

LC PSYCHOTHERAPY SERVICES, LLC

CONSENT FOR TREATMENT

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy contains risks. Experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location. I keep brief records noting dates we talked, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and / or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents.

HOURS

My hours vary but generally I am available Monday through Friday (9:00 a.m. to 7:00 p.m.) and on some Saturdays.

FEES

Unless you have health insurance my fees are \$ 75 per session, with sessions lasting approximately 60 minutes. I accept Blue Cross/Blue Shield, United Health Care, Sunshine Health and Prestige, however, some other insurances will accept out-of-network benefits which means you may get some reimbursement for your sessions. If that is the case, it is your responsibility to submit the paperwork to your insurance company for reimbursement. I am willing to assist you as much as I can and will share any knowledge I have regarding insurance companies. .

MISSED APPOINTMENT/LATE CANCELLATIONS Your appointment time is reserved for you. It represents a commitment of time and resources for which payment is expected. If

you need to cancel an appointment, please contact me as soon as possible. No charge will be made for cancelled appoints, if 24-hour notice is given; otherwise you will be charged the full fee.

CONFIDENTIALITY

As a rule, I will disclose no information about you, or the fact that you are my patient, without your written consent. However, there are limits to confidentiality and they are the following

- **Emergency:** If you are involved in a life-threatening emergency and I cannot ask your permission, I will share information if I believe you would have wanted me to do so, or if I believe it will be helpful to you.

• **Child Abuse Reporting:** If I have reason to suspect that a child is abused or neglected, I am required by Florida law to report the matter immediately to the Florida Department of Children and Family Services.

• **Adult Abuse Reporting:** If I have reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, I am required by Florida law to immediately make a report and provide relevant information to the Florida Department of Children and Family Services.

- **Serious Threat to Health or Safety:** Under Florida law, if I am engaged in my professional duties and you communicate to me a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and I believe you have the intent and ability to carry out that threat immediately or imminently, I am legally required to take steps to protect third parties. These precautions may include 1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18, 2) notifying a law enforcement officer, or 3) seeking your hospitalization. By my own policy, I may also use and disclose medical information about you when necessary to prevent an immediate, serious threat to your own health and safety.

MINORS: Parental consent is required for treatment of any person under the age of 18 prior to the start of treatment. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, and parental involvement is also essential, it is usually my policy to request an agreement with minors and their parents about access to information. My policy is that I will provide parents with only general information about the progress of the treatment and their attendance at scheduled sessions upon their request. Exceptions to this policy is when I believe that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

CONTACT EMERGENCIES

I am not always immediately available by phone due to the fact that I am frequently in session with clients. However, I check my voicemail and email frequently and will make every attempt to get back to you the same day (with the exception of weekends and holidays).

LC Psychotherapy Services, LLC is not equipped to handle emergencies. If an emergency arises please dial 911 or contact:

Bayside Behavioral Health at 800-764-8477

Coastal Behavioral Health at 941-552-1950

OR go to your nearest emergency room.

PHONE CALLS, TEXTING, EMAIL

I am available through phone, email and texting. Please be aware that there are limits to confidentiality through these methods. I will make every effort to keep our electronic conversations confidential by keeping my phone and computer secure. However, I cannot guarantee complete confidentiality.

OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also prefer to see another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, and national origin. You have the right to ask questions about any aspects of therapy and about my specific training and experience.

CONSENT TO PSYCHOTHERAPY

I give permission to LuAnn Cusic, LMHC to provide me with mental health services. I am aware that my therapist is available to answer questions about counseling or about this form.

Your signature below indicates that you have read the Consent for Treatment and agree to its terms.

Signature of Client/Guardian

Date

Print Name

LuAnn Cusic, LMHC – Therapist

Date