

Client's Name: _____

Welcome: I am Dr. Mary Bryant, and my goal is to provide a range of cost-effective and solution-oriented counseling and psychotherapeutic services to people like you who are seeking to improve the quality of their lives and relationships. Most people who come to counseling for the first time are a little uncertain about what they will be doing, what is expected of them, and what the rights and responsibilities of both therapist and client actually are. I am providing this information to help you understand my services and to answer some questions you might have. Knowing that the first appointment is very important to the counseling experience, I have prepared this introduction to inform you of my background, approaches, and policies to avoid confusion. Florida law and other, as stated, specify some rights and obligations by our mutual agreement. To indicate that you have read and understand this introduction, I will ask you to sign this form and I will place a copy in your file. You may take one copy with you, if you want.

Private Practice: I am in the private practice of psychotherapy. I share an office suite with other psychotherapists; However, our practices are completely unrelated to each other. Office hours vary according to need, but are typically Monday through Wednesday from 10 AM until 6 PM and on Thursday from 9 AM until 3 PM.

Messages: I do not accept non-emergency phone calls while in session. During these and other times, my confidential voicemail is available to take your calls. Usually, your call will be returned within the same day or within 24 business hours.

Appointments: Counseling sessions are for 45 to 50 minutes. I will arrange our appointments at your convenience and may even come to the office solely to see you. If you need to cancel an appointment, please give me at least 24 hours notice. Failure to provide notice generally means that some other person is not able to use the appointment that is reserved for you. Therefore, **you will be responsible for full payment of \$135 for appointments that are not cancelled 24 hours in advance unless you experience circumstances that both you and I would define as an emergency.** By the same token, if I ever cancel a session without 24 hours notice, and we would not define it as an emergency, your next session will be free. Your appointments must end promptly at the time agreed, even if you arrive late, so I can make notes and prepare for my next client.

Treatment: You are encouraged to obtain knowledge of the procedures, goals, and possible side-effects of therapy. Your maximum benefit is our only legitimate goal. Counseling can be tremendously beneficial to some individuals, and, at the same time, there are some risks. Risks may include the experience of unwanted feelings, including sadness, anger, fear, guilt, or anxiety. These feelings are natural and normal and are an important part of the counseling process. While in therapy, some people make major life decisions, including new commitments or separations, changes in relationships, changing employment settings, and changing life styles. These decisions are a legitimate outcome of the therapy experience as a result of an individual's calling into question many of his or her beliefs and values. I am always willing to discuss any of your expectations, problems, or possible negative side effects of our work together. It is important to understand that the type of life change you are seeking is not something that simply occurs as a result of spending an hour or so a week with a therapist. Modern, solution-focused therapy techniques require an investment of time and effort on your part for effective and lasting results. You will benefit most if you make your therapeutic goals a part of your everyday life and if you work between sessions to deepen your understanding and put into effect the knowledge and techniques you are gaining from therapy. I often suggest things you might do between sessions to enhance the effectiveness of therapy.

Goals: The more actively involved in counseling you are, the more effective counseling will be for you. At the outset, we will establish goals for your therapy. As indicated by your signature below, you agree to work toward these goals in your everyday life and to use your sessions for guidance, understanding, and training as to how best to achieve these goals. In addition, we will periodically review the goals. This is in recognition that life is a process and that goals often change, and there is no guarantee that the goals will be attained.

Confidentiality - HIPAA compliant: Information shared with me is protected by professional ethics and state law and will not be disclosed to anyone without your written permission except as described below. It is my responsibility to you to discuss, on occasion, certain aspects of your treatment with other professionals in order to take advantage of special training or experience that they may have. Both ethics and law protect the confidentiality of these consultations, like the confidentiality of your disclosures to me. The only exceptions to confidentiality are: (1) where there is danger of actual physical harm to yourself or to someone else, (2) when physical or sexual abuse or neglect of a specific minor child or elderly person becomes known, and (3) in legal cases, your clinical records or I may be subpoenaed by the court. If you are covered by insurance or an EAP, information about diagnosis and treatment may be given to your employer, the insurance company, or their agent. If you have concerns about confidentiality, discuss with me the degree to which your confidentiality will or will not be protected, and what steps you and I might take to preserve your privacy.

Fees: My fees are set in accordance with usual and customary fees. They also cover time for other activities on your behalf, such as research, record keeping, and preparation. I do charge for phone calls that are greater than 10 minutes. You are encouraged to discuss fees at any time. I do accept assignment of insurance. However, because of the multitude of insurance companies and policy types, I am unable to assure coverage. Please make your payment prior to the session, so that our time may be spent on your issues.

Legal Testimony: Under court order, I may be required to provide testimony. If I am called to testify, you through your attorney will have the option of seeking to keep the content of our work confidential by obtaining an appropriate order. My fee for court testimony is \$350 an hour. This fee is payable in advance, which covers my preparation, travel and writing time, and this fee is required even if I am not called to testify because of the time involved and the time it has taken away from other responsibilities. Please advise me if there a potential for you to be involved in court action.

My Background: I will be having the opportunity of getting to know you, and I believe that you have a right to know who I am. I work with individuals and couples on issues relating to personal growth and development, anxiety, depression, personal losses, and relationship enhancement. In addition, I can assist with parenting skills. I have a PhD in psychology and Master of Arts degree in counselor education. I am a Florida Licensed Marriage and Family Therapy, a Florida Licensed Mental Health Counselor, a National Board Certified Counselor, a National Board Certified Clinical Hypnotherapist, and a state of Florida Qualified Supervisor for marriage and family and mental health interns. I belong to the American Association of Marriage and Family Therapists, the North American Society for Adlerian Psychology, the Florida Adlerian Society, the Tampa Bay Association of Marriage and Family Therapists, and the SunCoast Mental Health Counselors Association, as well as other national and state associations. I am also a member of Chi Sigma Iota and Phi Kappa Phi academic and professional honor societies. I do research and attend seminars to keep up with new developments. While I have extensive and specialized training and experience in helping people change, you are the client, and I am working for you. At any time, you may question and/or refuse therapeutic or diagnostic procedures or request and obtain whatever information you wish to know about the process or course of therapy. You also have the right to request a second opinion or to see another therapist, if you do not feel comfortable with me. I know that other therapists are available to you, and I appreciate your having chosen me. You can expect me to be unconditionally committed to your personal growth. I hope you will feel comfortable and secure and that you will quickly experience real progress toward your goals.

I have read and understand all of the above and agree to its conditions. i agree to work toward my goals in everyday life. I agree to be fully responsible for payment for psychotherapy services and for missed appointments that are not cancelled with 24 hours notice and for any collection costs.

Signature: _____ **Date:** _____