



# BRIGHT FUTURE PSYCHOLOGY

COMPREHENSIVE PSYCHOEDUCATIONAL EVALUATIONS  
PSYCHOLOGICAL ASSESSMENTS  
THERAPY SERVICES

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## Therapy Intake Packet

This packet includes informed consent, HIPAA notice of privacy practices, and financial agreement for therapy services.

## **Informed Consent for Therapy Services**

Bright Future Psychology provides individual therapy services for children, teens, and adults. Therapy sessions are typically 50 minutes and may use cognitive-behavioral therapy (CBT), play or art therapy for children, and solution-focused approaches. Therapy may help with anxiety, mood concerns, stress management, behavioral challenges, life transitions, and personal growth.

Therapy can involve discussing personal and sometimes difficult topics. While many people experience improvements, there is no guarantee of specific outcomes. Emotional discomfort or temporary increases in symptoms may occur as part of the therapeutic process.

Sessions can be provided in person or via secure telehealth. Telehealth carries potential risks such as technical failures or unauthorized access. Every effort is made to use HIPAA-compliant technology to safeguard privacy. All information is confidential and protected under HIPAA, with exceptions if there is risk of harm to self or others, suspected abuse or neglect, or a court order or other legal requirement.

For minors, the consent of one parent or legal guardian is sufficient to begin therapy services at Bright Future Psychology. By acknowledging this form, the parent/guardian affirms they have the legal right to authorize therapy services and are responsible for complying with any custody agreements or court orders. Bright Future Psychology does not mediate parental disputes and is not responsible for enforcing custody arrangements.

Bright Future Psychology does not provide forensic evaluations, custody evaluations, or courtroom testimony. Therapy services are for clinical treatment and personal growth only.

Bright Future Psychology does not provide emergency services. In a crisis, call 911, go to the nearest emergency room, or dial 988.

Participation in therapy services is voluntary. You may withdraw at any time. If therapy is discontinued, a summary of what was completed may be provided upon request.

### **Acknowledgment**

I acknowledge that I have received and/or had the opportunity to review this Bright Future Psychology Therapy Intake Packet, including the Informed Consent, HIPAA Notice of Privacy Practices, and Financial Agreement. I understand that my consent will be documented electronically through Bright Future Psychology's secure Microsoft Forms link.

## **HIPAA Notice of Privacy Practices**

Bright Future Psychology is required by law to maintain the privacy of your Protected Health Information (PHI), provide you with this Notice of Privacy Practices, and notify you in the event of a breach of unsecured PHI.

We may use or share your health information for treatment, payment, and healthcare operations, including coordinating care with other providers and processing billing.

We may also disclose information when required by law, to prevent harm, or for certain government functions such as disability benefits or workers' compensation. Any other use or disclosure will require your written authorization.

You have the right to access your records, request corrections, ask for restrictions, request confidential communications, receive an accounting of disclosures, and request a paper copy of this Notice.

### **Acknowledgment**

I acknowledge that I have received and/or had the opportunity to review the HIPAA Notice of Privacy Practices. I understand that my consent will be documented electronically through Bright Future Psychology's secure Microsoft Forms link.

## **Financial Agreement & Fee Disclosure**

Therapy sessions are \$195 per 50-minute session. Payment is due at the time of service unless otherwise arranged. Accepted methods include Zelle, major credit/debit cards (a 3% processing fee applies), HSA/FSA, Step Up for Students Unique Abilities Scholarship, and checks.

Bright Future Psychology provides detailed superbills with CPT and ICD-10 codes upon request. These may be submitted to your insurance company for possible out-of-network reimbursement. Please note that reimbursement is not guaranteed and depends on your insurance provider, plan benefits, and other factors outside our control. We encourage you to contact your insurance company directly to ask about coverage for therapy services before scheduling.

At least 24 hours' notice is requested to cancel or reschedule a therapy session. A cancellation fee of \$100 may be charged for late cancellations or missed appointments. We understand that unforeseen circumstances such as illness can arise, and fees may be waived at the discretion of the therapist.

### **Acknowledgment**

I acknowledge that I have received and/or had the opportunity to review the Financial Agreement & Fee Disclosure. I understand that my consent will be documented electronically through Bright Future Psychology's secure Microsoft Forms link.