

Sara Allen, M.A.
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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 expectations 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 in writing to share specific 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 (HIPPA). 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 at some point in our work together, please be aware that email 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 of confidentiality. I would inform you of any time when I think I will have to put these into effect.

- 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 part of the 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 in Clinical Mental Health Counseling, earned in 2019 from Liberty University. I am a Registered Mental Health Counselor Intern in the state of Florida, license number 19266 and required to work under the supervision of a qualified supervisor. All cases must be reviewed by my supervisor, Rebecca Maxwell, LMFT. My supervisor can be reached at 904-735-8730 should you have any questions regarding the services that I am providing. If you have any additional questions regarding my qualifications or other requirements of a Registered Mental Health Counselor Intern, 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 mental health counselors. As a member of the American Counseling Association (ACA), 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 the clients who recognize that 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 use in therapy are Client-Centered therapy, Cognitive-Behavioral therapy, Emotion-Focused therapy, Solution-Focused 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 overwhelming, 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 judgement able to help you, because of the kind of problem you have

or because my training and skills are in my judgement 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 will 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 that 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 cancelling, or cancel with less than twenty-four hours notice, you must pay for that session before our next regularly scheduled meeting.* 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 dropped out of therapy and will make the space available to another individual.

My fee schedule is as follows:

Adult individual, Children, Families \$100/55-minute session

Expert Witness for Court Appearance \$200/hour, door to door, \$200/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 a HIPPA-compliant payment system that allows you to keep a credit/debit/HSA/FSA card on file for easy payment.

Questions or Complaints

You have the right to ask questions about anything that happens in therapy. I am always willing to discuss how and why I've decided to do what I am doing and to look at alternatives. If you are unhappy with what is happening in therapy, I hope you will talk about it with me so that I can respond to your concerns. I will take such criticism 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 make any complaints 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 the 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 the law. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Sara Allen, M.A. Registered Mental Health Counselor Intern. I know I can end therapy services at any time I wish and that I can refuse any requests or suggestions made by Ms. Allen.

I agree to pay for the session fees as outlined in this document (\$100 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.

Signature of Client

Date

Signature of Parent or Legal Guardian (under 18)

Date

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

Communication Preferences

I give permission for Sara Allen, Registered Mental Health Counselor Intern to communicate with me via the following media (please check all that apply):

Email

Phone (it is ok to leave messages on voicemail)

Text Message

Emails will come from sara.allencounseling@gmail.com and text/voicemail from 904-866-6082. Both media and password are protected.

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

Signature of Client/Parent or Legal Guardian

Date