

Family Care Counseling

Informed Consent for Counseling

We at Family Care Counseling appreciate the opportunity to meet with you. As we explore the concerns that you bring to counseling, we want you to know that we view our time together as a partnership. Our hope is that we will be able to work together in a way that will be most meaningful and beneficial to you. The following items will help you to understand your rights as a client, who we are as counselors, and the nature of our professional relationship.

What is counseling? Counseling is the process of resolving problems by talking with a person professionally trained to help people achieve a more fulfilling individual life, marital relationship, family relationship. The process of change will be unique to your particular situation. This process begins by clearly defining the problem and mutually deciding on goals for your therapy.

Risks associated with counseling: In some instances, talking about your problems may worsen your symptoms; however, over time you should see an improvement. Also, significant life changes experienced during and after counseling can both positively and negatively impact other aspects of your life. Not all individuals will benefit from counseling or from working with a particular counselor.

Confidentiality limitations: By law and professional ethics, your sessions are confidential with the exceptions permitted or required by law.

Confidentiality will have to be breached to the proper authorities in cases where there is knowledge of suicidal or homicidal intent by a client, or in a situation involving either the abuse of a minor or an elderly person.

Confidentiality during couples and family counseling is different. The counselor will not hold couple/family secrets from other family members that are detrimental to the health and/or welfare of the couple/family. Instead, the therapist will assist the family member that has a secret to share it with their family member(s) in a safe manner.

Confidentiality during group therapy cannot be guaranteed. Other group members are not counselors and are not bound by the same ethical codes that counselors are. While we request that everything shared in a group be kept confidential, there is no guarantee that group members will comply.

Termination of Treatment: You are free to take a break from, end, or request in writing a referral for treatment at any time. It is encouraged that you talk with your counselor about the reason for your decision so that sufficient closure can be given to the therapeutic relationship.

Client Responsibilities: Client responsibilities include arriving on time for each appointment, being willing to participate meaningfully in your treatment plan as developed by you and your counselor, to treat staff in a courteous manner, and to be free of alcohol or substance use during treatment. Your counselor may suggest that you or your family member seek outside care from your family physician, a psychiatrist for medication evaluation, or a clinical psychologist for testing purposes. It is the client's responsibility to make these appointments and the client is responsible for any fees for these appointments.

Client Records: The purposes of your client file are to help provide you with the best service possible and to maintain a record regarding the type and quality of services provided. It will include intake paperwork, goals, progress notes, data from any psychological tests, and information on appointments kept and cancelled. Records will be maintained in a secure manner and are only accessible to your counselor.

Consent of minors: Your counselor will only work with children when custodial parents have given informed consent and are actively involved in working towards resolving the identified issue(s).

Consultation: In the best interest of professional counseling and service to clients, there may at times be situations in which practitioners consult with other professionals regarding specific cases. Consultations are a routine part of professional practice and are considered confidential. Your identity and any facts that would lead to your identity will be kept confidential and will not be revealed. Ethical counseling standards state that counselors do not work with clients who are seeking treatment from other counseling providers for the same or related issues. If you are currently in treatment with another counselor, psychologist, practitioner, Family Care is not able to provide services until that relationship has concluded. You may be asked to sign a release of limited information allowing us to communicate with professionals you have seen or are continuing to see for adjunct treatment, i.e. group counseling, medication management.

Cost of Services: Dr. Greenhalgh's counseling fee is \$140 for an individual and \$140 for a couple and is based on a 60-minute session. Kyle Greenhalgh counseling fee is \$100 for an individual and \$100 for a couple and is also based on a 60-minute session. Family Care Counseling does except insurance if you are seeing Dr. Greenhalgh; however, at this time Kyle can only accept payment by cash, check or credit card. All payment is due at the time services are rendered.

Re-scheduling appointments: If you must cancel or reschedule your appointment, please contact Family Care within 24 hours of the scheduled time. Appointments that are missed without any notification or clients who call to cancel on the same day of their appointment will be charged the **FULL** fee for that session. Special consideration will be given in the event of an emergency.

Disputes: If you have a complaint over the counseling services you are receiving, or dispute over financial matters, you are entitled to register your dispute with the Florida Department of Marriage and Family Therapy without fear of consequences. Their contact information is available upon request.

Consent to Treatment

Having read and verbally understood the contents of this informed consent, I acknowledge and agree with the above statements, and grant consent to Family Care Counseling to provide counseling services to me.

Client Signature:

Date:
