

TRISH JOHNSON

Greenfield's Counseling and Consulting
Consent for Treatment Form

Welcome, I am glad to have the opportunity to meet with you. To ensure that you receive the most value possible from our interaction, I am taking a moment to clarify the service I offer.

I am a licensed mental health counselor with the State of Florida. My work is intended to be in harmony with any other therapeutic modality traditional or non-traditional.

CONFIDENTIALITY And HIPPA RULES

Communication both written and verbal between therapist and client are held in strict confidence according to Florida State Law. I can only release information about our work to others with a, Release of Information, form.

However, there are a few exceptions:

There are some situations in which I am legally obligated to take action to protect others from harm. For example, if I believe that a child (or elderly or disabled) person is being abused, I must file a report with the appropriate agency.

If I believe that the client is threatening serious bodily harm to another, I am required by law to take protective actions. These actions may include notifying the potential victim, contacting police, or seeking hospitalization for the client. If the client threatens harm to himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations occur rarely, however, should a similar situation occur, I would make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult with other professionals about a current client's process. During a consultation I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep information confidential.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that any questions or concerns be discussed at any time during session, if further clarification is warranted.

CONTACTING ME:

I am often not immediately available by phone. When I am unavailable, texting, which I monitor will alert me. I will make every effort to return your text in a timely manner or on the same day, with the exception of weekends and holidays. If you are unable to reach me and feel that you cannot wait for a return text, go to the nearest emergency room and ask for the psychiatrist on call, and an assessment will be provided.

Sessions are typically 45 to 50 minutes in length and support emotional and psychological growth, from the place of greater awareness comes the ability to achieve a greater ability to understand and make choices.

I am not a doctor and do not diagnose physical disease or prescribe medications. Counseling requires effort on the clients part however, an increased sense of well-being can be achieved even after one session. Each client is responsible for and holds the keys to their experience, I am available to be a partner, a committed listener and mirror in your journey.

I have notified and discussed with Ms. Johnson any pre-existing mental health diagnosis, stated clearly the goals and am able to participate in therapy. I also agree to give advance notice if I am unable to make my appointments.

Your signature below indicates that you have read the information in this document, know there are HIPPA rules and agree to the terms during our professional relationship and consent to treatment.

Signature _____

Date _____