



## **Elbow Tree Christian Counseling, LLC**

38 South Dixie Highway, St, Augustine, FL 32084

Phone (904) 559-1944

**Consent for Treatment/Professional Services** This document is designed to inform you about our professional service as well as our policies and procedures. It is also designed to ensure that you understand our relationship, and document your understanding of and consent to treatment.

### **Welcome to Elbow Tree Christian Counseling**

We are a group of independent practicing mental health professionals who share certain expenses and administrative functions under the name of Elbow Tree Christian Counseling, LLC. While the members of Elbow Tree share a name and office space, we want you to know that we are completely independent in providing you with our professional services and your independent provider is fully responsible for these services. Each provider separately maintains their own professional records. To optimize the outcome of our professional services and for the purpose of coordination of care, by signing this release, you will be authorizing communication between providers within Elbow Tree regarding your mental health care, unless otherwise revoked in writing.

During our rendering of professional services, we may be collecting what the law calls Protected Health Information. We may need to use this information to provide the best professional services to you. We may also need to share this information with others who provide professional services to you or need it to arrange payment for your professional services or for other business or government functions.

### **Counseling Services Offered**

Counseling is a very unique experience requiring your active participation. It includes both the development of a trusting relationship between us and the development of goals, with plans for you to accomplish them. For counseling to be effective, you must be fully engaged in trying to understand and change your thoughts, feelings, and behaviors. You will have to work both in and out of the counseling sessions, which may include exercises like writing in a journal or observing yourself and practicing new behaviors.

At first, we will focus on understanding your situation and developing specific and realistic goals for you. Your counselor will support you and help you devise steps toward your goals, but you must do the work.

As evangelical Christians, the practitioners at Elbow Tree believe that we are whole persons, with physical, psychological, social, and spiritual aspects. Whether or not we discuss spirituality will be up to you, but we want you to understand that this affects how we understand others and the nature of life's problems. We integrate this spiritual perspective with well-established methods of therapy from various modalities of counseling, including brief psychodynamic and object relational perspectives.

Counseling holds possible risks as well as benefits. For example, you might find yourself temporarily feeling more sadness, guilt, anxiety, or anger. Sometimes, even positive changes that you make can lead to difficulties in your relationships. We will clarify our goals and methods together and will identify the risks and benefits of treatment. Periodically, we will evaluate our progress and, if necessary, change our goals, treatment plan, or methods. The benefits of counseling can include significant reductions in feelings of distress, solutions to particular problems, and improved relationships. There are no guarantees of what the experience and outcome will be like for you as an individual, and/or a couple, and/or a family.

Our sessions will be fifty minutes long (unless otherwise indicated) and we will determine the frequency of future appointments together.

### **Confidentiality**

We have a legal and ethical commitment to protect your privacy, including what we discuss in our treatment sessions and any medical records of yours that we receive. *We cannot and will not release information about our work together with anyone without your written consent or permission.* There are, however, three circumstances in which we cannot legally or ethically guarantee confidentiality: 1) By law, we must report reasonable suspicion or evidence of neglect or abuse of children, the elderly, or disabled to agencies of the State of Florida; 2) When a client is a serious danger to himself or herself, or dangerous to others, we may have to inform family members or the proper authorities; and 3) In some cases, a judge has legal authority, regardless of your wishes, to require us to release information.

In light of the fact that Shannon Miller is a Mental Health Counseling Registered Intern (License Number 15612), her cases will be routinely reviewed by her supervisor. Please refer to the Informed Consent Statement regarding the specifics of this exception to confidentiality.

### **Professional Records**

By law and the standards of our profession, treatment and professional service records will be maintained by us. You are entitled to receive a copy of your records or a summary of your records, unless it is believed that seeing them would be emotionally damaging or not in your best interests. If the latter arises, we will agree to send them to a mental health professional of your choice. Professional records may be upsetting to, or misinterpreted by, the untrained reader, hence, we recommend you review them in the presence of a mental health professional. Minors: Individuals under the age of 18 need to understand that the law may provide your parents the right to examine your records. It is the policy of Elbow Tree to request an agreement from parents that they give up access to your records. If they agree, they will only receive general information about our work together unless it is felt there is a high risk that you will harm yourself or someone else, at which time they would be notified of this concern. Additionally, under this arrangement, parents are always free to provide information to your counselor at any time. If you have had prior counseling experience or psychiatric care, please contact these providers and request that a "Treatment Summary" be confidentially mailed to your Elbow Tree counselor at the address provided. Client acknowledgement (initials) \_\_\_\_\_

### **Explanation of Dual Relationships**

Although our sessions may be very intimate psychologically, we will have a professional relationship rather than a social one. You will be best served if our relationship stays strictly professional and our sessions concentrate exclusively on your concerns. You may learn more about me as we work together, but it is important for you to remember that you are experiencing me as a professional therapist.

### **Appointment Cancellations/Rescheduling**

Cancellations and rescheduled appointments will be accepted with no charge if we have been notified within 48 hours. A \$100 fee will be applied for missed appointments and rescheduled appointments made with less than 48 hours notice. Sickness and emergencies may be taken into consideration when applying this charge.

### **Fees**

The following fees are used as a guideline by our providers and are due at the time of service. Charges for phone calls (including third-parties) and email are based on the same rates, pro-rated for the time spent. The cost of each session depends on a few things...who you're seeing and whether or not you're a new client. Sessions typically run 50 minutes, unless otherwise indicated. Here is a breakdown of the costs on a per session basis:

Shannon Miller, RMHCI, RMFTI

Initial consultation: \$125

Individual Session: \$100

50-minute Couples Session: \$100

80-minute Couples Session: \$125

Shannon is currently a Registered Mental Health Counseling Intern, therefore she is willing to see clients on a sliding scale based on need. Discounted fees for services are given on an individual basis. Elbow Tree accepts cash, checks, and all major credit cards.

### **Complaint Procedures**

If you are dissatisfied with any aspect of our work, it will be helpful for us to work through this during our sessions. Please feel free to ask any questions or clarify any confusion you may have about our work.

### **Agreement**

After you sign this consent, you have the right to revoke it in writing at any time. By signing below, you authorize your consent to treatment as described above.

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Printed Name

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Signature of Client

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Date