## º INFORMATION & AGREEMENT & CONSENT FOR TREATMENT

This is to provide you with general information about the services I provide and the policies and procedures of this office. I am dually licensed as a Licensed Mental Health Counselor and a Licensed Marriage and Family Therapist with a Master's Degree in Counseling. I have over twenty years experience as a therapist for individuals, couples, family, and groups. In addition, I am certified nationally by the National Board of Certified Counselors and a clinical member of the American Association of Marriage and Family Therapists.

My belief is that psychotherapy is a cooperative effort with my client. Your ability to benefit from treatment is dependent upon your willingness to honestly discuss your thoughts, feelings, and behaviors and to examine how these may be contributing to your difficulties. This often entails asking you to carry out assignments or specific activities between sessions. At times, psychotherapy may be an uncomfortable process that will need to proceed at a pace that is comfortable and safe for you. If a medical concern is a part of the reason for seeking psychotherapy, please be aware that I am not a medical doctor. Although we may discuss your condition and your use of medical interventions (e.g., medication intake and pattern), my comments are not intended to replace the recommendations of your physician. To clarify any potential misunderstandings, please review with me anything that seems contradictory. Please know that you are always advised to follow your physician's instructions until you discuss possible revisions with him or her.

You will notice that I do not accept call while I am with clients. During those times, or when I am out of the office, messages can be left on my voice mail. I will make every effort to return your call later that day. If your call is urgent, please make note of that in your message. Telephone counseling sessions are generally not covered by insurance companies. In addition, if you are calling about an emergency situation and I am not immediately available, please call the local crisis hotline (407-425-2624), go to the nearest emergency room, or call the police for immediate assistance. If I am out of town, or otherwise unavailable for an extended period of time, a colleague will speak or see you in case of an emergency. Please be aware that their charges may be different than my own.

Should you be unable to attend an appointment, you must **notify me 24 hours in advance.** If, I do not receive such notice, you will be responsible for the full charge. Insurance does not cover missed or non-authorized appointments and your will be responsible for charges. Of course, emergencies are taken into consideration.

I am dedicated to maintaining the privacy of your personal health information as part of providing professional care. I am also required by law to keep your information private. The law is complicated and a separate form is being provided to you outlining the limits of the law and your rights. Please sign below indicating that this information has been made available to you.

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By my signature below I certify that I have read the above information and I consent to psychotherapeutic treatment and the financial, no show agreements mentioned on the information sheet.
By my signature below I am certifying that I have received and been given an opportunity to read a copy of the Notice of Privacy Practices. These Privacy Practices are posted in the waiting room. I understand that if I have any questions regarding the Notice or my privacy rights I can contact Lisa A. Smith
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_____ _____ _____

Signature Printed Name Date

_____ Please initial here to indicate that you have received a copy of this form.