



Elbow Tree Christian Counseling

Clinical Service Treatment Consent

This form is available online at www.elbowtreeflorida.com/aubrey-cannata.html

I am honored that you have decided to work with me as your counselor, and I've very excited about beginning this journey with you! Elbow Tree was first established in Chattanooga, TN in 2006. In July of 2017, Elbow Tree launched a new initiative right here in St. Augustine, Florida. While the two practices share a name and familiar branding, they are two distinct counseling practices that are independently owned and operated.

_____ (initial)

NATURE OF COUNSELING

My roll in counseling is to help you identify your wounds, dysfunctional thinking, or unhealthy behavioral/relational patterns that leave you feeling "stuck." I will walk beside you in the healing process! Unfortunately there are no "quick fixes" in counseling, but rather some hard work in the form of sessions, homework assignments, writing or reading, learning and implementing new tools and techniques, and the like. As a Christian counseling practice we are committed to help your spiritual life develop and enable you to understand Biblical truth and apply it to your life. If you do not identify as a Christian, you are equally welcome at Elbow Tree and can feel safe that we will never put any pressure on you to be/act/think religiously. Spirituality is a part of your counseling experience at your direction. _____ (initial)

CONFIDENTIALITY

We respect the information you chose to share with us and how difficult it can sometimes be to open up. Our conversations and our written/taped records will be kept confidential and are protected by law, with a few exceptions, which are for your own protections: (1) when we believe that you intend to harm yourself or another person; (2) when we believe a child or elderly person has been – or will be – abused or neglected; and 3) when there is domestic violence in the home. In rare circumstances, Professional Counselors can be ordered by a judge to release information. Otherwise we will not tell anyone else about your treatment, diagnosis, history, or even that you are a client without your full knowledge and a signed Release of Information Form. A copy of the HIPAA (Health Insurance Portability and Accountability Act) Patient Notification of Privacy Rights will be made available to you, and is available online at www.elbowtreeflorida.com/aubrey-cannata.html. Signing at the end of this document will indicate that you have had an opportunity to review and understand this HIPAA document. _____ (initial)

I am a Registered Intern with the State of Florida. This means that I operate under the supervision of a State Qualified Supervisor. We may review "un-identifying details" of your case, or I may consult other counseling professionals in order to help you in the best way possible. My supervisor is William (Bill) Galer, LMFT, License #MT2108.

COMPLAINT PROCEDURES

If you are dissatisfied with any aspect of our work, please inform the practice owner, Hayne Steen, immediately at 904-559-1944. (His number is on our website for future reference.) You may also contact my supervisor listed above. If a problem arises requiring a legal remedy to solve, the client agrees to attempt to solve the problem with the owner directly, or through independent mediation and not pursue formal litigation. Complaints should also be registered with the Florida Board of Health at 850-245-4339.

We are committed to staying on the leading edge with regard to protecting your confidentiality and Private Health Information (PHI). Therefore we ask every client consider using the following HIPAA communication platforms to communicate: Texting: "Tiger Connect" is available in the app store. You may text me using my cell phone number: (321) 754-4766 Video Conferencing: Doxy.Me is available in the app store and will require you to login with your username and a unique "meeting code" that I will send you once we schedule a meeting in this manner. You may also login using any browser. In the state of Florida, video conferencing is restricted to clients in Florida and may not cross state boundaries.

I understand that utilizing a communication stream apart from these specifically outlined above could jeopardize the confidentiality of my PHI. I also understand that Elbow tree will not be delivering PHI on any non-HIPAA compliant platform and that I will either receive this information in the mail or at my home arrange to pick up in the Elbow Tree office. _____ (initial)

COUNSELING RELATIONSHIP

During the time of your treatment we will meet regularly for 50-minute sessions. Ours is a professional relationship and must be respected by both sides. There may be opportunity for us to run into each other in a social context (i.e. church, grocery store, school, etc.). To protect you, I'll tend to avoid initiating with you in public. However, you always have the freedom to initiate contact (or not!) with me. Please feel free to discuss this with me at any time when this happens. My goal is to make you comfortable with our professional relationship and best meet your needs as a client.

_____ (initial)

SCHEDULING AND LENGTH OF SESSIONS

Sessions are 50 minutes long. If you call in between sessions, feel free to leave a message and I will return your call/text as soon as possible, and within 24 hours. Because I operate on an appointment basis only, I may not be able to handle urgent emergencies that may arise with clients. If your situation is out of control and you cannot wait for an appointment, it is important that you contact 911 or your local emergency services. The National Suicide Prevention Hotline contact is 800-273-TALK.

If you are unable to keep an appointment, please call/email/text with at least 24 hours notice. You may leave me a message if you need to. Cancellations made inside of that 24 hour window will result in your being responsible for paying the full cost of that session you missed. This is in respect of the clinicians time and the missed opportunity for someone else to have utilized that appointment. Of course this does not apply to emergencies that are beyond your control.

_____ (initial)

FEES/METHODS OF PAYMENT

The fee is \$80 per 50 minute session. I ask for payment at the time of service, and do not engage in billing for clients. Cash, personal checks and most credit/debit/HAS cards are accepted. For credit/debit/HSA cards, there will be a 3% processing fee. There will be a \$25 fee for returned checks. I am happy to provide you with a receipt upon request. If you are involved in litigation and I am required to be involved in your case (travel time, preparation, attendance at court, letters) I charge a fee of \$150/hour (pre-paid). _____ (initial)

Client Signature

Date

Counselor Signature

Date