

Audrey A. Simmons, LMHC

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INFORMED CONSENT FOR COUNSELING

WELCOME!

In an effort to promote a trusted and productive counseling relationship, the following information is provided for your understanding and signed consent. If a client is under 18 years of age, a parent or guardian must sign this agreement. It is important that you give informed consent for treatment, so if you do not understand something or have any questions, please ask.

COUNSELING - Counseling always involves change. Some people come to counseling because they are ready to make significant changes in their lives and they want to work with a knowledgeable, trusted and objective professional that can help them explore alternatives and options for change. Others seek counseling because change has been thrust upon them. They seek the comfort and guidance of the counseling relationship as a safe place to grieve about what was and to begin the rebuilding process. Regardless of your motivation for seeking counseling, I welcome you and offer to you the best professional assistance I can provide.

There can never be any absolute guarantees in counseling. However, in my experience counseling is most productive when it is a working collaborative effort between client and counselor and everyone actively contributes to the process.

As your counselor, I am responsible to provide you with the highest level of professional skills commensurate with my training and experience. I will help you think through any issue or concern. I will facilitate communication between you and any significant person so that you can say what you need to say and so you can accurately hear what the other person needs to say to you. I will suggest outside reading or activities and will often provide "homework" assignments. If necessary, I will recommend that you consult with a physician to receive medication therapy or other medical treatment. Throughout the entire process, I will encourage, guide, challenge and support you in making the changes you deem to be right for you.

As the client, you are responsible to be as honest and open as possible. Change usually involves letting go of things that are familiar in order for new possibilities to emerge. Effort and risk will be required. There may be some emotional pain.

LICENSING AND ETHICAL INFORMATION – I am licensed by the State of Florida to practice Mental Health Counseling. Any complaint or questions about my counseling services that cannot be resolved between us should be directed to the Department of Health, Board of Clinical Social Work, Marriage & Family Therapy, and Mental Health Counseling. As a Professional Member of the American Counseling Association, I adhere to the ethical principles of this organization. If you request, I will be happy to provide you with a copy of the ethical guidelines.

FEES – Counseling fees are \$125 per 60-minute session for individuals; \$175 per 90-minute session for individuals, couples or family counseling. Counseling sessions in excess of 60 minutes will be pro-rated and billed accordingly. Telephone consultation and other professional activities rendered on behalf of the client are also billed at \$125 per hour. There is never a charge for a brief telephone "check-in" or scheduling coordination.

Except in the event of a genuine emergency or illness, you will be charged for missed sessions unless you notify me 24 hours in advance. In circumstances where problems are encountered in receiving payment for services rendered, you may be charged additional charges to cover the cost of time and expenses

incurred to obtain payment. Invoices reflecting diagnosis, date of service and type of service provided are available monthly upon request to assist you in filing for third party reimbursement.

Although I do my best to stay on schedule, sessions do not always begin/end as scheduled due to unexpected client needs and/or emergencies. Please note that I will always work in full fifty minute sessions regardless of start times. I appreciate your patience and flexibility with this policy.

PAYMENT - Payment is due in full at the time of service unless otherwise arranged in advance. I accept cash, checks and credit cards, with a discount for cash payments as specified in **CASH DISCOUNT**, below. All clients must submit a signed credit card authorization form to be kept on file. If payment is not made by an alternate method, the credit card on file will be charged at the time of service. The credit card on file will be charged if fees are incurred due to a missed session, as described in **FEES** above. Parents of adolescents who come to session unescorted need to make advance arrangements to send payment with their child on the day of service.

CASH DISCOUNT – All fee amounts reflect a cash discount of 3%. Any payment method other than cash will be charged at the listed price plus 3%.

CONFIDENTIALITY/PRIVILEGE/PRIVACY – Normally information disclosed by you and/or your child during counseling will be kept strictly confidential and will not be revealed to anyone without your written consent. It is important for you to know that there are some exceptions to confidentiality. If an exception should arise, I will make every effort to inform you, before doing so, of the necessity to break confidentiality.

Exceptions to Confidentiality and Privilege:

- 1) If you threaten harm or death to yourself or another person, I am legally, ethically and morally required to take action to protect the safety of the threatened person. Actions could include: informing the intended victim, arranging for hospitalization for you and/or your child, notifying family or support system, or alerting law enforcement.
- 2) If abuse or neglect of a child, aged person, or disabled person is known or suspected, I am required by Florida Law to report my concerns to the Department of Children and Families.
- 3) If I were to receive a legally binding Court Order for your counseling records or for my deposition or court testimony, I would be required to comply.
- 4) If you or your child are in counseling or are being evaluated by Order of the Court or as a condition of continued employment, I may be required to provide the Court or the Employer with reports, documents, or testimony.

EMERGENCIES/CRISIS – I check my cell phone voice mail daily Monday through Thursday. You are welcome to call my cell phone at any time 407-865-2722 and leave a message. I will return your call at my earliest convenience. However, I do not provide an emergency service. If you are unable to reach me or if you have a life threatening emergency, immediately call 911 or go to a hospital emergency room. Your safety is my primary concern; I will be in touch as soon as possible.

CONSENT FOR COUNSELING –

I/We _____
have read and understand the information contained on this form as well as the Notice of Privacy Practices (attached). I/We voluntarily agree to participate in counseling and/or consent to the participation of my/our child/children.

Date _____ Signed _____

Adult Client

Date _____ Signed _____

Adult Client

Date _____ Signed _____

Minor Child