

Informed Consent

924 Wedgewood Drive, Winter Springs, FL 32806

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Licensed Mental Health Counselor
Addiction Professional (CAP)

Counseling Agreement & Informed Consent

Welcome to my counseling practice. To obtain the most benefit from counseling, it is essential that you understand informed consent, which the following information will provide.

Counseling:

I believe that counseling is a shared journey between the counselor and the client, with the counselor acting as a guide and providing a safe and nurturing environment for the client to examine their feeling, thinking, and behavior patterns through a genuine dialogue with the counselor. Counseling also requires the client to take risks, which can sometimes lead to uncomfortable feelings, such as sadness, anxiety, anger and many other feelings. While there are no guarantees in counseling, I have found that when the client participates fully and wholeheartedly in the process, it can lead to a healthier and happier relationships with themselves and others. I have also discovered that in a healthy therapeutic relationship, both the client and counselor grow.

Since growth quite often requires letting go of old thoughts, patterns and behaviors, I will suggest outside reading and activities, as well as assigning "homework" at times, all of which helps to facilitate that process. As the client, it is essential to be as open and honest as possible. That often requires being vulnerable, which can be challenging at times. If the need arises, I may recommend that you consult with your physician to explore the possibility of medication or other medical treatment.

Please evaluate this information so that you can determine if you think that you would be comfortable working with me. For counseling to be effective, it is important that you are working with someone with whom you can connect.

Licensing & Ethical Information:

I am licensed by the State of Florida to practice Mental Health Counseling. I am also certified as an Addiction Professional (CAP) with the Certification Board of Florida. 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 member of the American Counseling Association and the Florida Certification Board, I adhere to the ethical principles of these two organizations.

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Fees & Payment:

My hourly fee is \$150.00 per hour for individual counseling or couples counseling. Counseling sessions exceeding 60 minutes will be pro-rated accordingly. Telephone consultation is also billed at \$150.00. There is never a charge for a short telephone check-in or scheduling coordination. Payment is due at the time of service unless otherwise arranged in advance. I do not accept insurance, but I will provide you with the necessary documentation if you wish to file for insurance. The assignment of payment should be made to you. In addition, most insurance policies require the client be given a mental health diagnosis indicating the medical necessity for counseling. I likely will be required to provide your insurance company with identifying information, records, or reports to determine eligibility and to secure payment. Please be aware, any diagnosis provided your insurance and/or managed care company will become a permanent part of your medical record and could have future implications.

Confidentiality / Privilege / Privacy:

Generally, information disclosed by you during counseling will be kept strictly confidential and will not be revealed to anyone without your written consent. There are some exceptions to confidentiality. Should such an exception arise, I will make every effort to inform you, before doing so, of the necessity to break confidentiality.

Exceptions to Confidentiality & Privilege:

1. If you threaten harm or death to yourself or another person, I am legally, ethically, and morally required to take action protect the safety of the threatened person. Actions may include; informing the intended victim, arranging for hospitalization for you, notifying family or your 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 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 for my deposition or court testimony, I would be required to comply.
4. If you are in counseling or are being evaluated by Order of the Court or as a condition of employment, I may be required to provide the Court or the Employer with reports, documents, or testimony.

Emergencies / Crisis:

You are welcome to call or text my office cell phone **407-331-7911** or email me at any time and I will return your call at my earliest convenience. 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 of the utmost concern to me: I will contact you as soon as possible.

Social Media Policies:

The confidential nature of our relationship can be compromised through social media. Therefore, ethical guidelines require that I not interact with you via social media.

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Consent For Counseling:

I, _____ have read and understand
 Print name

the information contained on this form. I understand that if additional questions should arise in the future, that I am free to raise those concerns and have the questions answered to my satisfaction. I voluntarily agree to participate in counseling.

Date: _____ Signed: _____