

FELICIA M. HENDERSON

LICENSED MARRIAGE & FAMILY THERAPIST
LICENSED PROFESSIONAL COUNSELOR

COUNSELING

There can be no guarantee or warranties as to the outcome of counseling/ therapy. This form outlines your rights, payment guidelines, and procedures commonly used or recommended by Felicia M. Henderson, LMFT, LPC-S. By signing this form, you accept the terms outlined on this form.

This therapist is a mandated reporter who adheres to all child, elder, dependent adult, and public health reporting laws.

Procedures:

Psychosocial evaluation

Individual therapy

Marital/Couples/Family therapy

REQUEST AND CONSENT

Permission for treatment:

I consent to receive mental health services from Felicia Henderson, LMFT, LPC-S. These services may include individual counseling, couples counseling or family counseling.

Your Rights

1. You have a right to privacy and confidentiality with these limitations:
 - *You give written authorization for information to be shared*
 - *You are involved in a legal proceeding in which this therapist is presented with a court subpoena*
 - *You become a danger to yourself or others*
 - *To comply with health insurance company claim requirements*
2. You have a right to be informed of your treatment and diagnosis
3. You have a right to decide whether or not to follow treatment recommendations.

Payment for services

Payment is due at the time of service and will be obtained at the beginning of the session unless a payment authorization form is on file.

If insurance is involved, you must provide a copy of your insurance card and notify this therapist if insurance changes. You must call your insurance carrier to ensure that this therapist is in-network. If you do not follow through on insurance requirements, you are responsible for payment of fees.

Fees will be assessed if your account is overdue or if you write checks that are returned.

Cancellations/ No show

You will be charged full fee for a missed appointment unless appointment is cancelled 24 hours in advance.

Emergency Services

This therapist is available to provide counseling services by appointment during the week. If an appointment is needed immediately due to an emergency, clients are advised to call 911, go to nearest ER or contact a mobile crisis line in your county.

Telehealth

Due to COVID-19 pre-cautions, all services are being provided via telehealth and not in-person. This therapist is a provider on several online platforms. Internet based communication is not 100% guaranteed to be secure or confidential and this therapist is not to be held responsible for any outside gains or breach of confidentiality.

Electronic Communication

Notice to clients: Use of email/electronic communication between client and therapist has risks regarding protection of your private healthcare information. Some examples include:

- *Email can be intercepted by someone who is not the intended recipient*
- *Email can be easily overlooked and should not include time sensitive information*
 - *Email can be stored, forwarded or printed by unauthorized recipient*
 - *Email can be hacked and/or transport viruses or malicious software*
 - *Email should never be used to communicate an emergency*
- *Email should not include HIPAA information, diagnosis, treatment in the subject line*

I _____ (printed name) accept the terms as stated above, request treatment, and have legal authority to do so.

Patient Signature _____ Date _____

Parent Signature _____ Date _____