



## **CONSENT FOR SERVICES**

### **WHO ARE MFTs?**

Marriage and Family Therapists (**MFTs**) are licensed mental health professionals who work with individuals, couples (whether or not married), families of all types, and groups to treat or relieve mental, emotional, and relational concerns. MFTs are relationship specialists who are educated and trained to treat people involved in interpersonal relationships. They are educated to assess, diagnose and treat individuals, couples, families, and groups to achieve more satisfying and valued relationships. The practice also includes premarital counseling, child counseling, divorce or separation counseling and other relationship counseling.

Marriage and family therapy is highly effective because of the "systemic" orientation that its therapists bring to treatment. A systemic approach means looking at the dynamics between people rather than solely focusing on the internal workings of one person. MFTs believe that an individual's mental or emotional problems must be treated within the context of his or her current or prior relationships if the gains are to be significant and beneficial for the patient. Competent therapists do not offer solutions or take sides. They help clients work out solutions according to individual values and lifestyles. Seeking professional assistance is a sign of courage and a willingness to deal with life's many changes. Clients can expect that discussions will be kept confidential, except as otherwise required or permitted by law. Examples of times when confidentiality must be broken are when child abuse has occurred or where the patient threatens violence against another person.

### **THERAPIST'S EXPERIENCE.**

I am a State of Florida Licensed Marriage and Family Therapist, #2153, Clinical Member and Approved Supervisor of the American Association for Marriage and Family Therapy (AAMFT). I have a Master of Science degree in Sociology and a Post-Master's Certificate in Marriage and Family Therapy from Valdosta State University, Valdosta, Georgia. I earned a Ph.D. in Marriage and the Family from Florida State University. My work is consistent with all applicable state laws as well as professional ethical standards. As a Marriage and Family Therapist, I am governed by the Code of Ethics of the AAMFT. A copy of the AAMFT Code of Ethics is available in the office or online at: [http://www.aamft.org/imis15/content/legal\\_ethics/code\\_of\\_ethics.aspx](http://www.aamft.org/imis15/content/legal_ethics/code_of_ethics.aspx).

### **CONFIDENTIALITY**

Unless otherwise required by law, information revealed by you during therapy will be kept confidential and will not be released to any other person or agency without your written permission, or in the case of a minor, the permission of a parent or legal guardian. Current law requires information to be provided under the following circumstances:

- a. When abuse or neglect of a minor child or incapacitated adult is suspected, in which case the appropriate state authority must be informed

- b. When a client or other individual is seen as posing a serious threat of harm to themselves, others or real property, in which case a licensed therapist must warn the police or likely victim
- c. When ordered by a court
- d. When a client has waived certain rights, for example when contracting for insurance coverage of services.

Parents have a right, with some limitations, to access and authorize the release of information on their minor child's treatment.

The treatment record of a couple will only be released by joint consent. In the event of a disagreement, the records will not be released without a court order.

Your record is kept in a folder with your name on it in a locked file. I am the only person authorized to add, modify, or review your record. If I were to accept insurance, my insurance clerk would have access to your insurance data for the purpose of filing claims only. Some billing and other information may be transmitted electronically to your insurance company. The confidentiality of such communications cannot be guaranteed.

I may contact you by phone, cell phone, email, text, or mail, but you may request in writing that you not be contacted this way. Because of the nature of this contact and some characteristics of electronic communication, confidentiality cannot be guaranteed. I promise to value your confidentiality and act with due diligence to protect it.

I may occasionally share information with a colleague for purposes of consultation and supervision. Consultation is conducted with other health care professionals who are also bound legally by confidentiality. During a consultation, every effort is made to avoid revealing your identity.

## **TREATMENT OF MINORS**

I cannot engage in the treatment of a minor without the written authorization of a parent or guardian. In the treatment of clients under the age of 18, parents have a right to examine the treatment record and authorize the release of information relating to their child, provided parental rights have not been terminated or there is not a court order preventing us from doing so. If treatment occurs with authorization by only one parent, the non-signing parent still has a legal right to a copy of the minor's records if he/she requests them, unless his or her parental rights have been terminated or there is a court order prohibiting such. When a minor turns 18, partial ownership of the record goes to him/her. The parent then no longer has sole authority to access the record, as the 18 year old now must sign for any release of record.

## **RECORDS**

Your record will be kept for seven years after you end treatment. You have the right to see the contents of your record upon request. You can have a copy of your record no later than 30 days after submitting a written request, except as otherwise provided by law, and will be charged an established fee for copying. To the extent that I keep patient records electronically (e.g., on my computer), I will password protect the computer and files to better insure confidentiality.

