



Informed Consent for Counseling Services

Overview:

Congratulations on taking the first step towards achieving optimal wellness in your life. Our goal is to help you succeed at life not just on the “outside” but on the inside! We serve millennial young adults, professional women and couples who are experiencing a wide variety of challenges including but not limited to, grief and loss, depression, anxiety, low self-esteem, trauma, stress, relational issues and more. Our mission is to help you discover your true self and learn strategies for handling difficult times.

Treatment Approach:

We draw from multiple theories of counseling in our approach to working with clients. Our primary approach is Internal Family Systems (IFS) in which holds the belief that we are made up of many parts that work together to keep us functioning, protected and safe. Some of our parts act in **extreme** ways to make us feel safe. The goal of IFS is to transform each part of you so that they can be in their natural and healthy role (not extreme). It’s goal is also to get various parts of us to trust the **self** to lead. The **“self”** is who you are when **parts** have not overtaken you. More about this approach is explained during our time working together.

Our therapists all hold a Master’s degree or higher in Counseling or related fields and we place clients with the Therapist who we feel will best be able to address their concerns. While each Therapist has their own approach to therapy and unique training and skills, the services provided by our agency adhere to the standards of best practices and evidence-based treatment. Counseling sessions can range in duration from 45 minutes or up to 90 minutes to accomplish desired outcomes. Couples and Family therapy sessions can range in duration from 50 minutes to 75 minutes.

Strengths and Limitations of Online Psychotherapy

Telephone, chat, and video sessions have some advantages over in-person psychotherapy. Many of my clients share with me that it is more convenient (no commute) and more comfortable (in their own space). Some clients share that they feel more able to share “deep” things because it is online rather than in person.



Online therapy is not for everyone. If a client has a poor internet connection, a lack of privacy, or otherwise would simply be more comfortable meeting in person, it is better to connect them with a provider who offers that service. It is important to consider if this applies to you and may impact your therapeutic progress and select an in-person provider if so. In some clinical situations, such as crises or suicidal or homicidal thoughts, in-person treatment may be the most appropriate treatment choice.

Risks and Benefits of Counseling:

Counseling can have benefits and risks. Since counseling often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. If counseling involves addressing traumatic experiences, it is also possible to experience feelings of fear, detachment, anxiety, and re-experiencing of the traumatic event. At times during the counseling process it is possible to experience deterioration of emotional and psychological stability. You may also experience increased conflicts and tension in your relationships with others as you navigate new boundaries and begin to address underlying

issues in these relationships. However, over time counseling has been proven to make a positive impact in lives of those who are committed and willing to change. At any time during the counseling process if you have questions or concerns please address with your Therapist.

Emergency and Crisis Support

I do not provide 24-hour crisis services. If a life-threatening crisis should occur, contact a crisis hotline, call 911, or go to a hospital emergency room. As an individual provider who is not in a group practice, I am generally in a therapy session during working hours and am unavailable outside of working hours. If it is likely that you may need crisis support, let's discuss this so that I can be sure you have the level of care you need. You deserve support that matches your needs.



Confidentiality:

Information shared by a client during therapy sessions is confidential. This means that I do not share your information with anyone except with legally or ethically bound to do so. Those circumstances are as follows:

- I am required to report suspicion of child abuse, neglect, or abandonment
- I am required to report suspicion of elder/vulnerable adult abuse, neglect, or exploitation
- I will share important and relevant information to protect a person to whom you appear to be an imminent and/or immediate physical threat
- I will share important and relevant information to protect you from imminent or immediate and/or immediate physical threat to yourself
- I may be required by Court Order to disclose treatment information.

Additionally, communication with me via any online or electronic means (e.g. email, text, video chat) is limited in security and thus your confidentiality may not be guaranteed. Please consider the limits of confidentiality in electronic communications outlined in more detail later.

In the event of an injury, illness, or other unexpected emergency situation that results in me becoming unavailable, your basic contact information (name and contact numbers or email) may be provided to a fellow clinician or associated professional. This will allow for your timely notification of appointment cancellations, as well as provide you with an opportunity to obtain further information regarding your continued care.

