

<b>Client Information</b>
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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number (best number to contact you): \_\_\_\_\_

Email: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Would you like to receive my newsletter? Yes: \_\_\_\_ No: \_\_\_\_ (if "yes" please provide your email above)

How did you hear about me:

\_\_\_\_ Google search    \_\_\_\_ Psychology Today    \_\_\_\_ Referral

Other, Please Specify: \_\_\_\_\_

Significant medical conditions, medications, or complimentary health approaches you currently use:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have had previous counseling, please state when and for what reasons:

\_\_\_\_\_

\_\_\_\_\_

## Services Consent

I understand that:

- I will be receiving counseling services from Barb LoFrisco, PhD, licensed mental health counselor (MH 10206), licensed marriage and family therapist (MT 2518), and certified sex therapist practicing at 14499 N. Dale Mabry Hwy, Ste. 164, Tampa, FL, (813) 404-9215.
- I understand that my counselor cannot tell me what to do or solve my problems, but rather will provide objective feedback to facilitate change, and that my progress is largely dependent on my openness to change and willingness to work outside of the session(s). (Research estimates this dependency at 40%.)
- Different counseling techniques may be utilized during the course of my treatment. Unless otherwise noted in writing, I hereby consent to the use of any counseling techniques utilized by my counselor during the course of my treatment.
- I understand that I can terminate therapy at any time, but am encouraged to have a final termination session so that my counselor can help me prevent relapse.
- I understand that my counselor is under an ethical duty to terminate when the counselor determines that I am not sufficiently benefiting from therapy and the counselor believes that I need a different level or kind of care.
- I will not make audio/video recordings of my sessions without my therapist's permission.
- All information pertaining to my counseling experience, including the knowledge that I am being seen for counseling is strictly confidential. By law, information cannot be released in spoken or written form by my counselor without my signed consent, **with the following exceptions:**
  1. There is a clear and serious indication of doing self-harm.
  2. There is a clear and serious indication of danger to someone else.
  3. My counselor receives a subpoena of which I have been properly notified and have failed to inform her that I am opposing the subpoena or court order.
  4. There is indication that a child, person with a disability, or elderly person has been abused, exploited, or neglected.
  5. When clinical information is required for consultation. (No identifying information will be released.)
  6. My account is in delinquent status. Appropriate billing and financial information will be released to a collection agency. (No clinical data will be released.)
  7. I send my primary counselor an email containing private information. Please see the *Online Consent* form for more information.
  8. My counselor is also a professor and professional writer and occasionally uses case studies as a method to educate others. As per section G.5.a. of the ACA Code of Ethics, the information will be sufficiently modified in order to obscure identity.
  9. If I am using insurance, I give this office permission to release any information obtained during treatment that is necessary to support any insurance claims on this account and secure timely payments due to the assignee or myself.
  10. If the mode of treatment is couples therapy, I give my therapist permission to utilize information obtained in individual sessions for treatment purposes.
- A 30-day period without an appointment constitutes termination of the therapy relationship. Therapy may be resumed at any time upon agreement of all parties.
- If the mode of treatment is couples therapy, and I decide to stop attending, I give my permission for the therapist to see my partner individually, if that partner so chooses.
- I have the right to prompt and reasonable responses to my questions and requests.
- During my treatment with my counselor, I shall be free from abuse, exploitation, or criminal sexual conduct.
- I have the right to participate in the planning of my mental health care.
- This consent will expire 30 days after the termination of treatment.
- I have access to the HIPAA policy.

**I understand and agree to all of the above:**

\_\_\_\_\_  
Client name (printed)

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

## Policies and Fees

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **No-show/late cancel**

- I will be seen on an appointment basis. Whereas CounselorBarb understands that life can be very hectic and full of surprises, a cancellation or reschedule without enough notice costs her income that cannot be replaced. Therefore, barring emergencies, if I cancel within 48 hours I will pay her half the appointment fee, and if I give her no notice at all I will pay the full fee. (If she is able to schedule another client in my place, I will not be charged.) I will not use email to cancel or reschedule appointments, as this method can be unreliable and I may be held responsible for a missed appointment.

### **If I arrive late**

- My appointment time begins when I arrive and concludes at the scheduled ending time. If I will be more than 10 minutes late, I will call or text. Otherwise, CounselorBarb will assume I am not coming, and I may be held responsible for a missed appointment.

### **Telephone/text/email response time**

- CounselorBarb may not respond immediately to my messages if she is in session or otherwise engaged. If I am in crisis I will contact the crisis center at 211, go to the emergency room of a hospital, or call 911.

### **Death or incapacitation of CounselorBarb**

- Upon the death or incapacitation of CounselorBarb, Susan Posada, PhD, will take over as custodian of my client records.

