



Center for Health, Learning & Achievement

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Lake Mary, FL 32746
Office- 407-718-4430
www.learningandachievement.com

Informed Consent and Contract for Services

Welcome to Counseling Services provided through the Center for Health, Learning and Achievement. I invite you to review the following important information about my professional services and business practices. Please note any questions that you have in reading through the following so that we may discuss them further. Signing this form will represent an agreement between us and acknowledge that you feel adequately informed regarding the services and support you receive during your time in counseling.

Therapeutic Services

Psychotherapy can have benefits and risks. Since therapy often involves discussing difficult, traumatic or challenging aspects of your life, you may find yourself experiencing intense emotional experiences. On the other hand, psychotherapy has been shown to significantly benefit those who participate in it. Therapy often leads to a sense of better relationships, solutions to specific problems, and significant reduction in feelings of distress.

Our first few sessions will involve an evaluation of your needs. At the conclusion of these first few meetings I will be able to offer you any impressions that I have and we can discuss and agree upon an initial plan of care. The selection of a therapist is perhaps the most important aspect of receiving effective support and therapeutic intervention. There is a commitment of time, energy and finances. I encourage you to ask questions that you have about therapeutic interventions, education and general practice information. I would also be happy to accommodate any desire for a second opinion should you prefer one.

Authorization to Provide Treatment

I hereby give my consent to my clinician to provide evaluation, and treatment and/or other services that we may mutually determine appropriate. I understand that my clinician cannot prescribe me medication, and if that is recommended I will consult with a professional who is licensed to do so. I also understand that these services are confidential and that no information may be released without my written consent except in the following circumstances:

- 1) If information is disclosed in the course of evaluation or treatment which indicates a clear and present danger to myself or specific other
- 2) Child or Elderly Abuse
- 3) As mandated by Law

To provide quality services to you and your family, please be advised that I may seek professional consultation with other professionals. I make every effort to avoid revealing the identity of the client. The consultant is also legally bound to keep the information confidential.

Insurance

At this time, I do not accept insurance. If you have out of network benefits you can submit your paid receipt for an out of network reimbursement. If a diagnosis is necessary, I can provide that for you.

Payment of Services

Payment is due at the beginning of each session. We accept cash, checks and credit card. If you are paying by credit card, I will need you to fill out a credit authorization form. Once payment is received, you will get a paid receipt from the Center for Health, Learning and Achievement.

Fees, Cancellations and Missed Appointments

The clinical hour is 50 minutes. My hourly rate is \$100.00 per hour if seen at the office and \$120.00 per hour if your child is seen at school. There are occasions that the session may go longer and there may be instances when you may have to wait a few minutes for your session. I know that your time is valuable and will make every effort to stay on time.

Phone Calls: First 15 minutes are a courtesy. A conversation longer than 15 minutes becomes a phone session and the hourly rates apply. This also applies to consulting/sharing information with other providers, school personal, or other team members.

Cancellations & Missed Appointments: If you miss a session, no call/no show, the full fee will be charged. At least 24 hour advance notice must be given for a cancellation. I understand that illness and emergencies are an unpredictable occurrence but it is important that you notify me via email or text that you will not make the scheduled appointment. Any notification after 8:00am on the day of service will result in a mandatory charge of \$100.00.

Contacting Me

You may contact me by email at estewart@learningandachievement.com as well as by phone. I am often not immediately available and as such I encourage clients to leave a message on my confidential voicemail. I return phone calls within one business day. My direct line is (407) 312-0524.

If you are faced with an emergency situation please call 911, go to the nearest emergency room or you can call your insurance company for further instructions. Other helpful numbers at moments of crisis are 1-800-273-TALK (Suicide Prevention Hotline) or 407-425-2624 (Lifeline of Central Florida).

Professional Records and Protected Health Information

The regulations and guidelines of my profession require that I keep treatment records. I keep these in the form of a progress note in your Protected Health Information record. This information can be requested in writing and will be provided to clients either in full or in summary. This information is maintained in clinical language and is subject to misinterpretation and as a result could be upsetting. The language is matter of fact and does not always reflect the interpersonal nature of the sessions. If I believe this information is subject to high levels of misinterpretation I may offer to review the records with you and this may be done free of charge at my discretion. If records are being requested and reviewed for professional or court related purposes a prorated fee based on my hourly rate will be assessed.

Confidentiality

____ Please initial here stating that you have signed and received a copy of the Privacy Notices of the Center for Health, Learning and Achievement. Please know that any ongoing clarification will be provided as requested.

Electronic Communication Consent

_____ Please initial here if you agree to communicate general, nonsensitive information through email and /or text messages.

Client Signature

Date

Therapist Signature

Date