Considering all of the above exclusions, if it is still appropriate, upon your request, I will release information to any agency/person you specify unless I conclude that releasing such information might be harmful in any way.

Confidentiality and Minors:

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. We request an agreement between the client and parents allowing us to share general information about treatment progress and attendance, as well as a treatment summary upon



completion of therapy. All other communication will require the child’s agreement, unless we feel there is a safety concern, in which case we will make every effort to notify the child of our intention to disclose information ahead of time and to discuss how they would like to be involved in making this disclosure.

Please note, I am currently a Registered Mental Health Counseling Intern in the state of Florida. This means that I am under supervision until obtaining full licensure. Case consultation is required and will be conducted with my supervisor Schellie Fanfan MH8246.

Confidentiality Policy in Emergencies

Should you enter a medical or psychological emergency, I need to know your location so that I am able to get help to you. Please share the location from which you will be conducting our sessions.

Physical Location of Client Receiving Services:

Please sign below to indicate that you agree to share your location with me at the beginning of session should it be different from the one listed above.

Should you need physical or emotional assistance (e.g. approaching a psychological emergency but not at the threshold of needing to be hospitalized or feeling dizzy but not in need to an ambulance), I would like to be able to contact someone to assist you. Please name two emergency contacts, their relationship to you, their phone numbers, and email address. By signing below, you



agree that I may, but am not required to, contact either of these people if I am concerned for your safety. In the case that I have dire concerns for your safety, I will do all that I can to protect you, including calling 911 or other emergency responders.

_____ Name,
Relationship

_____ Phone number,
Email

_____ Name,
Relationship

_____ Phone number,
Email



International Clients (if applicable)

Please ensure that your emergency contacts speak both English and the native language of the country you are living in so that I am able to get help to you.

Please also list below major country contacts I may need to get help to you (e.g. medical transportation process/contact information; mental health resources you or I could use in case of emergency, etc.). Please provide context about each.



Confidentiality of Email, Chat, Cell Phone, Video, and Fax Communication

I use secure and encrypted video software for our sessions.

I use secure email, phone, and faxing systems. However, I want you to be aware that if you do not also use secure/encrypted programs on your side of the communication, the communications may not be secure. As a result, I start at a place of sharing as little as possible via these channels and will adapt to your comfort, with documentation, as we proceed. Security laws state that clients have the freedom to request or opt in to less secure means of communication if they are aware of the risks, comfortable with them, and find it clinically helpful to do so.

I also want to acknowledge that while I regularly check in on the security of all of our ways of communicating, swift advances in technology preclude my ability to be certain of our security. Just as I cannot guarantee a physical office space isn't broken into, I also cannot guarantee the absolute security of our work online.

Please ensure that you too are doing your utmost to protect your privacy by considering who has access to your email, text messages, and so on before choosing online therapy. For example, I would discourage you from using your work email for our communications. Another way to protect your privacy is to sure to fully exit all online counseling sessions and emails before leaving your computer.

Electronic Communication:

Serenity protects privacy and confidentiality in accordance with HIPPA protection laws However, there are time such as sending invoices or other means of communication that may contain your PHI such as your name, email, address, my name and more that will be transmitted electronically. Please initial here if you would like to receive email communications that may contain your PHI. _____(Initial Here). Please be aware that reminders of appointments or cancellations can be used through email or text via therapist direct or electronic health records systems.



Friending on Social Media and other platforms

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

My Unrelated Online Presence

I may post content on various platforms online. This may look like a podcast, vlog, blog or any other online platform. You, of course, have a right to express yourself on any site you wish. But due to confidentiality, I cannot respond to any review on my site whether it is positive or negative. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. You should also be aware that if you are using these sites to communicate indirectly with me about your feelings about our work, there is a good possibility that I may never see it. If we are working together, I hope that you will bring your feelings and reactions to our work directly into the therapy process.

This can be an important part of therapy, even if you decide we are not a good fit. None of this is meant to keep you from sharing that you are in therapy with me wherever and with whomever you like. Confidentiality means that **I** cannot tell people that you are my client, and my Ethics Code prohibits me from requesting testimonials. But you are more than welcome to tell anyone you wish that I'm your therapist or how you feel about the treatment I provided to you, in any forum of your choosing.

