

## Informed Consent Counseling Form

\_\_\_\_ **Permission for Treatment:**

I, \_\_\_\_\_, consent to receive mental health services from Maureen McLain, LMHC with *Counseling for Wholeness*. These services may include individual, couple, family or group counseling.

\_\_\_\_ **Emergency Services:**

*Counseling for Wholeness* is able to provide counseling services by appointment Tuesday through Saturday. If an immediate appointment is needed due to an emergency, clients are advised to call 911 or use the following list of referrals:

1. Mental Health Resource Center, 11820 Beach Blvd., 642-9100 (Southside Residents)
2. Mental Health Center, 333 W. 20<sup>th</sup> St., 645-9145 (Northside & Westside Residents)
3. Baptist Medical Center Emergency Room, 800 Prudential Dr., 202-2046
4. Shands Hospital Emergency Room, 655 W. 8<sup>th</sup> St., 244-0411

\_\_\_\_ **Confidentiality:**

Counseling is private and confidential. Information shared with the counselor will not be disclosed with anyone outside *Counseling for Wholeness* without your written permission except when:

1. There is reasonable suspicion of abuse to a child, elderly person or other vulnerable adult.
2. The client presents as a serious danger to himself/herself or others.
3. The case file is court ordered by a judge.

## Understanding of Fees

\_\_\_\_ I Understand and accept that fees for services shall be paid at the time or just prior to treatment. I have read and understand the fee structure as provided herewith.

\_\_\_\_ I understand if I cancel an appointment less than 24 hours in advance, I will be charged 50% of reserved session fee. If rescheduled within the same week, there is no fee for original cancellation.

\_\_\_\_ Counseling fees may be paid by check, cash, or through PayPal on the providers website.

\_\_\_\_ *Counseling for Wholeness* does **not** accept insurance, but will provide a monthly summary of services and fees for client submittal to insurance provider as an out-of-network provider, if they accept such provisions.

\_\_\_\_ **Typical fees for services:** Updated December, 2020

Initial Assessment:	\$ 115.
50- 60 Minute Session:	\$ 100.
90 Minute Session:	\$ 160.
Couples 90 Min Session:	\$ 200.
30-Minute Session:	\$ 60. (children)

On occasion services may be provided at a reduced fee for a set number of sessions based on the financial needs of the client and availability of time by the provider. This is negotiated on a case-by-case basis and must be determined during initial session.

**Signature: I understand and agree to the above statements.**

Printed Client Name: \_\_\_\_\_

Signed Name: \_\_\_\_\_ Date: \_\_\_\_\_