



Counseling Intake and Consent Packet

This packet contains the information clients and parents or legal guardians need to review before counseling begins. It includes the Counseling Informed Consent, Notice of Privacy Practices, Financial Agreement and Fee Disclosure, and acknowledgment and signature page. Payment method authorization is completed separately.

Please review the entire packet. An adult client may consent for themselves. For a minor client, a parent or legal guardian with authority to authorize services must provide consent. The same sections may be summarized in a secure Microsoft Form for electronic acknowledgment and signature. A paper copy may be requested or printed for signature.

Part One Counseling Informed Consent

Counseling Services

Bright Future Psychology provides individual counseling for children, teens, and adults. Sessions are typically 50 minutes and may include cognitive behavioral therapy, solution focused approaches, and developmentally appropriate play, art, music, mindfulness, behavioral, expressive, or skills based interventions. Services are provided according to the client's needs, clinical fit, and each clinician's education, training, competence, and professional scope.

Counseling may address anxiety, mood concerns, stress, emotional regulation, behavioral challenges, trauma related concerns, neurodivergence, adjustment, life transitions, relationships, self understanding, coping skills, and personal growth. The clinician and client will work together to identify goals and review progress. For a minor client, the parent or legal guardian will be involved as appropriate.

Benefits Risks and Alternatives

Counseling can involve discussing personal and sometimes difficult experiences. Potential benefits include greater insight, improved coping, healthier relationships, and reduced distress. Results vary, and no specific outcome can be guaranteed. Emotional discomfort or a temporary increase in symptoms may occur.

Alternatives may include declining or ending counseling, seeking another provider, medication evaluation, group or family services, community supports, or a different level of care. A referral or higher level of care may be recommended when the client's needs fall outside the practice's scope.

In Person and Telehealth Services

Sessions may be provided in person or through secure telehealth when clinically appropriate. Telehealth requires a private setting and reliable technology. Potential risks include technical failures, interruptions, and unauthorized access despite reasonable safeguards.

Bright Future Psychology uses technology intended to support HIPAA compliant communication. If a connection fails, the clinician may attempt to reconnect, call the client, reschedule, or provide other appropriate instructions. Telehealth may be discontinued when it is not clinically appropriate or sufficiently private or safe.

Confidentiality and Communication

Counseling information is confidential and protected by applicable law. Information may be used or disclosed for treatment, payment, and healthcare operations and in other circumstances permitted or required by law, including suspected abuse or neglect, serious risk of harm, certain legal proceedings or court orders, and required government functions. The complete Notice of Privacy Practices begins in Part Two.

Email and text messaging may be used for scheduling, reminders, forms, billing, and limited administrative communication. These methods may carry privacy risks and must not be used for emergencies or detailed clinical information unless specifically arranged. Messages are answered during normal business operations and may not receive an immediate response.

Counseling for Minors

For a minor client, the consent of one parent or legal guardian is sufficient for Bright Future Psychology to begin counseling. The signing parent or guardian affirms that they have legal authority to authorize services and are responsible for complying with custody agreements and court orders. They agree to provide relevant legal documents and promptly notify the practice of changes affecting consent or access to information.

Bright Future Psychology does not mediate parental disputes and is not responsible for interpreting or enforcing custody arrangements. Some privacy between a minor and clinician can support effective counseling. The clinician will discuss parental involvement based on the child's age, needs, safety, and applicable law. Safety concerns and legally required disclosures are not confidential.

Clinical Services and Legal Proceedings

Counseling is provided for clinical treatment and personal growth. Bright Future Psychology does not provide custody evaluations, parenting plan evaluations, forensic opinions, or services intended to support litigation. The practice and clinician do not agree to serve as expert witnesses or provide courtroom testimony. Records may still be subject to lawful process, and responding to legal demands may involve separate professional fees.

Emergencies and Ending Services

Bright Future Psychology does not provide emergency or crisis response and does not monitor messages continuously. If there is immediate danger or a psychiatric or medical emergency, call 911 or go to the nearest emergency department. In the United States, call or text 988 for the Suicide and Crisis Lifeline.

Participation is voluntary. An adult client may withdraw consent at any time, and a parent or legal guardian may withdraw consent for a minor client. Clients and families are encouraged to discuss plans to end counseling so services can conclude safely and referrals can be considered. Bright Future Psychology may recommend transfer or end services for clinical, safety, attendance, payment, availability, or scope reasons, with reasonable notice and referral information when appropriate.

- ☐ I have reviewed Part One and consent to counseling for myself or for the minor client I am legally authorized to represent.

Part Two Notice of Privacy Practices

Effective September 12 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Your privacy matters to us. This notice explains how Bright Future Psychology may use and share information about you or your child, how we protect that information, and the rights and choices available to you. Please contact us if you have questions.

How We Use Information to Provide Care

We use only the information reasonably needed to provide counseling, manage the practice, receive payment, and meet our professional and legal responsibilities. Common examples include:

- Providing counseling. We may use information to understand needs, plan services, document care, and coordinate with another treating professional when appropriate and permitted by law.
- Receiving payment. We may use information to prepare invoices, collect payment, provide a superbill when requested, and complete related billing tasks.
- Operating the practice. We may use information for scheduling, secure recordkeeping, supervision or consultation, and other activities needed to run the practice responsibly.

We may also use or share information when the law permits or requires it. Examples include reporting suspected abuse or neglect, responding to a serious and immediate safety concern, responding to a valid court order or other lawful process, and handling workers compensation matters. Other legally permitted situations may include certain public health, law enforcement, research, medical examiner, or government activities. We disclose only what the law requires in these situations.

