terminate services at any time and that my counselor could terminate services due to pervasive broken appointments or when continued barriers to treatment are present.

Client Signature Date

Parent / Guardian Signature Date

#### Financial Responsibility

The client/guardian is responsible for all financial requirements of services provided. This shall include fees for service, forms, broken appointments as outlined below. Scheduling an appointment is a contract for service wherein the client takes responsibility for payment of service. All service fees are due at the time of service. Service fees include:

- \$75 per 50-minute session
- \$25 per 15-minute phone session
- \$100 per form completion/ form sent

#### **Broken Appointments**

Our office policy is that when you are scheduled you are in contract for services and are therefore financially responsible for services. An appointment canceled less than 24 hours ahead of time will result in a broken appointment fee. Multiple broken appointments may result in a termination of services. The broken appointment fees are listed below.

- \$40 first offence
- \$75 all offences there after

#### Forms of Payment

We accept cash, check or credit card. For all credit card payments there will be a \$2.50 credit card processing fee.

Our offices do not accept insurance at this time, however upon request our office can provide you with a superbill used to submit reimbursement claims to an insurance provider. Each client is responsible to coordinate with their own insurance company for reimbursement or services.

## Diagnosis

Our offices will use a diagnosis code for billing purposes and treatment plans. A diagnosis will be placed upon your superbill as part of the requirements of insurance companies.

I understand that I am responsible for all fees associated with the counseling services offered by Crain counseling. I willingly and knowingly accept responsibility for payment of services and any fees associated with broken appointments. I further understand that I must request a superbill to submit to my insurance company and am fully responsible for coordinating with my insurance company any reimbursement for services.

Client Signature Date

Parent / Guardian Signature

Date