

**Fearless Counseling**

Waleska Nieves, LCSW

Licensed Clinical Social Worker

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T- 941 735-6714

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent for Treatment**

**Welcome:** Before starting your therapy, it is important to know, and to understand your rights as well as commitments. This consent form is an attempt to be as transparent with you as I can about the therapy process, so you are fully informed prior to starting your journey. The information you share with me during therapy sessions is considered confidential information and is protected by state law. I cannot reveal to third parties whether you are a past or current client of mine and cannot disclose any of the information you discuss during our sessions without first obtaining your written consent. I am a mandated reporter when it comes to a patient being a potential harm to themselves or others. If during your therapy, you are deemed to pose a threat of harm to someone else or to yourself, I can collaborate with the police or a hospital to take necessary measures to prevent harm from happening. I am mandated by state law to make a report to The Department of Children and Family with or without your consent.

**My credentials:** I am a licensed clinical social worker licensed in the state of Florida since 2017. I have over 12 years of experience working with individuals and families. I enjoy working with kids, adolescents, young adults and seniors. I work with people struggling with depression, anxiety, self-harm, low self-esteem, anger issues and grief and loss. Since I am qualified to work with a wide variety of clients and problems, there are times I may not have the training needed to address a particular concern. If this is the case, I will discuss it with you and make sure that you receive a referral to another professional who is better qualified to serve you.

**What to expect from therapy:** Therapy is a process of opening up about your life experiences and your genuine thoughts and feelings in order to increase your self-awareness of your emotional conflicts that keep you stuck in unwanted patterns. My thought is that since you are here, you are strong, courageous and fearless! Although, it is ok to have some fear. My approach to therapy is person centered and emotion focused. I focus on Cognitive Behavior Therapy (CBT) and Dialectical Behavior Therapy (DBT); teaching clients new skills that will help them reach their goals they have identified. Then they can move forward in life becoming the best version of themselves possible.

**Fees:** Individual therapy is billed at the rate of $150 for a 45-55 min session. I, the client, agree to pay the stated fee by cash, check, or credit card at the beginning of each session. If I, the client, am prevented from attending my scheduled session and do not cancel my appointment at least 24 hours in advance, I agree to pay a $50 fee. This practice of being charged for no-shows or late cancellations is standard practice in the field and considers that you are not just paying for services rendered but reserving a time slot which I cannot offer to someone else on short notice.

**Consent to treat children of divorce:** I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that I have the legal right to consent to my child’s treatment without the consent of any other individuals. I will provide all documents related to the issue of custody. Documents will be kept in client’s confidential file.

I, the client, consent to the above terms and agree to initiate treatment with Waleska Nieves. (LCSW, License SW 14439 )

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Print Name (Date of Birth)

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Signature