CWCSF
Counseling and Wellness Center of South Florida

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Client Handbook and Consent for Treatment

Confidentiality

All communications between you and your therapist in the course and continuation of the psychotherapeutic relationship will be treated confidential. As the client, you control whether or not we may disclose confidential information. You have the power to waive confidentiality. As a matter of office policy, we ask that all waivers of confidentiality, in whole or in part, be forms provided by us. We may, with sole discretion, accept a waiver of confidentiality in some other form. It is very important that you understand that there are exceptions to confidentiality mandated or implied by Florida law. Under the following circumstances we will be required to breach our confidentiality agreement:

- *When there is cause to suspect a child or elder person has been or may be abused or neglected.*
- *When there is reasonable cause to believe that you pose a risk of imminent harm to yourself or to another individual.*
- *When compelled to testify to a valid court order. (In this circumstance, we will assert the communication is privileged and will only testify after you have had an opportunity to obtain a court order protecting the confidential information.)*

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Clients generally wish to establish certain limited waivers of confidentiality. Unless otherwise specified in writing you agree to the following limited waivers:

- *<u>To the referral source:</u> You agree that we may contact the individual or agency whom referred you and may convey the following limited information: (a) the fact that you have been seen and evaluated; (b) the number of sessions you have attended (or missed); (c) anticipated length of treatment; and (d) general comments regarding your prognosis, fitness for employment, and participation in treatment.*

- *<u>For medical consultation:</u> You agree that we may consult with your physician(s). You authorize the **release of information** from your physician and vice versa to facilitate such consultation.*

  _____ _____

  Signature Date

- *<u>For consultation with professional peers:</u> From time to time, we may consult with our professional peers regarding a clinical matter. Confidentiality likewise binds our professional peers. You authorize the release of information reasonably necessary to such consultation. It is understood that your name will not be released to the consulting clinician in such cases.*

- *<u>Insurance Companies:</u> If an insurance provider requests information to verify your claim for benefits, it may be necessary to submit required information for you to gain those benefits.*

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Risks and Benefits of Therapy

Psychotherapy is a process in which you will discuss a number of issues, events, experiences and memories for the purpose of creating positive change. It provides an opportunity to better and more deeply understand yourself, as well as any problems or difficulties you may be experiencing. Psychotherapy is a joint effort between you and your therapist.

Progress and success may vary depending upon the particular problems or issues being addressed. Participating in therapy may result in a number of benefits to you; however, there is no guarantee. These benefits may also require substantial effort on your part, including an active participation in the therapeutic process, honesty, and a willingness to make changes.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may bring about strong feelings of sadness, anger, fear, anxiety, etc. The issues presented by you may result in unintended outcomes, including changes in personal relationships. Sometimes a decision that is positive for one family member is viewed quite differently by another. You should be aware that any decision on the status of your personal relationships is your sole responsibility.

During the therapeutic process, many people find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and quick at times, but may also be slow and frustrating. You should discuss with your therapist any concerns you have regarding your progress in therapy.

Due to the varying nature and severity of problems and the individuality of each client, your therapist is unable to predict the exact length of your therapy or guarantee a specific outcome or result.

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Payment for Services

Fees for service are set at the beginning of treatment with your therapist.

_____	_____	_____
Fee	Date	Signature

Depending on your therapist, fees are payable by all major credit cards, check or cash.

The office policy is full payment is required at the conclusion of each visit.

Please confer with your therapist as to the name checks are payable.

Return checks and any additional charges are the responsibility of the client.

Policy on Insurance Reimbursement

Your therapist may be able to provide you with a receipt for you to submit to your insurance for reimbursement provided you have a reimbursable mental health diagnosis. It is your responsibility to contact your insurance company and to be fully aware of the reimbursement policies that you are eligible for. CWCSF does not accept assignment of benefits (get reimbursed from insurance companies), nor does it participate in managed care insurance plans (HMOs, PPOs, etc.); however, your therapist may.

Please realize that your insurance is a contract between you, your employer and the insurance company. CWCSF is in no way a party to that contract and thus have no legal or financial power to cause proper exercise of benefits contracted for.

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Client Litigation

CWCSF therapists will not voluntarily participate in any litigation or custody dispute in which you and another individual, or entity, are parties. CWCSF's general policy is to not communicate with clients' attorneys and will generally not write or sign letters, reports, declarations, or affidavits to be used in any client's legal matter; however, your therapist may. CWCSF will generally not provide records or testimony unless compelled to do so. Should a CWCSF therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving you, you agree to reimburse your therapist for any time spent for preparation, travel, or other time in which your therapist made themselves available for such an appearance at the usual and customary hourly rate for such services of $250 per hour. Should your therapist require another therapist to assist in such services, you agree to pay their hourly rate for such as well.

CWCSF therapists by Florida law may break confidentiality if the therapist is a defendant in a legal action arising from a client complaint.

Cancellation Policy

It is generally impossible to fill a time slot on short notice; therefore, a twenty-four hour notice for cancellation is required or there will be a charge of $150 for the missed session. Charges for the missed appointments are the responsibility of the client. Insurance will not reimburse for missed sessions.

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Consent to Treat

I have read this handbook including the sections on confidentiality and payment for services and agree to the terms stated therein. I consent to psychotherapeutic evaluation and treatment.

Name:_____ Date:_____

Name:_____ Date:_____

Your Signature/or Responsible Party Relationship

Your Signature/or Responsible Party Relationship