### **Fees**

- I will be paying \$130 per individual session, \$150 for individual sex therapy or couples therapy, or \$300/\$225 for Discernment Counseling. **Out of each therapy hour, CounselorBarb takes 10 minutes to review my case and complete clinical notes.** Arrangements can be made (in advance) for shorter sessions.
- CounselorBarb will charge me her lowest hourly rate for telephone consultations, composing letters, or any other similar requests for her time outside of the therapy hour. This includes reading lengthy emails or texts (please see the *Online Policies* for privacy concerns). CounselorBarb does not complete forms or other tasks related to short term or long term disability benefits. For requests involving photocopying, in accordance with Rule 64B8-10.003, Florida Administrative Code, there will be a charge of \$1.00 per page for the first 25 pages and \$.25 for each additional page.
- Delinquent accounts will be sent to Medical Business Consultants, Inc., and will include a \$60 collection fee. Returned checks and credit card chargebacks will be subject to a \$50 fee.

## Court Policy

I will notify CounselorBarb prior to my treatment if I am involved in a court case that may require her testimony. If CounselorBarb is requested to write a letter on any court related matter, she will **not** be stipulating in writing or in person as to an opinion; she can only provide observations and feedback. At no time will CounselorBarb make a recommendation in regards to custody or any other court related matter.

If a court order is served and is requesting that CounselorBarb be present in person and/or there is a request for records, the client's consent will be requested before turning over confidential information. (However, if the subpoena is from a judge, client consent is not required). When obtaining this consent, the client will be told exactly what has been requested by court and there is no guarantee that the information will be kept confidential. This includes a client's mental health history; current status and inclusive records and may not be in the best interest of the client. The therapist client relationship does not render the therapist as an advocate. Thus, CounselorBarb will withhold any opportunity to engage in a dual relationship with the client.

Please be advised that should CounselorBarb be ordered by court to write a letter to the court, the time shall be billed at \$200 per hour.

Please be advised that should CounselorBarb be court ordered to appear in court, the fee stipulation is as follows:

- \$2,000 per day plus \$200 per hour for travel to and from the court.
- \$200 per hour for preparation

CounselorBarb will **NOT** be ON-CALL at any time. Should a case be trailed, CounselorBarb will be paid in full for each day as well as an additional \$1,000 per day as it hinders CounselorBarb's ability to be available to clients that have already booked.

All court fees must be received by cashier's check 14 days prior to the court date. Should the court calendar the hearing for another date, CounselorBarb must be re-issued a court order with the new court hearing date.

Should CounselorBarb be on vacation, or otherwise, the party initiating the court order must take reasonable steps to avoid imposing undue burden or expense on a person subject to the subpoena.

Lastly, I will be held responsible for any attorney fees incurred by CounselorBarb if consultation with an attorney is required for her to address any legal issues raised by me.

## Online Policies

### Text and Email Privacy

Although the Internet provides the appearance of anonymity and privacy in counseling, privacy is more of an issue online than in person. I understand that I am responsible for securing my own computer hardware, Internet access points, and email. If I choose to communicate via text or email other than Hushmail, I understand these are unsecured methods of communication, and it is possible that hackers or other unauthorized personnel may see my communications. If I prefer all email communications to be secure, I will notify my counselor and I will create a Hushmail account and use it for all of my email communications.

In addition, I will not use email for urgent or confidential matters.

### Text and Email Potential Risks

The potential risks of using email to communicate with my counselor include: (1) messages not being received and (2) confidentiality being breached through use of unencrypted email or text messaging, lack of password protection or leaving information on a public access computer in a library or internet café. Messages could fail to be received if they are sent to the wrong address (which might also breach confidentiality) or if they accidentally get forwarded by the counselor's email software to the trash folder. Confidentiality could be breached in transit by hackers or Internet service providers or at either end by others with access to the client's account or computer. If I access the Internet from public locations such as a library, computer lab or café I will consider the visibility of my screen to people around them and I will position myself to avoid peeping by those around me.

### Text and Email Safeguards

My counselor has selected an email account with Hushmail to allow for the highest possible security and confidentiality. If I choose to use this method, my personal information will be encrypted and stored on a secure device. I am responsible for creating and using additional safeguards when the computer used to access services may be accessed by others, such as creating passwords to use the computer, keeping my email IDs and passwords secret, and maintaining the security of my wireless internet access points (where applicable).

### Social Media

- I understand that my counselor does not accept "Friend" requests on her Facebook profile; so if I want to connect with her on Facebook I will "like" her business page [www.facebook.com/counselorbarb](http://www.facebook.com/counselorbarb). I understand that this page is used to post information and generate conversation about general mental health and intimacy topics, and it is not meant to provide personal psychotherapy.
- To protect my privacy, I will not share clinical information on social media.

**I understand and agree to these policies and fees:**

Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_