

## **Rebecca Maxwell, M.A. LMFT**

Jacksonville Counseling Services  
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Jacksonville, FL 32224  
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### **Therapy Information and Disclosure Statement**

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in therapy, you have certain rights that are important for you to know about because this is your therapy, whose goal is your well-being. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

#### **My Responsibilities as your Therapist**

##### Confidentiality

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically (for example, sending bills or faxing information), it will be done with special safeguards to insure confidentiality.

If you elect to communicate with me by email or text message(SMS) at some point in our work together, please be aware that email and text (SMS) is not completely confidential. All emails are retained in the logs of your or my Internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider.

**The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.**

- If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.

- If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform authorities immediately.
- If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police. I am not obligated to do this, and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.

**The next is not a legal exception to your confidentiality. However, it is a policy you should be aware of if you are in *Couple therapy* with me.**

- If you and your partner decide to have some individual sessions as part of the couples therapy, what you say in those individual sessions will be considered to be a part of the couples therapy, and can and probably will be discussed in our joint sessions. *I will not keep secrets in couples therapy.* I will remind you of this policy before beginning such individual sessions.

### My Training and Approach to Therapy

I have a Masters of Arts earned in 2013 from Amridge University. I am a Licensed Marriage and Family Therapist in the State of Florida, license number MT3283. If you have any questions regarding my qualifications or other requirements of Marriage and Family Therapists, please feel free to discuss them with me during your session.

Methods of treatment are based on standard practices common to the training and experience of psychotherapists and marriage and family therapists. As a member of the American Association for Marital and Family Therapists (AAMFT), I work within the standards and ethical guidelines of state licensing laws and my professional organization. In addition, I will respond to the spiritual and theological needs of clients who recognize the values, beliefs, and religious affiliations make a difference in the process of changing and growing, and who want these factors to be considered in counseling. Some of the approaches that I employ in therapy are Emotionally Focused Couple Therapy, Emotionally Focused Individual Therapy, Cognitive-Behavioral therapy, Interpersonal Therapy, and therapy with play (for children).

Therapy has potential emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behaviors can be scary, and sometimes disruptive to the relationships you already have. You may find your relationship with me to be a source of strong feelings, some of them painful at times. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that therapy is helpful.

You normally will be the one who decides therapy will end, with three exceptions. If we have contracted for a specific short-term piece of work, we will finish therapy at the end of that contract. If I am not in my judgment able to help you, because of the kind of problem you have or because my training and skills are in my judgment not appropriate, I will inform you of this fact and refer you to another therapist who may meet your needs. If you do violence

to, threaten, verbally or physically, or harass myself, the office, or my family, I reserve the right to terminate you unilaterally and immediately from treatment. If I terminate you from therapy, I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy.

I am away from the office several times in the year for vacations or to attend professional meetings. If I am not taking and responding to phone messages during those times I will have someone cover my practice. I will tell you well in advance of any anticipated lengthy absences, and give you the name and phone number of the therapist who will be covering my practice during my absence. I am available for brief between-session phone calls or emails during normal business hours. If you believe that you cannot keep yourself safe, please call 911, or go to the nearest hospital emergency room for assistance.

### **Your Responsibilities as a Therapy Client**

You are responsible for coming to your session on time and at the time we have scheduled. Sessions last for 55 minutes. If you are late, we will end on time and not run over into the next person's session. *If you miss a session without canceling, or cancel with less than twenty-four hours notice, you must pay for that session before our next regularly scheduled meeting, unless I can fill your appointment with another.* If you no-show for two sessions in a row and do not respond to my attempts to reschedule, I will assume that you have discontinued therapy and will make the space available to another individual.

My fee schedule is as follows:

***Couples, Adult Individual, Children, Families*** \$150/ 55- minute session  
***Expert Witness for Court Appearance*** \$250/hour, door to door, \$250/hour for preparation including creating summaries, talking with attorneys, etc.

I do not currently work in-network with insurance at this time. All fees must be paid on the date of service via cash, check or credit card, unless prior arrangements have been made in advance. For convenience, I utilize HIPAA-compliant payment system called Ivy that allows you to keep a credit/debit/HSA/FSA card securely on file for easy payment.

### **Questions and Complaints**

You have the right to ask questions about anything that happens in therapy. I am always willing to discuss the how and why of my approaches and to look at alternatives. If you're unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. I will take such feedback seriously, and with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can complain about my behavior to the Florida Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling.

## Client Consent to Psychotherapy

I have read statement of therapy information and disclosure, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Rebecca Maxwell, M.A. LMFT. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Ms. Maxwell.

I agree to pay the session fees as outlined in this document (\$150 per 55 minute session). I agree to allow my credit (or other) card on file to be charged on the day or following of each session. **I agree to allow my card to be charged for a session that I no-show, or cancel within the 24 hour requirement.**

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**Signature of client**

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**Date**

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**Signature of Parent or Legal Guardian (under 18)**

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**Date**

*If the fee is a hardship or barrier to receiving care, please consult me regarding further options.*

## Communication Preferences

I give permission for Rebecca Maxwell, LMFT to communicate with me via the following media (please check all that apply):

Email

Phone (it is okay to leave messages on voicemail)

Text message

Emails will come from [jacksonvillecounseling@gmail.com](mailto:jacksonvillecounseling@gmail.com) and text/voicemail from 904-735-8730. Both media are password protected.

I understand that I can change or revoke these preferences at any time by asking to complete a new preference form above.

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**Signature of Client/Parent or Legal Guardian**

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**Date**