



Center for Health, Learning & Achievement

Informed Consent and Contract for Services

Welcome to Counseling and Coaching Services provided through the Center for Health, Learning & Achievement. We invite you to review the following important information about these services and business practices. Please note any questions that you have in reading through the following, so that we may discuss them further. Signing this form will represent an agreement between us and acknowledge that you feel adequately informed regarding the services and support you receive during your time in counseling or coaching.

Therapeutic Services

Counseling can have benefits and risks. Since therapy often involves discussing difficult, traumatic, or challenging aspects of your life, you may find yourself experiencing intense emotional experiences. On the other hand, therapy has been shown to significantly benefit those who participate in it. Therapy often leads to a sense of better relationships, solutions to specific problems, and significant reduction in feelings of distress.

The first few sessions will involve an evaluation of your needs. At the conclusion of these first few meetings the counselor/coach will be able to offer you impressions of things to discuss and agree upon as an initial plan of care and therapeutic goals. The selection of a therapist is perhaps the most important aspect of receiving effective support and therapeutic intervention. There is a commitment of time, energy and finances. We encourage you to ask questions that you have about therapeutic interventions, goals, education, and general practice information. We are also very willing to accommodate getting a second opinion or other counselor options.

Authorization to Provide Treatment

I hereby give my consent to my clinician to provide evaluation, and treatment and/or other services that we may mutually determine appropriate. I understand that my clinician cannot prescribe any medication, and if that is recommended, I will consult with a professional who is licensed to do so. I also understand that these services are confidential and that no information may be released without my written consent, except for the following circumstances:

310 Waymont Court, Suite 104
Lake Mary, FL 32746
407-718-4430

1. If information is disclosed in the course of evaluation or treatment that indicates a clear and present danger to myself or specific other
2. Child or Elderly Abuse
3. As mandated by Law

To provide quality services to you and your family, please be advised that the counselor may seek professional consultation with other professionals. However, every effort is made to avoid revealing the identity of the client. The consultation is also legally bound to keep the information confidential.

Insurance

At the present time we do not bill insurance for counseling or coaching services. If you have out of network benefits you can submit your paid receipt for out of network reimbursement. If a diagnosis is necessary, one can be provided for you.

Payment of Services

Payment is due at the time of each session. We accept cash, checks and credit card payments. If you are paying by a credit card, I will have you fill out a credit card authorization form that can be used for one session or all sessions. Once payment is received, you will get a paid receipt emailed to you from the Center for Health, Learning & Achievement.

Fees, Cancellations and Missed Appointments

A clinical therapy hour is 50 minutes. The rate for counseling in the office or via telehealth is \$115.00 or \$125.00, depending on the therapist. If you or your child is seen off site at a school or other location, the fee is \$135.00. There are occasions that the session may be longer and there may be instances when you may have to wait a few minutes for your session. We understand that your time is valuable and will make every effort to stay on time and bill only for the time that you are seen.

Phone Calls: First 15 minutes are a courtesy. A conversation that is longer than 15 minutes becomes a phone session and the hourly counseling rates apply. This also applies to requests to speaking with other providers, professionals or school personnel.

Cancellations & Missed Appointments: If you miss a session, no call/no show, the full fee will be charged. At least 24 hour advanced notice must be given for a cancellation. We also understand that illness and emergencies are an unpredictable occurrence, but it is important that you notify the counselor via email or text that you will not make the scheduled

appointment. Any notification after 8:00 am on the day of service, with the exception of an emergency, will result in a mandatory charge of \$115.00.

Contacting the Counselor/Coach

You may contact the counselor by email at _____, as well as by phone _____. Counselors are often not immediately available and as such we encourage clients to leave a message on the confidential vicemail. Clinicians return calls are made within one business day.

If you are faced with an emergency situation, please call 911, go to the nearest emergency room or call your insurance company for further instructions. Other helpful numbers at moments of crisis are 1-800-273-TALK (Suicide Prevention Hotline), or 407-425-2624 (Lifeline of Central Florida).

Professional Records and Protected Health Information

The regulations and guidelines of the counseling profession require that therapy records are kept. The counselor will keep these in the form of progress notes, in your Protected Health Information Record. This information can be requested in writing and will be provided to clients either in full or in summary. This information is maintained in clinical language and is subject to misinterpretation and as a result could be upsetting. The language is matter of fact and does not always reflect the interpersonal nature of the sessions. If the counselor believes that the information is subject to high levels of misinterpretation, they may offer to review the records with you and this may be done free of charge at the counselor's discretion. If records are being requested and reviewed for professional or court related purposes, a prorated fee based on the hourly rate will be assessed.

Confidentiality

_____ Please initial here stating that you have signed and received a copy of the Privacy Notices of the Center for Health, Learning & Achievement. Please know that any ongoing clarification will be provided as requested.

Electronic Communication Consent

_____ Please initial here if you agree to communicate general, non-sensitive information through email and/or text messages.

Client Signature
Date: _____

Counselor/Coach Signature
Date: _____