

Shannon Healy M.A., LMHC

Licensed Mental Health Counselor MH 10647

549 N Wymore Road, Suite 110-A Maitland, FL 32751
Tel: 321-436-4887 E-mail: shannon@healylmhc.com

INFORMED CONSENT FOR COUNSELING

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them. When you sign this document, it will also represent an agreement between us.

COUNSELING SERVICES

My practice is based on the belief that all people have the capacity for growth and change. I view counseling as a way to assist clients with that growth process in a caring, non-judgmental atmosphere. My treatment approach, regardless of the strategies I use, is very practical. My goal is to provide my clients with tools they can use throughout their lives. I rely heavily on a collaborative, mutually respectful relationship, and I try to educate my clients about what it takes to get a positive outcome from therapy.

Participation in therapy can result in a number of benefits for you. In addition to the resolution of specific problems, therapy often leads to a significant reduction in depression and anxiety, improved self-esteem, increased relationship satisfaction, and greater personal awareness and insight. On the other hand, since therapy often involves discussing unpleasant aspects of your life, you may have to battle embarrassment, anxiety, frustration, and sometimes fear. Sometimes attempting to resolve issues that brought you to therapy such as personal or interpersonal relationships may result in changes that were not originally intended. Please remember that there are no outcome guarantees in therapy.

As your counselor, I am responsible to provide you with the highest level of professional skills commensurate with my training and experience. As therapy begins, we will explore your present situation and the changes you would like to see happen. Throughout the course of counseling, I will help you think through any issue or concern of importance to you. I will encourage, guide, challenge, and support you to make the changes you deem to be right for you. If necessary, I will recommend that you consult with a physician to receive medication therapy or other medical treatment.

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 that new possibilities can emerge. Effort, risk and active involvement will be required. There may be some emotional pain. I will encourage you to keep working even when it is difficult. I will ask for your feedback and views on your therapy, its progress, and other aspects of our work together and will hope for you to respond openly and honestly.

Therapy involves a large commitment of time, money and energy and requires a high degree of trust and comfort. It is important that you feel confident with your choice of therapist. If you have questions or concerns about any aspect of our work together or our relationship, we should discuss them whenever they arise. If you feel another therapist would better meet your needs, I will be happy to help you set up a meeting with another mental health professional.

LICENSING & ETHICAL INFORMATION

I have completed a Masters degree in Counselor Education and a certification program in Marriage and Family Therapy. I am licensed by the State of Florida as a Mental Health Counselor and am a Qualified Supervisor for both Marriage and Family Therapy and 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, a copy of the ethical guidelines will be provided.

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APPOINTMENTS

Although I typically schedule 50 minute sessions once per week with my clients, the duration and frequency of counseling sessions might vary according to client need and my fees will be adjusted accordingly. The time scheduled for your appointment is assigned to you and you alone. Please arrive on time for appointments. If you are unable to attend and do not provide notice of cancellation at least 24 hours in advance of missed sessions, you will be responsible for %50 of the full cost of the session. Cancellation fees must be paid before additional services can be provided.

FEES AND PAYMENT

- My standard counseling fee is \$100 per 50 minute session, and payment is due at the time of your session unless prior arrangements have been made. With a demonstrated need, reduced fees may be available on a limited basis.
- There is never a charge for short telephone "check-ins" or scheduling coordination, however consultation exceeding 15 minutes and other professional activities rendered on behalf of the client are also billed at the standard rate.
- If requested, you will be provided with a receipt for payment for your use in filing an insurance claim or for your financial records.
- In circumstances where problems are encountered in receiving payment for services rendered, you may be billed additional charges to cover the cost of time and expenses incurred to obtain payment. If your account is overdue (unpaid) and there is no written agreement on a payment plan, I can use legal or other means (courts, collection agencies, etc.) to obtain payment.
- Every year I re-evaluate my budget and fee structure. Factors such as overhead expenses and continuing education expenses may necessitate a change in my fee structure. You will be notified in writing and in session 4 weeks in advance of any change to my fees.

INSURANCE

At this time, I do not work with third party insurance companies. If you wish to use your insurance, you may pay for your services at the time of your appointment and submit your receipt to your insurance provider. If you plan to do this, please check with your insurance company to verify your mental health coverage and understand your out of network reimbursement rates.

CONFIDENTIALITY

Your counseling will involve talking with me about some very private things. To some extent my ability to help you will depend on how open you are about yourself – your thoughts, feelings and actions. So that you can feel free to talk openly with me and so that your right to privacy is protected, the law makes it my duty to keep information about you confidential. This means that in general, I cannot discuss your case with anyone or share information about you without your written permission. It is important however, for you to know that there are some exceptions to confidentiality. There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example:

1. If a client threatens harm or death to himself/herself or another person, I may be required to take protective actions. These actions may include; informing the intended victim, arranging for hospitalization for the client, 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 counseling records or for my deposition or court testimony, I would be required to comply.

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These situations have rarely occurred in my practice. If a similar situation occurs and an exception arises I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consulting professional is also legally/ethically bound to keep the information confidential. Additional information regarding your rights to privacy are included in the Notice of Privacy Practices.

EMERGENCIES

I am not always immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail. I check my voice mail several times per day and will generally return your call within 24 hours. For non-urgent matters it may occasionally take a day or two. If for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you have a life-threatening emergency and feel unable to keep yourself safe, 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. I will make every attempt to inform you in advance of planned absences and provide you with the name and phone number of the mental health professional covering my practice.

OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience.