

B.E.A.C.H. COUNSELING, LLC

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INFORMATION, AUTHORIZATION, & CONSENT TO TREATMENT

I am very pleased that you have selected me to be your counselor, and I am sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from me regarding confidentiality, emergencies, and several other details regarding your treatment.

Although providing this document is part of an ethical obligation to my profession, more importantly, it is part of my commitment to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding your course of therapy at any time.

INFORMATION REGARDING MY BACKGROUND

The following information regarding my educational background and experience as a therapist is an ethical requirement of my profession. If you have any questions, please feel free to ask. I have a Master's of Education degree in Community Counseling from the University of Georgia. I am a Licensed Professional Counselor in the state of Georgia (#LPC003762), and a Licensed Mental Health Counselor in the state of Florida (#MH9917). Additionally, I have had extensive work experience and training in Substance Abuse and Dependency Counseling and am a Master Certified Addiction Professional in the state of Florida (MCAP #5860).

I have provided counseling services since 1998 at facilities including The Center for Counseling and Personal Evaluation at the University of Georgia, Rockdale Mental Health, The Commencement Center of Athens Regional Medical Center, Hall County Drug Court, Odyssey Healthcare, WellStar Hospital System Behavioral Health, Talbot Recovery Campus, and Ridgeview Institute.

THERAPY SERVICES & THEORETICAL VIEWS

A person's experience of psychotherapy will vary based on the personalities of the client and therapist, the therapist's therapeutic approaches, and the particular problems being addressed. During the course of your therapy, I may propose many different therapeutic approaches to helping you with your presenting problems. I encourage you to complete homework assignments and discuss with me the approaches that are helpful and those that are not. Some clients need only a few sessions to achieve these goals, whereas others may require months or even years of therapy. As a client, you are in complete control, and you may end your relationship with me at any point.

Psychotherapy can have both risks and benefits. Because therapy frequently involves sharing troublesome aspects of your life, you may experience uncomfortable or distressing feelings sometimes. In other words, you may feel worse before you start to feel better. There are of course, many benefits of therapy. Doing the work that therapy asks of you can often lead to solutions to specific problems, better relationships, an increased sense of well being and decreased symptoms of distress. *However, though I will work with you to attain your therapy goals, I do not guarantee your therapy experiences or outcomes.*

It is my intent to facilitate your growth to the degree that you are capable of facing life's challenges in the future without my support or intervention. I do not believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. Instead, I will direct you to other resources or clinicians that can be of further assistance. I encourage you to let me know if you feel this is necessary at any time.

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CONFIDENTIALITY & RECORDS

The confidentiality of your personal information is very important to me and I am dedicated to protecting it. As stated in my Privacy Notice, the law protects the privacy of your Protected Health Information (PHI). I use your information primarily to provide treatment to you, but I also use it for administrative uses including billing and in filing for reimbursement from your insurance company (when applicable). If I am required to submit a treatment plan to your insurance company, I will make every effort to release only the minimum amount of information requested and I will share with you the information released, per your request. However, this information may become part of the insurance company files and likely will be stored in a computer. Though insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their possession.

I will keep everything you say to me completely confidential, with the following exceptions: (1) If you direct me to tell someone else and you sign a "Release of Information" form; (2) If you indicate that you will seriously harm yourself or someone else I am required to take action to prevent that harm from occurring. Examples of "taking action" are notifying the proper authorities, your family, or the person who is being threatened; (3) You report information to me about current abuse of a child, an elderly person, or a disabled individual; or (4) I am ordered by a judge to disclose information. In the latter case, my license does provide me with the ability to uphold what is legally termed "privileged communication." Privileged communication is your right as a client to have a confidential relationship with a counselor. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. I cannot guarantee that the appeal will be sustained, but I will do everything in my power to keep what you say to me confidential. Please note: if I become involved in your legal proceedings, you and your legal team will be charged for my professional expertise and time, which is billed at a higher rate than psychotherapy sessions. Payment is required *prior* to appearance in court and prior to my releasing/compiling documentation.

Please note that in couple's counseling, I do not agree to keep secrets. Information revealed in any context may be discussed with either partner.

In order to provide you the best therapy possible, I may consult with other licensed therapists about your case in order to get another professional opinion. However, I will never use your name, and I will always disguise your identity. The purpose for these consultations is strictly to provide you with the best possible care. If you have any questions about confidentiality, please ask.

COSTS OF SESSIONS AND INSURANCE INFORMATION

I agree to provide psychotherapy for the fee of \$135.00 per initial assessment session, and \$135.00 per hour for subsequent, 50 minute session, unless otherwise negotiated by you or your insurance carrier. Couples counseling sessions are \$150 per 50-minute session. You (and not your insurance company) are responsible for the full payment of my fees. The fee for each session will be due at the conclusion of the session. Cash and personal checks are accepted for payment, and I will provide you with a receipt of payment. Please note that there is a \$30.00 fee for any returned checks.

Doing psychotherapy by telephone is not ideal, and needing to talk to me between sessions may indicate that you need extra support. If this is the case, you and I will need to explore adding sessions or developing other resources you have available to help you. Telephone calls that exceed 5 minutes in duration will be billed at my hourly rate per minute.

Insurance companies have many rules and requirements specific to certain plans. Unless otherwise negotiated, it is your responsibility to find out your insurance company's policies if I am not in network with your insurance company. I will be glad to file your out-of-network claims for you, as a courtesy. However, please understand that I am required to provide a diagnosis code and potentially more information about your case even to file out-of-network claims. I do not agree to complete more significant paperwork for out-of-network policies. If more paperwork is required, you will be billed at my hourly rate per minute for the case work. Furthermore, if you require me to document information for disability cases or for other issues, the case work fee of my hourly rate per minute also applies. If I am in network with your insurance company, please be aware that I must provide your

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insurance company with a diagnosis as well as information about your progress in treatment. They also may have right to audit your entire chart, depending upon your insurance company.

APPOINTMENTS AND CANCELLATION POLICY

Therapy sessions are generally 50 minutes long, unless we agree otherwise. Sessions begin promptly at the scheduled time. If you are late for a session, the session will still end at the scheduled time and you will be charged for the full 50-minutes. If you need to cancel or reschedule your session, you must notify me at least 24 hours in advance to avoid being charged for the session. *When given less than 24 hours notice, I do not have enough time to schedule another client in that time slot, I cannot renegotiate my childcare obligations, nor can I readily adjust my schedule for the day. Therefore, I charge \$100.00 for canceled sessions with less than 24 hours notice. You will either be billed for the missed session or the fee will be due upon your next visit.* Insurance companies will not reimburse for cancelled appointments, and you will be required to pay this fee out of pocket. See the Cancellation Policy sheet for more information.

If you have questions about our therapy sessions or my procedures, we can discuss them as they arise. When you feel you have come to the end of your need for therapy, it is beneficial to schedule a final session so that we can review your progress during the course of our work together and discuss strategies for maintaining it. If you discontinue therapy without officially notifying me, your therapeutic relationship with me will be considered ended 30 days after your last visit. *However, you may simply call in the future to resume therapy.*

I reserve the right to discontinue therapy with you at any time. In such a case, I will provide you with at least two referrals to licensed therapists with whom you may choose to continue therapy.

CONTACTING ME

Currently, I hold office hours Mondays through Thursdays. I am available to return phone calls Monday-Thursday until 6:00 p.m. and Fridays until noon. If I am unavailable at the time of your call, please leave a message on my confidential voicemail (561) 951-0879 and I will return your call as soon as I am able, within my scheduled business hours.

*****Please note: I am not consistently available Friday-Sunday and after business hours, but I will return your call, during my regular business hours, as stated above. Should I be out of town, I will make every effort to alert you of my absences and will indicate absences on my voicemail.

IN CASE OF AN EMERGENCY

My practice is considered to be an outpatient facility, and I am set up to accommodate individuals who are reasonably safe and resourceful. I do not carry a pager nor am I available at all times. If at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. **If you are in an emergency situation (you want to harm or kill yourself or someone else, or you are similarly severely distressed)** and need to contact someone immediately to help you, you may call me. However, if I am not available to answer the call, or do not return your call promptly, please use the following resources:

- Call 911.
- Go to your nearest emergency room.
- Dial the Crisis Line at 211
- Call the Lantana Center for Information and Crisis Services, serving Palm Beach & Treasure Coast 24 Hours/7 days a week at (561) 383-1111
- www.imalive.org is a crisis website where you can chat with a live crisis counselor

PROFESSIONAL RELATIONSHIP

Because of the nature of therapy, your relationship with me has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of therapist and client. If you and I were to interact in any other ways (e.g., social, business, etc.), we would then have a "dual relationship." Dual relationships may compromise your treatment and, therefore, are discouraged in the

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mental health profession. In order to offer all of my clients the best care, my judgment needs to be unselfish and purely focused on your needs. This is why your relationship with me must remain professional in nature.

Additionally, there are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. A therapist offers you choices and helps you choose what is best for you. A therapist's responses to your situation are based on tested theories and methods of change.

You should also know that therapists are required to keep the identity of their clients secret. As much as I would like to, for your confidentiality, *I will not address you in public unless you speak to me first.* I also must decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy is completed, I will not be able to be a friend to you like your other friends. In sum, it is my duty to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way; they are strictly for your long-term protection.

TECHNOLOGY STATEMENT

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to me to maintain your confidentiality, respect your boundaries, and ascertain that our relationship remains therapeutic and professional. Therefore, I've developed the following policies:

Cell phones: It is important for you to know that cell phones may not be completely secure and confidential. If you would like for me not to use a cell phone when contacting you, please let me know.

Text Messaging and Email: Both text messaging and emailing are not secure means of communication and may compromise your confidentiality. However, I realize that many people prefer to text and/or email because it is a quick way to convey information. If you choose to utilize texting or email, please discuss this with me. However, please know that it is my policy to utilize these means of communication strictly for brief topics such as appointment confirmations. Please do not bring up any therapeutic content via text or email to prevent compromising your confidentiality. You also need to know that I am required to keep a copy of all emails and texts as part of your clinical record.

Facebook, LinkedIn, Etc: It is my policy not to accept requests from any current or former client on social networking sites such as Facebook or LinkedIn or other social media (and some payment applications) because it may compromise your confidentiality. Additionally, my ethics code prevents me from soliciting endorsements from clients, and the concept of "Liking" is considered to be bordering on such solicitation.

Google: I do not search for clients on Google. I respect your privacy and make it a policy to allow you to share information about yourself to me as you feel appropriate. If there is content on the Internet that you would like to share with me for therapeutic reasons, please print this material out and bring it to your session.

In summary, technology is constantly changing, and there are implications to all of the above that I may not realize at this time. Please feel free to ask questions, and know that I'm open to any feelings or thoughts you have about these and other modalities of communication.

STATEMENT REGARDING ETHICS, CLIENT WELFARE AND SAFETY

I assure you that my services will be rendered in a professional manner consistent with the ethical standards of the American Counseling Association . If at any time you feel that I am not performing in an ethical or professional manner, I ask that you please let me know immediately. If we are unable to resolve your concern, I will provide you with information to contact the professional licensing board that governs my profession.

Please initial that you have read this page _____

I am sincerely looking forward to working with you on your journey toward healing and growth. If you have any questions about any part of this document, please ask.

Please print, date, and sign your name below indicating that you have read and understand the contents of this “Information, Authorization and Consent to Treatment” form as well as the “Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices” provided to you separately. Your signature also indicates that you agree to the policies of your relationship with me as your therapist, and you are authorizing me to begin treatment with you.

Client Name (Please Print)

Date

Client Signature

If Applicable:

Parent’s or Legal Guardian’s Name (Please Print)

Date

Parent’s or Legal Guardian’s Signature

My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

Therapist’s Signature

Date

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