

Silvia Echevarria-Doan, Ph.D., LMFT, LCSW

ALMA THERAPY INSTITUTE, LLC

Informed Consent to Receive Services

Please read this agreement carefully and feel free to ask questions. Your signature on this form indicates your understanding and acceptance of the terms outlined.

PLEASE BE SURE TO SIGN THE LAST PAGE. THANK YOU.

Seeking help is an important and serious matter. The process of therapy is a collaborative process and it is our job to work together toward identified goals and desired change. Therapy is only as effective as the amount of effort you put into it. The relationship between the therapist and the client is key to helping resolve difficulties and it is important that all parties have a sense of understanding and trust in the process. Please feel free to ask questions and share concerns at any time throughout our time together.

Length and Frequency of Treatment: This is a highly variable decision that will be mutually determined by Alma Therapy Institute therapists, clients, and family members throughout treatment. When doing couple and family work, clients may be seen individually and in various combinations at different points in time during treatment. With the exception of initial evaluations, appointments are usually for 50 minutes of client contact time each hour with the other 10 minutes used for fee collection and documentation.

Cancellations: Appointment times are reserved exclusively for you and your family members. Thus "no shows" and cancellations made less than 24 hours before appointment time will be charged the full fee and are not reimbursable through insurance. There will be no charge for cancellations made 24 hours in advance. If you are running late, call and come anyway and use the remaining time already reserved and charged to you. It is also important for therapy to be effective to establish a consistent schedule.

Fees and Insurance: Fees are due when services are rendered by cash or check. Chargeable time includes therapy sessions, writing of reports and correspondence and contacts with other professionals on your behalf. I understand that I must avoid calling upon Alma Therapy Institute therapists to testify in any legal matter. However, if her services are required for court related issues, charges will include depositions, court room testimony, preparation time, travel time from and to her office, and waiting time to testify, at the cost of \$200.00 per hour (not covered by insurance). A 1.5% monthly service fee will be charged to all unpaid balances that exceed 30 days. Unpaid balances that exceed 90 days may be referred to collections, small claims court and/or to your credit bureau.

Insurance only pays for the actual therapy session. Your insurance company may pay for outpatient mental health services from a licensed mental health provider. If you are filing claims, it is up to you to check with your insurance representative to determine what is reimbursable, at what percentage, and if there is a deductible that needs to be met.

Please be aware that if you use your insurance, your company may require Alma Therapy

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Institute therapists to reveal your diagnosis and treatment issues to one of their case reviewers in order to initiate payment and/or to authorize additional therapy sessions. Your signature at the end of this document will serve as "signature on file" for me to file insurance claims and to discuss clinical issues with them if necessary.

Emergencies: I understand that Alma Therapy Institute therapists are NOT able to respond or intervene in clinical emergencies (e.g. suicide attempts, runaways, behavioral aggression, abuse episodes) and she hereby advises me to call the *Alachua County Crisis Center at 352-264-6789, dial 911, or go to the nearest hospital emergency room* when emergencies occur. I may call and leave a message on her voicemail about the crisis, the nature of the problem, and a number where I can be reached during the day.

Limits of Confidentiality: Problems and intimate details shared and discussed in therapy will be treated confidentially and will not be shared with other family members, insurance companies or professionals without your written consent. However information shared that has to do with knowledge or suspicion of abuse, certain aspects of HIV, and/or situations that constitute a clear and immediate danger to self and others is not considered privileged, and as a licensed professional in the state of Florida, Alma Therapy Institute therapists are required to disclose her concerns to appropriate designated authorities.

Confidentiality can also be waived by order of a judge in a disputed child custody case. Couples or adult family members seen in family therapy must all sign a release of information for treatment details to be shared even if the requested information is to be shared with a client's attorney. Clinical records in the state of Florida are the property of the practicing professional, not the client and are not to be released to the client. However, the therapist may provide a narrative summary of the treatment directly to the client, his/her attorney, or other professional upon the client's written request. There are two other circumstances in which confidentiality may be breached. In the highly unlikely event of a malpractice lawsuit or filed complaint against Alma Therapy Institute therapists, I understand that they are allowed to seek legal defense and in so doing, are allowed to provide whatever documentation is necessary, that may include my records.

I understand that Alma Therapy Institute therapists prefer not to greet clients outside of the office in social circumstances to protect their confidentiality. They are okay with clients approaching them if desired. In the event that couples or family members disclose secrets, Alma Therapy Institute therapists will reserve the right to share and/or withhold information based on clinical/therapeutic decisions that they will discuss with those involved. Their preference is to find ways to constructively bring that information back into therapy. Sessions will begin only when all involved are present and any telephone conversations between Alma Therapy Institute therapists and any person in therapy (client) will be shared with the entire client system at her discretion. This maintains a trusted therapeutic relationship and avoids potentially harmful alliances.

Potential outcomes of therapy:

I understand that it is not unusual for clients to experience a certain level of discomfort or

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emotional distress during or after therapy and I agree not to hold Alma Therapy Institute therapists responsible for my discomforts or distress and to discuss these feelings with Alma Therapy Institute therapists should they arise. I also understand that changes that I make as a result of therapy can affect others in my life such as children, spouses, family and friends. I agree to not hold Alma Therapy Institute therapists responsible for changes that may affect others. Finally, results of therapy are sometimes not as expected and occasionally not what one might desire. I agree not to hold Alma Therapy Institute therapists responsible for undesirable outcomes of therapy.

Possible Referrals:

During therapy, there may be situations where Alma Therapy Institute therapists might refer clients to another therapist. Should this arise, Alma Therapy Institute therapists agree to discuss this openly with clients. I understand that Alma Therapy Institute therapists ARE NOT medical physicians, psychiatrists, psychologists, attorneys, nor child custody evaluators, thus they will not provide me with advice, other than referral, in any of these other areas. I understand Alma Therapy Institute therapists are not responsible in any way for the actions of any professionals to whom they might refer me, and I agree to not hold them responsible for the actions of those to whom they may refer me.

Acknowledgements:

- I understand that Alma Therapy Institute therapists are mandated reporters.
- I acknowledge the explanation of limitations to confidentiality.
- I have read and understand the HIPAA requirements for this practice.
- I have received information about credentials of Alma Therapy Institute therapists.
- I authorize treatment and agree to receive services.
- I accept responsibility to pay all fees due.
- I give permission for messages to be left at _____

I have read and received a copy of this consent form.

Date

Therapist's Signature:

Date
