

INFORMED CONSENT FOR THERAPY - AUTUMN DOLAN, LMFT LLC.

Welcome:

Before starting your therapy, it is important to know what to expect, and to understand your rights as well as commitments. This consent form is an attempt to be as transparent with you as I can about the therapy process, so you are fully informed prior to starting your journey. I am a Marriage and Family Therapist who is licensed in the state of Florida by the Florida Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling.

What to expect from therapy:

Psychotherapy is a process of opening up about your life experiences and your genuine thoughts and feelings in order to increase your self-awareness of psychological and emotional conflicts that keep you stuck in unwanted patterns. My approach to therapy is mainly solution oriented, this means that I focus on helping you uncover and strengthen your own strengths to find effective solutions to your identified problems. The therapy may involve temporary periods of discomfort as you begin to work through past trauma or confront psychological conflicts you have previously been avoiding.

Fees/ Cancellation:

Individual therapy is billed at the rate of \$150 for a 50 minute session. The client agrees to pay the stated fee by cash, check, or credit card at the beginning of each session. It is requested for payment to be collected **prior** to the start of e-sessions. If the client is unable to attend the scheduled session and does not cancel the appointment **at least 24 hours in advance** the client agrees to pay the full session fee. This practice of being charged for no-shows or late cancellations is standard practice in the field, and takes into account that you are not just paying for services rendered, but reserving a time slot which I cannot offer to someone else on short notice.

Confidentiality:

The information you share with me during therapy sessions is considered confidential information and is protected by state law. As a therapist, I cannot reveal to third parties whether or not you are a past or current client of mine and cannot disclose any of the information you discuss during our sessions without first obtaining your written consent to do so. I am required to give this notice to you under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). As a mandated reporter, I am required by Florida law to report suspected child

or elder abuse or neglect as mandated by Florida statute 415.504. I am also obligated to report to authorities for the following reasons:

1. **Adult and Domestic Abuse:** If I have a reasonable cause to believe that abandonment, abuse, financial exploitation, sexual or physical assault, or neglect of a vulnerable adult has occurred, I must immediately report it to the appropriate authorities.
2. **Under Age:** If you are not yet 18 years of age, your parents or legal guardians may have access to your records and may authorize release of information to other parties on your behalf.
3. **Serious Threat to Health or Safety:** I may disclose your mental health information to any person without authorization if we reasonably believe that disclosure will avoid or minimize an imminent danger to your health or safety, or the health or safety of any other individual. If during your therapy, you are deemed to pose a threat of harm to someone else or to yourself, I am allowed to collaborate with the police or a hospital to take necessary measures to prevent harm from happening.
4. **Malpractice:** If you disclose sexual misconduct by a previous therapist I am required to make a report to the licensing board governing the license of the therapist.
5. **Legal:** When compelled to testify to a valid court order. In this case, I must honor court ordered subpoenas, however I will assert the communication is privileged and will only testify after you have had an opportunity to obtain a court order protecting the confidential information.

Telehealth or E-Therapy:

There may be times when sessions may be conducted online or over the phone. If this is the case, the client must have a secure WiFi connection and safe space to speak. Headphones are encouraged to keep the discussion private from anyone else and also increase the sound quality of our sessions. When I provide phone/video-counseling sessions, I will call you at our scheduled time or send you a link for the video session. I expect that you are available at our scheduled time and are prepared, focused and engaged in the session. I am calling you from a private location where I am the only person in the room. You also need to be in a private location where you can speak openly without being overheard or interrupted by others to protect your own confidentiality. If you choose to be in a place where there are people or others can hear you, I cannot be responsible for protecting your confidentiality. Every effort **MUST** be made on your part to protect your own confidentiality. Please know that I cannot guarantee the privacy or confidentiality of conversations held via phone, as phone conversations can be intercepted either accidentally or intentionally. Please assure you reduce all possibilities of interruptions for the duration of our scheduled appointment.

