

**INFORMED CONSENT, OFFICE POLICIES & GENERAL INFORMATION
AGREEMENT FOR PSYCHOTHERAPY SERVICES**

Linda M. Peterman, CRC, LMHC
13039 W. Linebaugh Ave. Bldg. V, Suite 101
Tampa, FL 33626
(813) 404-3174

I have received, read, understand, and agree to the terms in the **Informed Consent and Office Policies**.

If the client is under the age of eighteen or unable to consent to treatment, I attest that I have legal custody of this individual and am authorized to initiate and consent for treatment and/or legally authorized to initiate and consent to treatment on behalf of this individual.

Client name (print)	Date	Signature
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Client name (print)	Date	Signature
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Therapist	Date	Signature
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EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on January 7, 2013.

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Confidentiality: All information disclosed within sessions and the written records pertaining to those sessions are kept confidential by the therapist and may not be revealed to anyone without your (client's) written permission, except when disclosure is required by law.

When Disclosure Is Required By Law: Below are some of the circumstances where disclosure is mandated by the law. All other reasonable means will be considered before this option is used. Your cooperation is encouraged.

1. If you are a danger to yourself physically or incompetent mentally or gravely disabled determined by the therapist's evaluation.
2. If you intend to bring physical harm to others or to property.
3. If you tell me about a minor or a dependent adult who is currently being physically, sexually, or (severely) emotionally harmed or neglected.

Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), **neither you (client) nor your attorney, nor anyone else acting on your behalf will call on the therapist to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless it has been discussed with the therapist beforehand and agreed upon by all parties.**

When Disclosure May Be Required: Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by *Linda M. Peterman, CRC, LMHC*. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. The therapist will use his/her clinical judgment when revealing such information. The therapist will not release records to any outside party unless s/he is authorized to do so by **all** adult family members who were part of the treatment. If the client brings another person into the room, the therapist is not responsible for disclosure by these individuals. In situations where I am in therapy with another person (e.g., a spouse or child) and secret information is revealed by one person to the therapist, it is understood that the therapist will not reveal the information but may determine that it is not workable to continue treatment. Should this situation arise, the therapist will discuss it with you thoroughly.

Emergencies: If there is an emergency during our work together, or in the future after termination, where the therapist becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, s/he will do whatever s/he can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, s/he may also contact the person whose name you have provided on the biographical sheet.

Confidentiality of E-mail, Cell Phone and Faxes Communication: It is very important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can easily be sent erroneously to the wrong address. Please notify the therapist at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices. Please do not use e-mail or faxes for emergencies.

Consultation: The therapist may consult with other professionals regarding his/her clients; however, the client's name or other identifying information is never mentioned. The client's identity remains completely anonymous, and confidentiality is fully maintained.

Telephone & emergency procedures: If you need to contact the therapist between sessions, please leave a message at 813-404-3174 and your call will be returned as soon as possible, usually within 24 hours. The therapist checks her messages daily, unless she is out of town. If the therapist will be out of town, you will be directed to a therapist on call. If you need to talk to someone right away or there is a life-threatening emergency, clients are expected to call 911 or go to the nearest hospital/emergency room. You can also call the 24-hour crisis line at 813-234-1234 or 211.

Payments & insurance reimbursement: Fees for services will be determined before the counseling session and are due at the end of each session and are payable by cash, check, credit or debit card. There will be a service fee of \$30 for any returned check. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed

otherwise. Clients who wish to use insurance may request a statement on a monthly basis which you can then submit to your insurance company for reimbursement. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk in regards to confidentiality. Not all issues/conditions/problems, which are the focus of psychotherapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

CANCELLATION: Since scheduling of an appointment involves the reservation of time specifically for you, 24 hours notice is required for canceling an appointment. The full session fee will be charged for missed sessions without such notification.

The process of therapy/evaluation: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits; however, requires effort on your part. In addition, the therapist cannot guarantee results (i.e., you will become happier, less tense or depressed, your marriage/relationship will be saved, your drug use stopped, you will obtain a good job, etc.).

Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. The therapist will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. The therapist may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations that can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, the therapist is likely to draw on various psychological approaches to the problem that is being treated and his/her assessment of what will best benefit you. These approaches include behavioral, cognitive-behavioral, psychodynamic, existential, system/family, developmental (adult, child, family), or psycho-educational.

Credentials: The therapist is a Licensed Mental Health Counselor (LMHC) with the State of Florida, Department of Professional Regulation. She is also a Certified Rehabilitation Counselor (CRC). Linda M. Peterman, CRC, LMHC, is an individual practitioner and not part of a group practice. Westchase Psychology is a fictitious name designed to help direct clients to the current office location.

Ethical Guidelines: Counselor is a member of good standing and will adhere to the ethical standards and principles of the American Counseling Association.

Discussion of Treatment Plan: Within a reasonable period of time after the initiation of treatment, the therapist will discuss with you (client) his/her working understanding of the problem, treatment plan, therapeutic objectives, and his/her view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, the therapist's expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that the therapist does not provide, she has an ethical obligation to assist you in obtaining those treatments. I understand that I am consenting and agreeing only to those services that the above named provider is qualified to provide within the scope of the provider's license, certification and training.

Termination: As set forth above, after the first couple of meetings, the therapist will assess if she can be of benefit to you. The therapist does not accept clients who, in her opinion, she cannot help. In such a case, she will give you a number of referrals that you can contact. If at any point during psychotherapy, the therapist assesses that she is not effective in helping you reach the therapeutic goals, she is obliged to discuss it with you and, if appropriate, to terminate treatment. In such a case, she would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, the therapist will talk to the psychotherapist of your choice in order to help with the transition. You have the right to terminate therapy at any time. Counseling records are maintained and kept secured by therapist for own purposes for a period of 7 years after termination. In the unlikely event that I am unable to provide ongoing services (disability or death) Dr. Diego Hernandez will provide those services or will refer you to the appropriate resource. He will maintain your records for a period of 7 years from your last contact. Dr. Hernandez can be contacted at 813-418-7868.

Dual Relationships: Therapy never involves sexual or any other dual relationship that impairs the therapist's objectivity, clinical judgment, or therapeutic effectiveness or can be exploitative in nature. The therapist will assess carefully before entering into non-sexual and non-exploitative dual relationships with clients. Examples of dual relationships are church members, members of the same gym, club, etc. or someone with whom I've done business. Dual or multiple relationships can enhance therapeutic effectiveness but can also detract from it and often it is impossible to know that ahead of time. It is your, the client's, responsibility to communicate to the therapist if the dual relationship becomes uncomfortable for you in any way. The therapist will discontinue the dual relationship if she finds it interfering with the effectiveness of the therapeutic process or the welfare of the client and, of course, you can do the same at any time. Tampa is a small community and many clients know each other and the therapist from the community. Consequently you may bump into someone you know in the waiting room or into the therapist out in the community. The therapist will never acknowledge working therapeutically with anyone without his/her written permission.