



AYESHA G. SHENK, LMHC
Counseling & Consulting

INFORMED CONSENT FOR COUNSELING

Welcome, and congratulations on making your first step towards living your life with greater meaning. We are constantly challenged and buffeted by the many people, places, things and circumstances in our lives. As such, counseling allows for the time, space and safety necessary to slow down and facilitate the reflection essential for true authenticity. In its best form, counseling allows us to live our lives with greater intention, freedom, peace and joy.

A good therapeutic relationship is dependent on many things and it must be collaborative and appropriate for both parties. This is an 'at will' relationship and can be terminated at any time by either party.

As your therapist, it is my job to support, encourage, comfort, assist, facilitate and guide you through the process of counseling in order to allow you to make the choices and take the steps necessary towards living your most meaningful life. The counseling relationship involves courage, collaboration and commitment, but given these things – it can be life changing.

In an effort to ensure a safe and productive counseling relationship, the following information is provided for your understanding and signed consent. If you don't understand something or have any questions, please don't hesitate to ask. It is important that you give your informed consent for us to begin counseling.

Counseling involves change. Sometimes people come ready and desirous of change as they are dissatisfied with current life circumstances and are looking to explore alternate options. Other times, change seems to have taken up residence already in whether or not it was welcome. And still other times, change is the only option... for better or worse. No matter in which circumstance you may find yourself, our counseling relationship will offer the safety, knowledge, trust, objectivity, comfort and guidance necessary to most productively explore your change – whether minor or monumental. In every circumstance, the therapeutic relationship is designed to most wholly allow you to seek your healthiest self and the most fulfilling and respectful version of the life you choose. Regardless of your circumstance or your motivation for seeking counseling, I welcome you and offer to you the best professional assistance I can provide.

There are never absolute guarantees in counseling. However, I have found that counseling is most productive when it is a working collaborative effort between client and counselor, where everyone actively contributes to the process.

As your counselor, I am responsible to provide you with the highest level of professional skills commensurate with my training and experience. I will help you think-through any issue or concern. I will facilitate communication between you and any significant person so that you can say what you need to say and so you can accurately hear what the other person needs to say to you. I will suggest outside reading or activities and will often provide "homework" assignments. If necessary, I will recommend that you consult with a physician to receive medication therapy or other medical treatment. Throughout the entire process, I will encourage, guide, challenge, and support you to make the changes you deem to be right for you.

As the client, you are responsible to be as honest and open as possible. Change usually involves letting go of things that are familiar in order that new possibilities can emerge. Effort and risk will be required. There

may be some emotional pain. You may have to battle embarrassment, anxiety, frustration, and sometimes fear, but we will navigate these things together.

Licensing and Ethics - I am a Licensed Mental Health Counselor in the state of Florida – LMHC 11942. As such, I am regulated by the Florida Department of Health 491 Board of Clinical Social Work, Marriage & Family Therapy, and Mental Health Counseling. I am professionally insured under the Healthcare Providers Service Organization and, as a member of the American Counseling Association, I adhere to the ethical principles of this organization. A copy of the ethical guidelines may be found on this organization's website: www.counseling.org.

Fees & Payment - Counseling fees are \$225 per session for individual, couple, or family counseling. Counseling sessions exceeding the allotted time will be pro-rated and billed accordingly. In some instances, a discounted fee may be available, but this would be at the discretion of the counselor and client must meet the qualifications for said discount. Alternate payment structures will be made on a case by case basis and will require a discussion prior to the session. Group counseling fees are dependent upon the size and length of the group. Telephone consultation and other professional activities rendered on behalf of the client are also billed per hour; however there is never a charge for short telephone "check-in" or scheduling coordination. Clients will be asked for a credit or debit card to be placed on file for their automatic payment convenience as well as in order to bill for pending payments that may be due. Payment is due at the time of service unless otherwise arranged in advance. Payment must be made by check, cash or credit card. Other than a genuine emergency or illness, you will be automatically billed for missed appointments unless you notify me *24 hours in advance*. *The 24hr cancellation policy is a strict one as the scheduling system will lock scheduled appointments in at the 24hr prior mark. Additionally, when you contract for the agreed upon hour, the office maintains the responsibility to provide it for you and will have to turn away others for service during that hour as a result. In circumstances where problems are encountered in receiving payment for services rendered, you may be billed additional charges to cover the cost of time and expenses incurred to obtain payment.

Insurance/Managed Care - I am a fee for service provider and as such am not covered by insurance panels and/or Managed Care.

Confidentiality/Privilege/Privacy- Normally information disclosed by you, your partner and/or your child during counseling will be kept strictly confidential and will not be revealed to anyone without your written consent. It is important for you to know that there are some exceptions to confidentiality however. If an exception should arise, I will make every reasonable effort to inform you of the necessity to break confidentiality, before doing so.

Exceptions to Confidentiality & Privilege:

1) If you threaten harm or death to yourself or another person, I am legally, ethically and morally required to take action to protect the safety of the threatened person. Actions could include; informing the intended victim, arranging for hospitalization for you and/or your child, notifying family or support system, or alerting law enforcement.

407.796.2959* ayesha@livemeaningfully.net

Licensed Mental Health Counselor - LMHC 11942



- 2) If abuse or neglect of a child, aged person, or disabled person is known or suspected, I am required by Florida law to report my concerns to the Department of Children and Families.
- 3) If I were to receive a legally binding Court Order for your counseling records or for my deposition or court testimony, I would be required to comply.
- 4) If you or your child are in counseling or are being evaluated by Order of the Court or as condition of continued employment, I may be required to provide the Court or the Employer with reports, documents, or testimony.

Emergencies/Crises - *I check my confidential voice mail several times per day and I will make every effort to return your call at my earliest opportunity. However, if you are unable to reach me or if you have an emergency, immediately call 911, go to a hospital emergency room or seek the necessary services at your disposal. Your safety is my primary concern and I will be in touch as soon as possible.* **Consent for Counseling** -

I/We, _____ have read and understand the information contained on this form. I/We voluntarily agree to participate in counseling and/or consent to the participation of my/our child/children.

Date _____
Signed

Adult Client

Date _____
Signed

Adult Client

Date _____
Signed

Minor Child

Date _____
Signed

Minor Child

Date _____
Signed

Minor Child