We generally need written authorization before using or sharing information for a reason not described in this notice. You may revoke an authorization in writing for future disclosures, although the revocation will not undo action already taken in reliance on it.

Information About Children and Teens

A parent, legal guardian, or other personal representative generally exercises privacy rights for a minor, subject to applicable law and the circumstances of the services. Counseling can be more helpful when children and teens have appropriate privacy, so the clinician will discuss with families what information is ordinarily shared and what may remain private. We will share information when needed to address safety concerns or when the law requires it.

Your Privacy Rights

- Ask to see or receive an electronic or paper copy of the health information we maintain about you. Limited exceptions and reasonable cost based fees may apply.
- Ask us to correct information you believe is incorrect or incomplete. If we cannot make the requested change, we will explain why in writing.
- Ask us to contact you in a particular way. We will accommodate reasonable requests.
- Ask us to limit how we use or share information. We are not always required to agree, except in certain circumstances provided by law.
- Ask for a list of certain times we shared your health information for purposes other than treatment, payment, or operating the practice, as provided by law.
- Receive a paper copy of this notice at any time, even if you received it electronically.
- Have a legally authorized representative exercise your rights when appropriate.
- Raise a concern or file a complaint without retaliation.

Your Choices About Sharing

You may tell us whether and how we may share relevant information with family members, friends, or others involved in care or payment. If you cannot communicate your preference, we may share limited information when the law permits it and we reasonably believe it is in your best interest. We do not sell protected health information.

Our Responsibilities

We are required by law to protect the privacy and security of protected health information, give you this notice, and follow the notice currently in effect. We will notify affected individuals if a breach of unsecured protected health information may have compromised their information. We will not use or share information other than as described here unless you authorize us in writing or the law permits or requires it.

Changes Questions and Complaints

We may change this notice and apply the revised notice to information we already maintain as well as information we receive in the future. The current notice will be available upon request, in the office, and on the practice website.

For questions, requests, or complaints, contact the Bright Future Psychology Privacy Contact at Info@BrightFuturePsychology.com or 239-326-3580, or write to 5633 Strand Boulevard, Suite 311, Naples, Florida 34110. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by visiting www.hhs.gov/hipaa/filing-a-complaint, calling 1-877-696-6775, or writing to 200 Independence Avenue Southwest, Washington, DC 20201. Bright Future Psychology will not retaliate against you for filing a complaint.

☐ I acknowledge that I received or had the opportunity to review the Notice of Privacy Practices in Part Two.

Part Three Financial Agreement and Fee Disclosure

Fees and Payment

The fee for an individual counseling session is \$220 for approximately 50 minutes unless a different fee is agreed to in writing. Bright Future Psychology is a self pay practice and does not bill insurance directly. A detailed superbill may be provided upon request for possible out of network reimbursement. Reimbursement is not guaranteed and depends on the client's plan and insurer.

We accept ACH payments, Zelle, checks, major credit or debit cards, HSA or FSA cards, cash, and Step Up for Students Unique Abilities Scholarship funds.

Billing and Payment Process

Payment is due on the date of service unless another arrangement is made in writing. Depending on the clinician's billing process, an invoice may be sent before the appointment or on the date of service. The client, parent or guardian, or other person responsible for payment may pay the invoice using any available payment method before it becomes two calendar days past due.

If the invoice remains unpaid when it becomes two calendar days past due, Bright Future Psychology may charge the outstanding invoice balance to the payment method on file only when the cardholder has completed the separate Payment Method Authorization. A receipt will be sent after a charge. If a payment is declined, the balance remains due, and an updated payment method may be required before additional services are scheduled.

Credit Card Surcharge

A Credit card surcharge (3%) is added when a credit card is used to pay an invoice and will be shown through Square.

Cancellation and Missed Session Fee

At least 24 hours notice is requested to cancel or reschedule. A \$100 fee may be charged for a late cancellation or missed session. The clinician may waive the fee when circumstances such as an unexpected illness or emergency warrant an exception.

Required Card on File and Separate Authorization

A valid credit or debit card must be kept securely on file through Square for counseling services, even when the client or person responsible for payment plans to use another accepted payment method. The cardholder must complete the separate Payment Method Authorization. If the cardholder is not the client or the person signing this counseling packet, the cardholder must complete and sign that authorization separately.

The separate Payment Method Authorization permits Bright Future Psychology to keep the card securely on file, charge an invoice that becomes two calendar days past due, and charge an assessed late cancellation or missed session fee. The cardholder may also optionally authorize payment of each invoice on the date of service.

The card may be added securely by selecting Save Card when paying the first Square invoice or by providing the card information to Bright Future Psychology by phone or in person for direct entry into Square. Do not write a full card number, expiration date, or security code on this packet or send card information by email or text message.

Signing this counseling packet confirms agreement with the fees, billing process, and card-on-file requirement but does not by itself authorize Bright Future Psychology to store or charge the card. The cardholder's separate Payment Method Authorization is required.

☐ I have reviewed and agree to the Financial Agreement and Fee Disclosure in Part Three.

Part Four Acknowledgment and Signatures

By signing below, I confirm that I reviewed this Counseling Intake and Consent Packet, had an opportunity to ask questions, understand the information provided, voluntarily consent to counseling for myself or for the minor client I am legally authorized to represent, acknowledge receipt of the Notice of Privacy Practices, and agree to the Financial Agreement and Fee Disclosure in Part Three.

Client name _____

Client date of birth _____

Person signing is ☐ Adult client ☐ Parent or legal guardian ☐ Other legally authorized representative

Name of person signing _____

Relationship to client _____

Signature _____

Date _____