

Barbara Flor Counseling, LLC
Barbara Flor, Ed.S., Licensed Professional Counselor (PA & SC)
Licensed Mental Health Counselor (FL)

Phone: (267)278-6139 Fax: (888)877-0423 www.barbaraflor.com mail@barbaraflor.com

IMPORTANT INFORMATION AND CLIENT CONSENT: Please read and sign at the end stating you have fully read and understand the information below.

Therapists Include:
Barbara Flor, Ed.S.

CLIENT/THERAPIST RELATIONSHIP: You and your Therapist have a professional relationship existing exclusively for therapeutic treatment. This relationship functions most effectively when it remains strictly professional and involves only the therapeutic aspect. Your Therapist can best serve your needs by focusing solely on therapy and avoiding any type of social or business relationship. Gifts are not appropriate, nor is any sort of trade of service for service.

RISKS AND BENEFITS: Counseling and psychotherapy are beneficial, but as with any treatment, there are inherent risks. During counseling, you will have discussions about personal issues, which may bring to the surface uncomfortable emotions such as anger, guilt, and sadness. The benefits of counseling can far outweigh any discomfort encountered during the process. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, development of healthy coping strategies and specific problem solving. These benefits cannot be guaranteed. It is the Therapist's desire, however, to work with you to attain your personal goals for counseling and/or psychotherapy.

COUNSELING: The Therapist provides short-term and long-term counseling designed to address many issues and concerns. Your first visit will be an assessment session in which we will determine your concerns, and if we both agree that I can meet your therapeutic needs, develop a plan of treatment. Should you choose not to follow the plan of treatment we develop, services to you may be terminated.

The Therapist's goal is to provide the most effective therapeutic experience available to you. If at any time you feel that we are not a good fit, please discuss this matter with me so we can determine if transferring to a more suitable Therapist is right for you. If we decide that other services would be more appropriate, I can assist you in finding a provider to meet your needs.

ONLINE/DISTANCE THERAPY AND COUNSELING: Barbara Flor, Ed.S., is a distance credentialed counselor (DCC). The DCC program trains counselors to provide secure, confidential online or telephone counseling and therapy in accordance with HIPAA regulations. However, not all clients are suited for online or telephone counseling or therapy. An initial intake must be completed before scheduling an online/telephone session. In addition to mental health requirements, clients must also have access to certain computer equipment or telephone and must reside in the state of Pennsylvania, South Carolina or Florida to be eligible for online mental health services by Barbara Flor, Ed.S. Identification will be required to ensure residency requirements.

Certain situations may arise during online sessions that would not occur during face-to-face sessions. For instance, connection may be lost or weakened requiring a secondary plan of action. These situations will be discussed prior to beginning online sessions and the therapist and client will agree on plans to be put in place if these events occur.

Confidentiality concerns are different as well. The therapist can not guarantee confidentiality on the client's end during sessions. The therapist has no control over who may be in the room or within hearing distance of the client. The therapist takes precautions to ensure privacy and confidentiality in the therapist's setting and via the use of secure, encrypted, HIPAA compliant video technology.

SOCIAL MEDIA POLICY: In accordance with the ethics of the counseling profession, Barbara Flor, Ed.S., does not accept friend or contact requests from current or former clients on Facebook or other social media sites. Doing so has the potential to compromise your confidentiality and our respective privacy. In addition,

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the Therapist will not write professional endorsements for clients, due to the potential for violating the ethical code on dual relationships.

Barbara Flor, Ed.S., belongs to several online counseling professional groups. The Therapist may occasionally post counseling related information on these sites, however, specific, identifying information relating to clients will not be discussed.

Barbara Flor, Ed.S., also participates on Twitter and sometimes tweets information related to the practice of counseling. You are welcome to follow the Therapist on Twitter, but for your confidentiality, it is recommended that you do so using a non-identifying handle or login name. Twitter is not used to communicate with clients about case-related material, as information posted on Twitter is not confidential.

If you contact the Therapist via text message or email, please note that for your confidentiality your name is not saved in the office phone or computer, and therefore you will need to identify yourself in your initial text or email. Also know that information sent via text message or email is not secure and your confidentiality cannot be guaranteed. **Please use telephone communications for emergencies, not text or email.**

APPOINTMENTS: Appointments are typically scheduled on a weekly or bi-weekly basis and are approximately 45-55 minutes long. More frequent sessions or an intensive outpatient schedule are available if determined appropriate by you and your Therapist. **If you must cancel or reschedule your appointment, please email, call or text the office at 267-278-6139 at least 24 hours in advance, whenever possible.** This will free your appointment time for another client. A credit card number will be taken at the time of appointment scheduling and will be charged in the event of a missed appointment, unless 24 hour notice is given or other arrangements have been discussed.

FEE SCHEDULE:

Counseling session (30 - 50 minutes)	\$85.00-150.00
Outside Office Work (inpatient visits, court, collaborative law services)	\$ TBA
Written Reports (insurance companies, supervisors, etc.)	\$ TBA
Returned check fee per check	\$ 35.00
Missed appointment	\$ 75.00

A reasonable fee will be charged for copies of any records requested by the Client. Fees are subject to change.

PAYMENT/INSURANCE FILING: Payment of fees is expected at the time of each appointment and a credit card number will be kept on file for charges. You can be provided with a receipt to submit to your insurance company for reimbursement. Reimbursement is decided by your insurance company. Please check with them for their policies.

Overdue accounts will be considered for termination of the counseling relationship.

