



INFORMED CONSENT FOR COUNSELING

Please read the following and then sign to indicate agreement:

In an effort to promote a trusted and productive counseling relationship, the following is provided for your understanding and signed consent.

COUNSELING: The goal for counseling is positive change. Many people come to counseling because they are ready to make significant changes in their lives. They want to work with a professional who can help them explore options for change in a comfortable, safe, place outside of their daily lives. Counseling can be seen as a process or a vehicle to assist them to make changes more thoughtfully and/or more rapidly. Others may enter counseling because change has been thrust upon them, and they want a healthy, thoughtful way to begin the rebuilding process.

There are no guarantees that counseling is going to “fix” the problem. Counseling is most effective when it is a collaboration between you and your therapist. I will provide you with the absolute highest level of professional care that I can. As your therapist, I may suggest outside reading or activities and may provide “homework” assignments. If necessary, I may recommend that you consult with a physician to receive medication therapy or other medical treatment.

While in counseling, you are responsible for being as honest and open as possible. Change usually involves letting go of things or ideas that are familiar in order that new possibilities can emerge. Effort and risk will be required. There may be some emotional pain. You may experience embarrassment, anxiety, frustration, or fear. On the other side of these uncomfortable emotions is healing and growth.

LICENSING AND ETHICAL INFORMATION: I am a Licensed Mental Health Counselor in the State of Florida. My license number is MH 13317. Any complaint or questions about my counseling services that cannot be resolved between us should be directed to the State of Florida Department of Health.

CONFIDENTIALITY: As a routine matter, information disclosed by you during therapy will be kept strictly confidential and will not be revealed to anyone outside of Counseling without your permission. It is important for you to know that there are some exceptions to confidentiality. If an exception should arise, we will make every effort to inform you.



(re)treat.

Wellness, LLC of Tampa Bay

Exceptions to Confidentiality:

- 1) If you threaten to harm yourself or another person, I am legally, ethically and morally required to take action to protect the safety of the threatened person. Actions could include: Informing the intended victim, arranging for hospitalization, notifying family or support systems, or alerting law enforcement.
- 2) If abuse or neglect of a child, aged or disabled person is known or suspected, I am required by Florida law to report our concerns to the Department of Children and Families.
- 3) If I were to receive a legally binding Court Order from a Judge for your counseling records or for my deposition or court testimony, I would be required by law to comply.
- 4) If you are in counseling or are being evaluated by Order of the Court or as condition of continued employment, I may be required to provide the Court or the Employer with reports, documents, or testimony.

EMERGENCIES OR CRISES: (re)Treat Wellness, LLC checks email and voicemail every day, including weekends and holidays. I will return your call at our earliest opportunity. If you have a life-threatening emergency, immediately call 911, or go to a hospital emergency room. Your safety and well-being are my primary concern.

CONSENT FOR COUNSELING: I have read and understand the information contained on this form and voluntarily agree to participate in counseling.

Printed Name (first and last)

Signature

Date