

*Licensed Mental Health Counselor #MH10953
Winter Park Psychotherapy and Life Coaching
1301 Grove Terrace
Winter Park, Florida 32789
(407) 670-8796
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Counseling Agreement and Informed Consent

Welcome to my counseling practice. To obtain the greatest benefits from the counseling experience, it is essential that you understand the informed consent. The following information will help you understand that.

COUNSELING

I believe counseling should be a collaborative effort, a shared journey between a counselor and their client. As the counselor, I act as your guide and try to provide a safe and nurturing environment for you to allow your genuine feelings, thoughts, and behavior patterns to be explored. Counseling requires the client to take risks as such exploration can lead to uncomfortable feelings. To gain insight and make the changes we want, we often must face some of our darkness. I have found going through the process can lead to much happier and healthier relationships with ourselves and others. We all wear many masks. Having a safe and nonjudgmental place to take off your mask and express your genuine feelings and thoughts can be freeing and allows insights that lead to positive changes.

Please review the following information so that you can determine if you think you would be comfortable working with me as your counselor. Counseling works best when you work with someone with whom you can connect.

Licensing and Ethical Information:

I am licensed by the State of Florida to practice Mental Health Counseling. I am also a Certified Life Coach. I adhere to the ethical principles of these organizations. I am also a member of the American Counseling Association, Mental Health Counselors of Central Florida, and Central Florida Marriage and Family Therapists. I have served on the Board of both MHCC and CFMAFT.

Fees and Payment:

My hourly fee is \$150.00 per hour for individual and couples counseling. Counseling sessions that exceed 60 minutes will be pro-rated accordingly. There is never a charge for a short telephone check-in or rescheduling coordination. Payment is due at the time of service unless otherwise arranged in advance. I accept most credit cards or Zelle payments. I do not accept insurance but can provide documentation if you wish to file for insurance. The assignment of payment should be made by you. In addition, most insurance companies require the client to be given a mental health diagnosis indicating the medical necessity for counseling. I will likely be asked to provide your insurance company with identifying information, records, or reports to determine eligibility and to secure payment. Please be aware that any diagnosis provided your insurance/ and or managed care company will become a permanent part of your medical record and could have future implications.

I require a 24-hour notice if you need to cancel or reschedule appointments. Unless it is an emergency or unforeseen illness, you will be charged for the missed appointment.

Confidentiality/Privilege/Privacy

Information disclosed by you during counseling will be kept strictly confidential and will not be revealed to anyone without your written consent. There are some exceptions to confidentiality. Should such an exception arise, I will make every effort to inform you, before doing so, of the necessity to break the confidentiality.

Exceptions to Confidentiality and Privilege

1. If you threaten 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 may include: informing the intended victim, arranging for hospitalization for you, notifying your family or your 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 law to report my concerns to the Department of Children and Families.

3. If I were to receive a legally binding Court Order for your counseling records 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 a condition of employment, I may be required to provide the Court or the Employer with reports, documents, or testimony.

Emergencies/Crisis:

You are welcome to call or text my office cell phone (407) 670-8796 or email me at any time and I will get back to you at my earliest convenience. If you are unable to reach me or if you have a life-threatening emergency, immediately call 911 or go to the hospital emergency room. Your safety is of the utmost importance and I will contact you as soon as possible.

Social Media Policies:

The confidential nature of our relationship can be compromised through social media. Ethical guidelines require that I do not interact with you through social media.

I, _____ have read and understand

Print Name

the information contained on this form. I understand that if additional questions should arise in the future, that I am free to raise those concerns and have questions answered to my satisfaction. I voluntarily agree to participate in counseling with Molly Losey, M.A, CC, LMHC.

Date: _____

Signed: _____