

Becky Nickol, NCC, LMHC

Licensed Mental Health Counselor, MH 8569

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INFORMED CONSENT FOR COUNSELING

Welcome to my counseling practice. In an effort to promote a trusted and productive counseling relationship, the following information is provided for your understanding and signed consent.

COUNSELING - Counseling always involves change. Some people come to counseling because they are ready to make significant changes in their lives and they want to work with a knowledgeable, trusted and objective professional that can help them explore alternatives and options for change. Such people see counseling as a vehicle to help them make changes more thoughtfully and/or more rapidly. Other people enter counseling because change has been thrust upon them. They seek the comfort and guidance of the counseling relationship as a safe place to grieve about what was...and then to so they can begin the rebuilding process. Regardless of your motivation for seeking counseling, I welcome you and offer to you the best professional assistance I can provide.

There can never be any absolute guarantees in counseling. However, I have found that counseling is most productive when it is a working collaborative effort between client and counselor, where everyone actively contributes to the process.

As your counselor, I am responsible to provide you with the highest level of professional skills commensurate with my training and experience. I will help you think-through any issue or concern. I will facilitate communication between you and any significant person so that you can say what you need to say and so you can accurately hear what the other person needs to say to you. I will suggest outside reading or activities and will often provide "homework" assignments. If necessary, I will recommend that you consult with a physician to receive medication therapy or other medical treatment. Throughout the entire process, I will encourage, guide, challenge, and support you to make the changes you deem to be right for you.

As the client, you are responsible to be as honest and open as possible. Change usually involves letting go of things that are familiar in order that new possibilities can emerge. Effort and risk will be required. There may be some emotional pain. You may have to battle embarrassment, anxiety, frustration, and sometimes fear.

LICENSING & ETHICAL INFORMATION - I am licensed by the state of Florida as a Mental Health Counselor, MH # 8569. Any complaint or questions about my counseling services that cannot be resolved between us should be directed to the Agency for Health Care Administration in Tallahassee.

FEES & PAYMENT - Counseling sessions exceeding 60 minutes will be pro-rated and billed accordingly. Group counseling fees are dependent upon the size and length of the group. Telephone consultation and other professional activities rendered on behalf of the client are also billed at \$50 per hour. There is never a charge for short telephone "check-in" or scheduling coordination. Payment is due at the time of service unless otherwise arranged in advance. You will be provided with a receipt for payment for your use in filing an insurance claim or for your financial records. Other than a genuine emergency or illness, you will be billed for missed appointments unless you notify me 24 hours in advance. In circumstances where problems are encountered in receiving payment for services rendered, you may be billed additional charges to cover the cost of time and expenses incurred to obtain payment.

INSURANCE - I will provide you with a receipt for insurance reimbursement purposes. Unless other arrangements are made in advance, it is your responsibility to file a claim with your insurance carrier. The assignment of payment to me, rather than reimbursement to you, must be agreed upon between us in advance of services. Insurance and/or Managed Care companies often require some type of advanced approval before counseling services are authorized. Additionally, most such companies require the client be given a mental health diagnosis indicating the medical necessity for counseling. I likely will be required to provide your insurance company with identifying information and/or records or reports to determine eligibility and to secure payment. Please know, any diagnosis provided your insurance and/or managed care company will become a permanent part of your medical records and could influence your future insurability.

CONFIDENTIALITY - Normally information disclosed by you during counseling will be kept strictly confidential and will not be revealed to anyone without permission. It is important for you to know that there are some exceptions to confidentiality. If an exception should arise, I will make every effort to inform you, before doing so, of the necessity to break confidentiality.

Exceptions to Confidentiality:

- 1) If the client threatens harm or death to yourself or another person, I am legally, ethically and morally required to take action to protect the safety of the threatened person. Actions could include; informing the intended victim, arranging for hospitalization for you and/or your child, notifying family or support system, or alerting law enforcement.
- 2) If abuse or neglect of a child, aged person, or disabled person is known or suspected, I am required by Florida law to report my concerns to the Department of Children and Families.
- 3) If I were to receive a legally binding Court Order for the client’s counseling records or for my deposition or court testimony, I would be required to comply.
- 4) If you are in counseling or are being evaluated by Order of the Court or as condition of continued employment, I may be required to provide the Court or the Employer with reports, documents, or testimony.

EMERGENCIES / CRISIS

I check my voice mail several times per day – every day. I will return your call at my earliest opportunity. If you are unable to reach me or if you have a life-threatening emergency, immediately call 911 or go to a hospital emergency room. Client safety is my primary concern; I will be in touch as soon as possible.

CONSENT FOR COUNSELING - I have read and understand the information contained on this form and voluntarily agree to participate in counseling.

Date _____ Signed _____
Client

Date _____ Signed _____
Client