Connection Loss During Phone Sessions: If we lose our phone connection during our session, I will call you back immediately. Please also attempt to call me at 954-300-1369 if I cannot reach you. If we are unable to reach each other due to technological issues, I will attempt to call you 3 times. If I cannot reach you, I will remain available to you during the entire course of our scheduled session. Should you contact me back and there is time left in your

session we will continue. If the reason for a connection loss i.e. technology, your phone battery dying, bad reception, etc. occurs on your part, you will still be charged for the entire session. If the loss for connection is a result of something on my end, I will call you from an alternate number. The number may show up as restricted or blocked please be sure to pick it up.

Connection Loss During Video Sessions: If we lose our connection during a video session, I will call you to troubleshoot the reason we lost connection. If I cannot reach you, I will remain available to you during the entire course of our scheduled session. Should you contact me back and there is time left in your session we will continue. If the reason for a connection loss i.e. technology, battery dying, bad reception, etc. occurs on your part, you will still be charged for the entire session. If the loss for connection is a result of something on my end, we can either complete our session via. phone or plan an alternate time to complete the remaining minutes of our session.

Recording of Sessions:

Please note that recording, screenshots, etc. of any kind of any session is not permitted and are grounds for termination of the client-therapist relationship.

Termination of Therapy:

Due to the varying nature and severity of problems, I, Autumn Dolan LMFT, am unable to predict the exact length of your therapy or guarantee a specific outcome or result. The client has the right to discontinue therapy at any time. If I or the client determine there is not a benefit being received from treatment, I, Autumn Dolan, LMFT and the client, agree that either of us may elect to initiate a discussion of treatment alternatives, which may include adjusting or changing the therapeutic goals, being referred to another provider, or terminating therapy.

Emergencies:

The client understands that I, Autumn Dolan LMFT am not available 24 hours a day and that in a crisis situation the client should call 911, Memorial Regional Hospital at (954) 987-2000 or the Mobile Crisis (Henderson) at 954-463-0911

If a situation occurs where we are talking and get disconnected and you are in crisis, you agree to call 911, go to your local emergency room immediately or contact the National Suicide Hotline at 800-784-2433.

If I have concerns about your safety at any time during a phone session, I will need to break confidentiality and call 911 (if located in the same county or emergency services in the area you are located at the time of the call) and/or your emergency contact immediately. Please note that everything in our informed consent that you signed, including all the confidentiality exceptions, still applies during phone/video sessions.

I, the client, have carefully read to the above terms and agree to initiate treatment with Autumn Dolan, LMFT LLC (License number MT 3448)

***If a minor is in the session, please try to have the child and parent sign.

Print Name

Date of Birth

Signature

Date

Date: _____ Name: _____

Date of Birth: _____ Age: _____

Gender: Female Male Other _____ Ethnicity: _____

Religion: _____ Marital Status: _____

Referred By: _____

Primary Care Doctor: _____

When was your last visit? _____

Psychiatrist (If applicable): _____

Last visit? _____

How did you hear about me? _____

Email Address: _____

Would you like to be included in my weekly emails to receive access to blogs and other helpful tips? Yes No

Address: _____

City/State/Zip: _____

Cell #: _____ OK to leave a message? YES or NO

Employer: _____ Job Title: _____

How many hours do you work? _____

If unemployed, please list how long/ reason for unemployment:

Emergency Contact: Name: _____

Relationship to you: _____ Cell #: _____

Work #: _____

Children: (Ages): _____ Who has Custody? _____

Please list any previous medical diagnosis or current medical issues you have:

Please list any mental health/ substance abuse related diagnoses or issues:

Please list all current medications or past medications received for any mental health or substance related issues:

Please list any previous psychiatric hospitalizations or treatment for mental health or substance related issues:

Have you ever considered or attempted suicide? If so, when?

Have you received counseling before? If so, what was the most and least helpful?

What is the reason for seeing me today?

How long has the “problem” been the problem?

What ways have you tried to resolve the problem?

What do you think will let you know the problem is not a problem anymore?

What services are you interested in receiving/ learning?

Mental Health

Self Esteem Improvement

Marital Conflict

Abstinence/ Relapse Prevention

Breathing/ Relaxation Therapy

Grief/ Loss/ Trauma

Support/ Community Resources

Communication Styles/ Boundaries

How do you spend your free time? Ex.) Listening to music, exercise, playing golf, etc.

What are 1-3 goals you want to accomplish by seeing me?