EMERGENCIES: You may encounter a personal emergency that will require prompt attention. In this event, please contact your local crisis center, hospital or call 911. Every attempt will be made to schedule you as soon as possible after you receive emergency services, or to offer other options. Because clients may be scheduled back-to-back, it is not always possible to return a call immediately. However, attempts will be made to respond to your call in a timely manner. When out of town travel is planned, the Therapist will make reasonable attempts to inform you of this absence and develop a plan with you to be used during this absence. **Please use telephone communications for emergencies, not text or email.**

CONFIDENTIALITY: Barbara Flor, Ed.S., LPC, NCC, follows all ethical standards prescribed by state and federal law. I am required by practice guidelines and standards of care to keep records of your counseling sessions. These records are confidential with the exceptions noted below, in the Notice of Privacy Practices provided to you, and in the section above regarding Online/Distance Therapy and Counseling.

Discussions between a Therapist and a client are confidential. No information will be released without the client's written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: child abuse; abuse of the elderly or disabled; abuse of patients in mental health facilities; sexual exploitation; AIDS/HIV infection and possible transmission; criminal prosecutions; child custody cases; suits in which the mental health of a party is in issue; situations where the Therapist has a duty to disclose, or where, in the Therapist's judgment, it is necessary to warn or disclose; fee disputes

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between the Therapist and the client; a negligence suit brought by the client against the Therapist; or the filing of a complaint with the licensing or certifying board. If you have any questions regarding confidentiality, you should bring them to the attention of the Therapist when you and the Therapist discuss this matter further. By signing this Information and Consent Form, you are giving consent to the undersigned Therapist to share confidential information with all persons mandated by law and with the agency that referred you and the insurance carrier responsible for providing your mental health care services and payment for those services, and you are also releasing and holding harmless the undersigned Therapist from any departure from your right of confidentiality that may result.

In order to give you the most complete and helpful care, the Therapist may consult with other professionals in the field. Supervision sessions with other professionals may occur to ensure the Therapist is practicing ethically and competently. In addition, the Therapist may participate in professional research and/or article submissions related to the counseling field. In these cases the Therapist may discuss details of your case, however, specific identifying information will not be provided and confidentiality will be maintained between the Therapist and the other professionals involved.

If you are participating in a group, couples or family counseling, reasonable attempts to ensure confidentiality will be taken, but absolute confidentiality cannot be guaranteed.

If you choose to contact the Therapist by email, text message or other technological device, reasonable attempts to ensure confidentiality will be taken, but absolute confidentiality cannot be guaranteed. Barbara Flor Counseling, LLC subscribes to an encrypted email service that you can choose to use. Please contact the office if you would like to utilize the secure encrypted email service.

DUTY TO WARN/DUTY TO PROTECT: If my Therapist believes that I (or my child if child is the client) am in any physical or emotional danger to myself or another human being, I hereby specifically give consent to my Therapist to contact any person who is in a position to prevent harm to me or another, including, but not limited to, the person in danger. I also give consent to my Therapist to contact the following person(s) in addition to any medical or law enforcement personnel deemed appropriate:

Emergency Contacts:

Name	Telephone Number
_____	_____
_____	_____

INCAPACITY OR DEATH: I understand that, in the event of the death or incapacitation of the undersigned Therapist, it will be necessary to assign my case to another Therapist and for that Therapist to have possession of my treatment records. By my signature on this form, I hereby consent to another licensed mental health professional, selected by the undersigned Therapist, to take possession of my records and provide me copies at my request, and/or to deliver those records to another therapist of my choosing.

CLIENT RIGHTS: I understand I have the right to request where I am contacted:

Home	Yes or No	Number: _____	Leave message	Yes or No
Work	Yes or No	Number: _____	Leave message	Yes or No
Cell phone	Yes or No	Number: _____	Leave message/text	Yes or No
Email	Yes or No	Email Address: _____		

If no to all, how may we contact you? _____

MINORS: The age of majority in the state of Pennsylvania, South Carolina, and Florida is 18. At the age of majority, the client is legally considered an adult and is covered under the confidentiality rights and laws for adults. If the client is at or above the age of majority, parents/guardians may not receive information regarding treatment without a signed release from the client. In the case of divorce or separation of parents, Barbara Flor, Ed.S., will require consent from both parents when treating minors, unless a legal document

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instructs otherwise. In the situation of divorce or separation, both parents must sign a consent to begin treatment and both parents must agree to end treatment by signing a document for ending treatment, unless a legal document instructs otherwise. Unless a legal document exists that prohibits a parent from receiving client information of a minor child, both parents are entitled to receive information for their child. If a legal document exists, Barbara Flor, Ed.S., will not begin treatment until receiving and reviewing a copy of the most recent legal document. Please note that **Barbara Flor, Ed.S., is not a child custody evaluator and will not make child custody decisions.** Please consult your attorney for referrals to trained child custody evaluators.

CONSENT TO TREATMENT: By signing this Client Information and Consent Form as the Client or Guardian of said Client, I acknowledge that I have read all four pages, understand, and agree to the terms and conditions contained in this form in its entirety. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receiving mental health assessment, treatment and services for me (or my child if said child is the client), and I understand that I may stop such treatment or services at any time except as noted for Minors above.

SIGNATURE PAGE:

Signature – Client/Parent

Date

Printed Name – Client/Parent

Signature – Spouse/Partner/Parent

Date

Printed Name - Spouse/Partner/Parent

I hereby authorize the release of necessary medical information to/from Barbara Flor Counseling, LLC., for insurance reimbursement purposes.

Client/Parent

Date

I authorize the payment of medical benefits to the provider of services, Barbara Flor Counseling, LLC.

Client/Parent

Date

Rev. 08/15/2017

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