



Elbow Tree Christian Counseling, LLC

Information, Authorization, & Consent for Treatment

Abbey Lanford, Graduate Intern (2022-2023)

The following information is provided to my clients to assist them in understanding the policies and procedures at our office. We strive to provide care which is both affordable and of the highest quality. Please do not hesitate to ask questions at any time.

About Me

I am currently a graduate student at Jacksonville University and will be graduating in the fall of 2023 with a Master's Degree in Clinical Mental Health Counseling. Having finished the instructional phase of the CMHC degree, I must now complete the face to face client hours in order to fulfill graduation requirements. This allows me to function as an intern, under the supervision of licensed counselors at Elbow Tree and at Jacksonville University. My site supervisor at Elbow Tree Christian Counseling, LLC is Hayne Steen, MA, LMHC (MH1601).

Scheduling Appointments

To make an appointment, email abbey@elbowtreeflorida.com or call our office line at 904-559-1944. You may call anytime. If required, leave a message and a contact number and I will call you back as promptly as possible. You are responsible for your scheduled appointment time and a twenty-four (24) hour notice is required if you must cancel your reserved time. Otherwise, late cancellations or no-shows will be charged at the rate of your full Session Fee. Clients arriving late to appointments are responsible for the full Session Fee even though the full session will not be available. In case of inclement weather, please call the office to determine if we will be open.

Minor children may not be brought into counseling appointments or left in the waiting area unattended. If you are with an infant child, we can certainly consider having the child in the session with us.

Fees and Payment

The fee for a 50-minute session is \$50.00. You may qualify for a discount based on your combined gross family income. If you are currently enrolled as a college student, the fee will be \$10.00. I accept cash, personal checks, debit cards, or credit cards. All card charges will include a \$3.00 service fee. It is the policy of Elbow Tree Christian Counseling, LLC that the Session Fee is to be paid at each session. There will be a \$25.00 processing fee for all returned checks. An invoice or receipt will be available if you request one. If you have an upcoming session, but do not have the ability to pay, then you will need to cancel your appointment in advance and reschedule for a more suitable time. I am not able to participate in any insurance networks at this time.

If you currently are or may be involved in any litigation that would require me to become involved in your case (phone consults, letters, travel time, attendance in court, etc.) I will need to refer to another clinician in our practice at Elbow Tree.

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Fee Payment Agreement

I understand and agree that I will be charged for and am required to pay for missed appointments at the full Session Fee, if not cancelled at least 24 hours in advance.

50-minute Session Fee \$_____

adult client or parent/legal guardian of client less than 18 years old Date _____ Signature of

Emergencies and After-Hours Communication

While you will be seen at a reserved time, there may be occasions where you need to communicate with me between appointments. Should you call or email during normal office hours, please provide a clear message with your contact information. Your call or email will be responded to as promptly as possible. After office hours, if your situation is an emergency, please call 911 immediately or your local emergency services for assistance. Any after-hours communication will be charged a reasonable fee. It is important for you to know that the use of cellular phones does not provide secure lines of communication, and therefore, communication over them can be breached. The same is true regarding the use of email.

Privileged Communication and Confidentiality

Mental Health Providers, like myself, have a strong privileged communication law in Florida, which carries virtually the same legal status as that of attorney-client. As the client, your disclosures and communications are considered privileged and confidential, and your records are protected under federal and state regulations governing confidentiality and cannot be disclosed or released without your written consent, unless the following circumstances are believed to or do exist; (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 usually with a signed Release of Information Form. A copy of HIPAA (Health Insurance Portability and Accountability Act) Patient Notification of Privacy Rights will be made available to you. Signing at the end of this disclosure will indicate that you have had an opportunity to review and understand this (HIPAA) document.

Due to my status as a Graduate Intern, I will be meeting weekly and reviewing cases with my site supervisor, Hayne Steen, MA, LMHC and my faculty supervisor. With them, I will be sharing non-identifying information and getting feedback on client interaction.

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Your Informed Consent to Receive Care

INTAKE INTERVIEW:

The intake interview is an opportunity for you and me to begin the work of identifying and evaluating the situation you are presenting. A main goal of this initial interview is to match your identified needs with the most helpful resources available. Occasionally, this will mean a referral to another therapist at Elbow Tree or an outside professional or agency. If an outside referral is deemed appropriate, Elbow Tree will make every effort to connect you with the therapeutic resources best suited to meet the needs you initially present.

LIMITATIONS OF SERVICES:

I understand that Elbow Tree services are limited to psychological and spiritual evaluation, assessment, consultation, and intervention. I understand that interventions may include consultation, counseling, and psychotherapy oriented towards helping you face life's challenges. I understand that Elbow Tree is not promising a cure or offering any guarantee of results or improvement of any condition or situation. I understand that Elbow Tree does not treat minors without parental permission or authorization.

ASSUMPTION OF RISKS:

I understand that the potential risks of undergoing psychological and/or counseling services may include limited precision of psychological assessment procedures, possible disagreement with the opinions offered to me, and possible increased emotional distress concerning my situation. I also understand that any court order requiring me to obtain psychological services is an obligation solely between myself and the courts and NOT the provider. I accept full responsibility for payment of all charges rendered under such obligations.

COMPLAINT PROCEDURES:

If you are dissatisfied with any aspect of our work, please inform Hayne Steen, owner of ETCC, immediately. This will make our work together more efficient and effective. If a problem arises requiring a legal remedy to solve, the client agrees to solve all problems through the means above or independent mediation and not pursue formal litigation. Complaints should also be registered with the Florida Board of Health at Department of Health, 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3260 or 850-245-4339.

Patient Authorization & Consent for Treatment

You have been provided with the preceding information fully informing you about the policies of our office and some of the parameters of the care you will receive. Psychiatric and psychological care, like other things in life, offers no absolute guarantee of success and there are limitations to any form of care offered to a client. Since such limitations are always a function of the particular situation in question, an individualized treatment plan will be constructed and discussed with you. Please discuss any questions you have regarding these policies and/or procedures with me.

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By signing below, you are acknowledging that you have read, understood, and are fully consenting to the policies and procedures of Elbow Tree Christian Counseling, LCC in St. Augustine. Your signature acknowledges your complete authorization for treatment and informed consent for care.

Client Name

Client Signature

Date

Parent or Legal Guardian Name (if client is a minor)

Date

Parent or Legal Guardian Signature

Date