Informed Consent for Treatment and Privacy Notice

Dear Prospective Client: The decision to seek counseling is an important one, but clients are often unsure of what to expect from the counseling process. This document explains my role as the counselor and your responsibilities as the client.

The counseling relationship is a collaborative one in which we work together to help you access personal resources to handle your problems. It is not like a medical visit, where one follows a doctor's orders. Instead, counselors help clients identify their own goals and align thinking, feelings, and behavior to their own best interests.
None of the methods I employ, including Rapid Resolution Therapy, are guaranteed to yield positive or intended results. Rather, we will be working together toward whatever improvement is possible. Though you are likely to find ways to reduce distress, you may also experience uncomfortable feelings or become aware of things you had not fully realized. Sometimes relationships may change as clients gain awareness and implement personal changes. I would expect you to let me know if you start to experience any significant difficulty, so we can address it in our sessions. It is, then, a collaborative relationship and I welcome your feedback as well as expect your active involvement, openness, and honesty in order to maximize our work together.

Fee for Service and Cancellation Policy: Current rates for therapy are posted on my website. My practice is primarily a "fee for service" which means fees are due at the time of the appointment. I prefer collecting these at the beginning. A 50 percent nonrefundable deposit is required to secure your appointment. That time is reserved for you and subject to a 24-hour cancellation policy. If you do not call to cancel your appointment with at least 24 hours advance notice or fail to appear for your appointment, your deposit will not be refunded. Should you need

to cancel or reschedule, please do so at least 24 hours prior to your appointment to avoid forfeiting your 50 percent deposit. Late arrivals will limit the time of your appointment. In an effort to not delay the next client, your appointment will end at its scheduled time.

Discussion of Treatment Plan: During the first session and throughout the process I will discuss with you our treatment plan, therapeutic objectives, and possible outcomes of treatment. You have the right to discuss any aspect of your therapy, including fees, other methods of care, the coordination of care with other providers or the option to seek other forms of care I do not provide. Hypnotherapeutic methods may be used if I feel these would help and we can discuss these at any point. Please ask any questions you have at any point.

Termination and Referral: At the outset and over the first sessions, I will assess if I can be of benefit to you. I do not accept clients who, in my opinion, I cannot help. In such case, I will give you a number of referrals that you may contact. You have the right to end counseling at any time you see fit, and likewise, I may suggest when the counseling has reached its logical conclusion.

Litigation Limitation: Your signature affirms your understanding that my role is to provide counseling for your presenting problem and that should you be involved in later legal proceedings, neither you nor your attorney nor anyone else acting on your behalf will call on me to testify in court or serve in additional roles, such as an expert witness, mediator, provide disability evidence or give testimony in any legal or potentially legal matter; this includes reports on parental custody, fitness for duty, or to substantiate any other claim, proof of hardship, or to claim benefits from a third party. Nor will a disclosure of psychotherapy records be requested.

Privacy and Confidentiality: The information in the record

cannot be disclosed without your written permission except when disclosure is required by law– in cases where there is imminent danger of harm to self or others, in the event of suspected child or elder abuse, or in the rare instance that my records are ordered to be released by a judge of the court. Likewise, you are expected to keep our communications confidential and understand all records of communication between client and therapist remain the property of Alexis Cancemi. Verbatim material from therapy sessions should never be revealed publicly, either being written, spoken, posted online, or through any devices, unless both client and therapist agree. For this reason, I will not agree to client recordings of any part of the session.

Case Management and Record Keeping: Considering all of the above exclusions, if it is still appropriate, upon your request, I will release information to any agency/person you specify unless I conclude releasing such information might be harmful in any way. In couples or family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or family members. If important information is disclosed in these sessions, the participant does so with the knowledge I will usually share it or help the participant share it with the other partner or parent. I will not release records to any outside party unless I am authorized to do so by all adult family members who were part of the treatment. The laws of Florida require counselors to keep a secured record of visits and you may review or request a summary of this within seven years of your last visit, at which time all records, written or electronic, will be destroyed. You understand that if after having been seen, you have not made contact within any 30 day period, your record will be placed on inactive status and that the counseling relationship will terminate for that episode of care. I often video or audio tape sessions for the purpose of professional improvement and these may be viewed by licensed supervisors, with whom I might seek professional consultation, who are likewise governed by the

confidentiality laws of Florida or the states in which they practice. These are not part of your file and your signature below indicates you give permission for such taping and professional useage.

