

Informed Consent Counseling Form

___ **Permission for Treatment:**

I consent to allow my child, _____, to receive mental health services from Maureen McLain 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. 20th St., 645-9145 (Northside & Westside Residents)
3. Baptist Medical Center Emergency Room, 800 Prudential Dr., 202-2046
4. Shands Hospital Emergency Room, 655 W. 8th St., 244-0411
5. Wolfson's Child and Adolescent Psychiatry 904 697-3600

___ **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.

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

___ I understand I will be charged a minimum of 50% of service fee for cancellation of an appointment less than 24 hours in advance or not showing up for an appointment.

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

___ **Typical fees for services:**

Initial Assessment: \$ 115.
50- 60 Minute Session: \$ 100. (13 and up)
30-Minute Session: \$ 60. (typically 12 or younger)

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.

Legal Guardian Name: _____ Signature: _____

Printed Client Name: _____ Signature: _____

Date: _____