Other Interacting

Please do not use SMS (mobile phone text messaging) or messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure, and I may not read these messages in a timely fashion. Do not use Wall postings, @replies, or other means of



engaging with me in public online if we have an already established client/therapist relationship. Engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

If you need to contact me between sessions, the best way to do so is by phone or email. My HIPAA secure email at kalima@serenitymhc.com which is second best for quick, administrative issues such as changing appointment times. See the email section below for more information regarding email interactions.

Use of Search Engines

It is NOT a regular part of my practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (coming to appointments, phone, or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if I ever resort to such means, I will fully document it and discuss it with you when we next meet.

Location Services

If you used location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. I do not place my practice as a check-in location on various sites such as Foursquare, Gowalla, Loopt, etc. However, if you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at my office on a weekly basis. Please be aware of this risk if you are intentionally “checking in,” from my office or if you have a passive LBS app enabled on your phone.

Other Potential Issues

Please be aware that if you email me content related to your therapy sessions or homework, email is not 100% secure or confidential. Please be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider.



You should also know that any emails I receive from you and any responses that I send to you become a part of your legal record.

Professional Records:

We are required to keep appropriate records of the services we provide, including treatment plans, goals, your reasons for seeking counseling, and topics we discussed. Records can be stored either electronically (with encryption) or via paper (in locked file cabinet) for up to 7 years in compliance with the Health Insurance Portability and Accountability Act of 1996. These records are kept as proof of service and treatment and or in the instance that any legal proceedings are necessary for matters concerning Therapist or client. They will not be shared except with respect to the limits to confidentiality discussed above. Currently, we do not accept insurance at this time. However, if you are utilizing insurance benefits for reimbursement or we join your insurance network in the future please be aware that limited protected health information must be disclosed to your insurance company in order to file claims. Your insurance representative can give you details on the information they will be obtaining, how it will be safeguarded, and how they will utilize it. With your consent, we can forward a treatment summary to another care provider or compile a treatment summary for your use. We do not provide whole case files to clients or other care providers, including legal authorities, unless under direct order from a Judge in good standing. Clients are charged an appropriate fee for any professional time spent in responding to requests for or reviewing records.

Treatment Planning:

Within the first few sessions, we will identify goals to help keep us focused on what's most important to you. These goals will be S.M.A.R.T goals which stands for Specific, Measurable, Actionable, Relevant and Time-bound. There is no set amount of time that one remains in counseling. The achievement of goals depends on a variety of factors including, consistency in sessions, any unforeseen challenges that may arise in your personal life, complexity of presenting issues and your level of engagement and dedication to change.



Counseling does not just take place within the office. There will be “takeaways” or homework assignments that may include journaling thoughts and feelings, practicing techniques and tools and reporting back on results, engaging in positive social interactions, attending group/workshop sessions within the practice and outside, spending quality time with support system and more. The therapeutic effects of counseling go beyond our sessions and become a part of your everyday life.

Serenity recommends therapy sessions be held on a weekly or bi-weekly basis to start in order for the therapeutic relationship to be formed and for progress to remain consistent. However, you are in full control of how often you attend and have the freedom and right to choose frequency. Please note that your Therapist may recommend a specific frequency, but you ultimately have the right to choose.

Outside Consultation:

From time to time, we consult with other mental health professionals regarding the clients we work with. The purpose of these consultations is to identify interventions and treatment approaches that may be beneficial to you. During consultations, we are careful to ensure your confidentiality and do not share any information which could disclose the identity of the clients we serve. Whenever possible, we strive to keep these consultations within our agency between staff members and clinical directors and managers. These individuals have signed confidentiality agreements. We will never share information regarding your treatment, or any details that are not necessary to disclose, without justifiable reason. Please note that I am currently under the supervision in the State of Florida with Licensed Mental Health Counselor, Schellie Fanfan Lic.#MH8246 in which your case and treatment details will be disclosed under Florida laws and statues for Registered Mental Health Counselor Interns in the state.