Dual Relationships: Not all dual relationships are unethical or avoidable. However, sexual involvement is never part of the therapy process nor at any time following therapy. Conflicting business interests, teacher-student roles, and many other relationships provide conditions that can compromise therapist objectivity, effectiveness, or become exploitative in nature. If such a dual role conflict arises, I will discuss it and we may have to resolve it in the direction of curtailing therapy. I will not acknowledge working professionally with someone without his/her written permission. For this reason I will not accept any invitations to friend, link, respond to blogs written by clients.

Confidentiality of Online, Cell Phone, Fax Communication, and Use of Technology: I do not use Facebook, Twitter, or any social media for any client-related communication and I do not store client names on my phone. Additionally,

- SMS text messaging is acceptable for appointments and housekeeping issues only
- If you call me on a cell phone, please be aware that the conversation is not secure and confidential
- I will not respond to any personal or clinical concerns using regular email.

Your HIPPA rights to privacy and personal safety, both of which I have an obligation to protect, are my main concern here. I make every effort to keep all information confidential. Likewise, I ask that you determine who has access to your computer and electronic info from your location if we are working online together. This would include family members, co-workers, supervisors, and friends, and whether or not confidentiality from your work or personal computer could be compromised through such programs

as **keylogger.** I encourage you to communicate only through a computer which is safe and be sure to fully exit all online counseling sessions or emails. I do not place my practice as a check in location at various sites. Please do not use location based services on your mobile phone or any device that requires you to check in, as others could easily surmise you are at a counseling appointment.

Online Therapy and Its Limitations: If we agree that distance counseling could benefit you, it can be conducted by Skype or FaceTime. Be advised, however, that these methods can be compromised. If we are scheduled for an online synchronous audio or video conference and we are unable to connect or are disconnected during the meeting due to a technical breakdown, please try to reconnect within 10 minutes. If this is not possible, contact me to schedule a new session time. You as the client understand that distance therapy is a different experience as compared to in-person sessions, and there are risks given the relative lack of cues available in face-to-face interaction such as misperceptions or misunderstandings of expression, tone, body language, and choice of words. For this reason safety is paramount. You will need to supply the name of an emergency contact who will be available to respond to you in your local area (15 miles) during and following an online session. You understand that online psychotherapy with me is not a substitute for medication or other therapies under the care of a doctor, if you need it. You understand online therapy is not appropriate if you are experiencing a crisis or having suicidal or homicidal thoughts. You understand that I follow the laws and professional regulations of the State of Florida (USA) and the psychotherapy treatment will be considered to take place in the state of Florida (USA). Typically, I do not conduct online therapy with clients whose permanent domicile is located outside my license jurisdiction.

Telephone and Emergency Procedures: Email is my preferred

method of communicating and my email address is alexis_lmhc@yahoo.com. If you need to speak with me between appointments to alert me of an emergency, call 786-408-5072. Your call will be returned as soon as possible. I check for messages at least daily (but never during night time) and less frequently over weekends and holidays. If an emergency arises that requires immediate attention, you may call the National Suicide Hotline at1-800-784-2433, call 911, or go to the nearest mental health center or emergency room.

Ratings and Business Review Sites: You may find my practice listed on business or healthcare rating sites. Many of these comb search engines for business listings and include them regardless if the business itself requested to be added. If you should find my listing on any of these sites, please know that my listing is not a request for a testimonial, rating or endorsement from you as a client. If you choose to write something on a business review site, I hope you will keep in mind you are revealing personal information in a public forum. You may want to use a pseudonym not linked to your email account. If you have a complaint about me or my services and leave such on these sites, I may not see it. I urge you instead to bring it to my attention and discuss any concerns with me personally. You have also been informed of the opportunity to read through the full privacy policy document on file for this practice, in accordance with HIPPA standards.

Your signature below will serve as your informed consent for counseling services and agreement with these policies.

Payment is required by check, cash, PayPal or VISA/Mastercard Card at the time of each session.

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Client Signature Date