The treatment record of a couple will only be released by joint consent. In the event of a disagreement, the records will not be released without a court order.

### **EMERGENCY COVERAGE**

If you experience and an emergency involving immediate risk of harm to self or others, call 911 or your local police/emergency services number. You may also go to your local emergency room for evaluation.

If you need to reach your therapist, please call (603) 913-7948 to leave a message. I am generally available to return calls during normal business hours, except when I am in session with another client or in a non-confidential location. Therefore your call may not be returned the same business day. If your number is blocked and you would like a return call from your therapist, please unblock the phone by pressing \*87. If your therapist is going to be unavailable due to a holiday or vacation, you will be informed.

If we need to do a telephone session, please be aware that insurance will not cover a telephone session. You will be responsible for payment for that telephone time.

### **CONFLICTS OF INTERESTS & BOUNDARIES**

I am committed to providing highly professional and ethical services. In an attempt to protect clients from harm or confusion, family therapists must establish and maintain appropriate professional boundaries with present or past clients. This includes avoiding any client contact where the unique counseling role may be compromised. For this reason, family therapists are prohibited from developing friendships, social relationships, or having sexual contact with any individual receiving services. In addition, actual or potential conflicts of interest may sometimes arise. If it becomes apparent at some point that a conflict of interest exists in providing you treatment, we will discuss the risks of continuing treatment, options for further actions, and the ethical implications of different options. If you have concerns about your treatment, I encourage you to discuss them with me. We may decide it is necessary to refer you to another therapist. You can also access the FL Board of Clinical Social Work, Marriage & Family Therapy, and Mental Health Counseling at 850.245.4339; 4052 Bald Cypress Way, Tallahassee, FL 32399, if you feel dissatisfied with the resolution.

### **CANCELLATIONS**

If you need to cancel an appointment please call or email the office at least 24 hours before your appointment. Clients failing to keep appointments, or not cancelling at least 24 hours in advance of the appointment, will be charged the full session fee of \$150. This is not billable to your insurance company, so you will be responsible for the full fee.

## **FEES FOR SERVICES**

The fee for service is \$150 per 50-60 minute face-to-face session. Payment for the session (including co-payment co-insurance, or for sessions lasting longer than 60 minutes) is due at the time of service. Cash, personal checks, and credit cards (Master Card, Visa, and Discover) are accepted.

In addition to face-to-face 50-60 minute sessions, a fee of \$150 per hour will be charged for any additional professional services performed. Such services are not billable to your insurance company and may include, but are not limited to: telephone conversations lasting longer than 10 minutes with client or collateral telephone calls, preparation of records, letters, or treatment summaries, travel to and from meetings, or time spent performing any other service you may request. Billable work will be broken down into 15-minute increments and charged accordingly.

If circumstances arise where you are having trouble paying for services, it is important to notify me so that a fee adjustment or payment installment plan can be discussed. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I reserve the right to secure payment by using legal means or utilizing a collection agency. If such legal action is necessary, I will only release to the collection agency client name, nature of services and amount due. The client will be responsible for any fees associated with obtaining delinquent payment.

## **INSURANCE REIMBURSEMENT**

Insurance benefits have become increasingly complex. It is important to understand that using third party payers, such as insurance companies, carry some risk in regard to confidentiality. You should be aware that if you use your health insurance to pay for therapy, your insurance company will have access to information about your mental health, as most insurance agreements require that you authorize your therapist to provide a clinical diagnosis and sometimes, additional clinical information such as a treatment plan or summary. In addition, many plans require advance authorization for mental health benefits, and may limit the length of appointments and overall services. If you would like to use your insurance benefits, it is helpful for you to speak with a service representative at your insurance company to learn about your policy, including reimbursement for out-of-network providers. My services are not covered by insurance at this time; however, appropriate paperwork will be provided for you to file a claim on your behalf. All reimbursements will go to you. Full payment of therapy services are due at the time the services are rendered.

PAYMENT METHOD OF FILE

Name on Card: \_\_\_\_\_

Card Type: Master Card      Visa      Discover  
                    Credit              Debit              Flex

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_

CONTRACT AGREEMENT

By signing below, I understand and agree to these policies in their entirety. By signing this form, you provide me the permission to bill you or your insurance company (if applicable) for services rendered. I agree to pay all client fees. My signature acknowledges that any questions I may have had about these rights and policies have been answered to my satisfaction. My signature below gives my consent for my, and/or my minor child's, treatment. I accept and agree to all of the above terms.

Family/Client Signatures:

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_