Fees and Payment:

You are responsible to provide payment **before your session date and time**. All payments can be made via Online Banking transfer (Zelle) or Credit/Debit Card via Ivy Pay. **A credit card or debit is required to be kept on file for cancellations and no shows in accordance with policy.**

Please be advised that there are no refunds for any services rendered. If you refuse to pay your fee, we reserve the right to use an attorney or collection agency to secure payment. ***Our cancellation***



policy is that you provide 48 hours' notice or you will be charged the full session fee. The reason for this is because there are many in need of services and if you should cancel, we will notify those waiting to be seen of an available time slot and need ample time to accomplish this. In addition to appointments, you may request other services from us such as report writing, records release or treatment summaries, attendance to meetings or hearing and more. Depending upon your request from the above stated items, charges can range anywhere from \$25.00-\$250.00 depending upon request.

Legal Services:

Because of the difficulty of legal involvement, we charge \$250 per hour for preparation and attendance at any legal proceeding. Any time spent preparing documents, traveling, waiting, and communicating with legal representatives will also be charged at this rate. This amount can be prorated in 15-minute increments.

Litigation Limitation

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.) neither you (client) nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the therapy records be requested.

Mediation and Arbitration

All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of you (the client) and I. The cost of such mediation, if any, shall be split equally, unless otherwise agreed. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorney's fees. In the case or arbitration, the arbitrator will determine that sum.



Possible Insurance Reimbursement:

Serenity is considered out-of-network with all insurance providers at this time. However, most insurance providers will reimburse clients anywhere from 40%-80% of session costs once they are provided with an invoice. The invoice is called a “superbill” and you can request one at any time during the therapy process. In the event this practice accepts your insurance in the future, clients are responsible for all applicable deductibles and co-payments at the time of session and are responsible for any payment denied by their insurance company. Furthermore, we make no guarantees as to your ability to receive reimbursement for any or all the fees you have paid.

Opt-In for Invoices/Superbills:

In most cases, invoices from Serenity will be sent through our EHR system. In the event that they are not, you are opting-in to receive invoices directly from me and you are aware that protected health information (PHI) will be included on the invoice. **Initial Here:** _____



End of Counseling/Termination:

The process of ending the counseling is called “termination”. Ideally, this is a step we plan for and does not happen suddenly. However, at Serenity Mental Health & Wellness we promote counseling as a maintenance tool to maintain optimal mental health and wellness. Many clients once they have obtained goals, move from weekly sessions to bi-weekly and even monthly sessions. If you decide to maintain your overall wellness, a schedule can be created between you and your Therapist.

Please remember, you are free to end counseling at any time. If you do wish to end counseling, we ask that you allow for at least one final session after notifying us so that we can discuss the changes you have made, your progress, and steps you can continue to take on your own. If your decision to end counseling is related to financial concerns, feeling your needs are not being addressed, or feeling that we are not the right fit for you, we ask that you speak with us so that we can help you find the right location or counselor to best address your needs. There are also times in which we may feel that it would be more appropriate for you to work with a different Therapist based on expertise and specialty. If any such changes need to occur, this will be discussed between you and your Therapist or the Owner of the practice. If at any point, we feel the need to end services with you, we will discuss the situation with you and support you in finding an appropriate provider that can best address your needs.

Conclusion

Thank you for taking the time to review my policies. If you have questions or concerns about any of these policies and procedures or regarding our potential interactions on the Internet, do bring them to my attention so that we can discuss them.



I have read and understood the information in the “Informed Consent” document and consent to receiving counseling services through Serenity Mental Health & Wellness, LLC

Client’s Name: _____

Client’s Signature: _____ Date: _____

If client is under the age of 18:

I have read and understood the information in the “Informed Consent” document and consent to my child receiving counseling services through Serenity Mental Health & Wellness, LLC

Parent/Guardian’s Name: _____

Parent/Guardian’s Signature: _____ Date: _____

Acknowledgement of Receipt of Privacy Practices (HIPPA)

I hereby acknowledge that I have received a copy of the “HIPPA Notice of Privacy Practices” for Serenity Mental Health & Wellness, LLC. I further acknowledge that a copy of the current Notice will be available at any time upon my request.

Printed name of client/client’s legal representative

Signature of client/client’s legal representative

Date

Relationship to client