INFORMED WRITTEN CONSENT FOR TREATMENT POLICY STATEMENT FORM

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www.CenterForCMS.com

941-957-8266

Thank you for selecting me as you counselor. The intent of this form is to inform you about the basic treatment relationship between counselor and client, to inform you of the basic policies and to help ensure that you understand our professional relationship.

Counseling Philosophy, Expectations of Clients:
I believe strongly in the capacity of people to help themselves and I see our counseling relationship as one in which you are in charge of setting your own goals and I am privileged to travel with you as you work toward attaining your goals. I expect that you will be involved in the counseling process and that you understand that I will work with you. Please note that we will work together to achieve the best possible results for you. Our first meeting will be scheduled for 90 minutes. At the end of this session we will each decide if we want to enter a counseling relationship. If we both agree to begin a counseling relationship, you will sign, date, and keep a copy of this informed consent, and I will be considered your counselor until termination occurs or until I have not seen you in session for more than 4 weeks from the date of our last session. (see **Termination** section). I will give you a client information form that you will take home, fill out, and bring back with you to our next session.

Scope of Practice, Emergency Contact:
I can be reached best by calling 941-957-8266. You may leave a voice mail with your name and contact number. I do my best to return calls as quickly as possible between 9:00 a.m.-6:00 p.m., Monday through Friday, but there can be unavoidable delays. If your call is not an emergency, I will return it within 24 hours. Should you experience a life or death emergency, you should immediately call 911 or go to your nearest hospital emergency room.

Confidentiality and Exceptions:
If anyone is at risk for harm to themselves or others, ethically and lawfully, it will be necessary for me to make a report to the appropriate contacts.
Please understand the information you share with me will be held in the strictest confidence with the exception of the following reasons as outlined by Florida Statues:

1. You direct/allow me to tell someone else by signing a release of information form.
2. I determine you are a danger to yourself or others.
3. You abuse a child, an elderly person, or someone abuses you.
4. I am ordered by court to do so.

Communicating with Parents of a Child Client:
If your child is a client in my practice, he/she will be fully aware of any and all information that I share with his/her parent(s) and/or legal guardian. Information will be shared in a general format, unless I am given permission to share details of a conversation by the child client. Exceptions to confidentiality apply as above stated in the **Confidentiality and Exceptions** section.

Fee Schedule:
$135 for the initial session (90 mins), then each session thereafter is $75 per 50- minutes, $45 per 30 minutes. **FULL PAYMENT IS DUE AT THE TIME OF YOUR SESSION.** Clients are expected to **pay** for each session at the **start of the session** using **Cash, check, or credit/debit card (Visa, Master Card, Discover, American Express or Pre-Tax Health Insurance Account Cards)**.
***Please make your check out to "Center For CMS" and have it written prior to each session.**

Telephone Counseling Rates
Telephone check-ins and session rates are the same as an office visit described in the Fee Schedule above. Payments are to be made online in advance of scheduled telephone session. Visit my website and select the Telephone Counseling tab for additional information regarding the telephone counseling process and /or to make a payment. You will be responsible for any telephone charges and will call the office number at the scheduled time, unless otherwise specified.

Additional Professional Services: Additional charges will be incurred for professional services rendered by me including:
Unscheduled telephone contacts. These will also be charged at the same rate of an office visit.
Communication with schools or special reports will billed at the same rate as above.
Communication with attorney(s) will billed at the same rate as above.
Court appearance(s) will be applied at twice the billing rate above and includes time of transportation. A retainer of $1200 is required if foreseen court appearances are planned or anticipated, and require replenishment before depletion within the account for continued services.

Fee Increase:
You will be notified one month prior to a fee increase. Should you re-enter counseling with me after your case has been closed, you will be charged whatever fee is specified in the terms of the informed consent used at the time you begin counseling again.

Appointments:
A **24-hour cancellation notice** is required or the **full fee** will be charged.
If I am unable to keep my appointment with you, you will not be charged.
If you miss a scheduled appointment without notifying me, please expect to pay for the session.

If you are going to be more than 15 minutes late for your appointment, please let me know by calling me at 941-957-8266 and leave a message if I do not answer the phone. Otherwise, if you are more than 15 minutes late, I will assume you are not coming and I may be unavailable. If this happens, you will be responsible for paying the session fee for

the amount of time you were scheduled to be seen. **Session fees and lengths are not prorated if you are late**.

Termination:
Your decision to enter counseling is a voluntary one and you may terminate counseling at anytime you wish without penalty. Termination of the counseling relationship is also a natural occurrence when your goals for counseling have been met. The counseling relationship may also be terminated if, in my professional opinion, it is in your best interest for me to refer you to another therapist, as ethical standards dictate this course of action. Termination will automatically occur if I have not seen you in a counseling session for 4 weeks from the date of our last session, unless you and I have a prior agreement to leave your case open for a specified amount of time. Should you re-enter counseling with me after your case has been closed, you will be charged the fee specified in the terms of the informed consent in use when you begin counseling again.

Additional Session Information:
Our sessions will begin and end on time. It is important that courtesy be extended to those who are on time for their appointments, following yours.
If you prefer, we can make your appointment a **standing appointment**, where a specific day and time is reserved for you.
You can also call or e-mail me as a way for us to set our next appointment. My email address is: Stephanie@CenterForCMS.com

E-mail Communication/Interim communication:
All e-mail communications are only viewed by me, however, e-mail messages, including emailed receipts, are not encrypted and may be subject to interception by people for whom it was not intended. Privacy of e-mail communications cannot be fully assured. Copies of all correspondences are kept in your case file. If you find it helpful for me to communicate with you or for you to communicate with me, prior to our next session, you are welcome to send me an email. If you feel it urgent for me to read your message for some "interim feedback", please call and leave a message on the voice mail letting me know that you sent me an e-mail, otherwise, I might not be aware of it until the next business day.

I, the undersigned, hereby voluntarily request to receive clinical services from Stephanie Hefner, MA.

I understand these services may include individual, group, family, and/or marital therapy. I acknowledge that no guarantees have been made to me as to the effect of therapeutic assessments, therapy, treatment or care of my condition. I further understand that before beginning any treatment procedure, I will be given an explanation of the nature and purpose of such treatment and any probable risks involved. I may refuse any and all treatment at any time.

Your signature indicates that you have reviewed this document, had your questions answered to your satisfaction, and that you agree to adhere to the policies specified in this document.

Client or Parent Signature _____ **Date** _____