



Elbow Tree Christian Counseling, LLC

Clinical Service Treatment Consent

This form is available online at www.elbowtreeflorida.com/fred-post.html

I am honored that you have decided to work with me as your counselor, and I'm very excited about beginning this journey with you! Elbow Tree was first established in Chattanooga, TN in 2006. In July of 2017, Elbow Tree was launched as a new initiative right here in St. Augustine, Florida. In 2022, Elbow Tree Cooperative, LLC was launched as an initiative to serve Saint Johns County Fire Rescue personnel. While all three practices share a name and familiar branding, they each three distinct counseling practices that are independently owned and operated. _____ (initial)

NATURE OF COUNSELING

My role in counseling is to help you identify your wounds, dysfunctional thinking, or unhealthy behavioral/relational patterns that leave you feeling "stuck." 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 identify as a Christian. 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. _____ (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)

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's main page for future reference.) 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. _____ (initial)

We are committed to staying on the leading edge with regard to protecting your confidentiality and Private Health Information (PHI). **Phone:** You may text me using my cell phone number: (904) 679-6630. **Email:** Email on my end is HIPAA compliant, using G Suites (gmail for businesses). My email address is fred@ElbowTreeFlorida.com **Video Conferencing:** I use a HIPAA compliant platform that I will share if Teletherapy is ever needed. _____ (initial).

I understand that utilizing a communication stream apart from these specifically outlined above could jeopardize the confidentiality of my PHI (Private Health Information). 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 arrange to pick up in the Elbow Tree office. _____ (initial)

COUNSELING RELATIONSHIP

Therapy 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 are unable to keep an appointment, please contact me with at least 24 hours notice. You may leave me a message! 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 clinician's 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. Please provide credit or debit card information below to secure any appointment in the future. _____ (initial)

Counseling is restricted to in-office or Telehealth sessions. However, you may contact me by email if you would like to share important relevant information and we will discuss it at our next meeting. Texting is for scheduling issues or brief questions. All communication will be answered during business hours only. 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. _____ (initial)

FEES/METHODS OF PAYMENT

The fee for therapy is \$125 per 50 minute session. Please ask about discount opportunities! I ask for payment at the time of service, and do not engage in billing. Cash, personal checks and most credit/debit/HSA cards are accepted. (For cards, there will be a 3.5% processing fee added.) There will be a \$25 fee for returned checks. 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 \$250/hour (pre-paid). _____ (initial)

Credit/Debit Card Number Expiration Date CW Code Billing Zip

Client Signature Date

Counselor Signature Date

