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Informed Consent for Counseling

Welcome to the practice, and thank you for selecting my counseling services. This pamphlet has valuable information about the services offered, confidentiality, and your rights and responsibilities. Please read this over and signed the last page stating that you have received this information. If you have any questions about this pamphlet; please feel free to ask, and I will address your concerns.

1. Introduction of My Services

I am a Christian Mental Health Counselor who has been in the counseling field in Lee County since 2000. I have a diverse background in counseling adults, teens, couples, and families. My work experience includes working in public schools, colleges and universities, and in private practice since 2005. I have a Bachelor's Degree in Business and a Master's and Specialist Degree in Counseling and Human Systems from Florida State University. In addition, I obtained a Doctoral Degree in Counseling Psychology from Argosy University. I hold a Florida License in Mental Health Counseling and a Certificate in Guidance and School Counseling.

I believe that counseling is helping others carry their crosses in life. My counseling style is cognitive-behavioral because it is an effective way of developing good coping skills for many social and personal issues such as stress, depression, anxiety, anger management, addiction, relationship difficulties, and many other mental health problems. I specialize in dealing with clients who have anxiety, depression, anger management, relationship, self-esteem, abuse, decision-making, loneliness, and/or job and career issues. I love empowering people to face their life's challenges, and I provide an empathetic atmosphere for my clients to realize they are not alone in their struggles, and that they have interpersonal strength to change themselves.

I am a member of American Counseling Association and Gulf Coast Mental Health Association.

2. Risks and Benefits of Treatment

Entering a counseling relationship may appear a little scary. However, I am here to help you with coping skills to deal with the stressors in your life. We may over time open up feelings and secrets that may be uncomfortable for you, but we will work together to discover their origins. For many people that I have worked with, counseling gives them an insight into their triggers, thought patterns, needs, wants, and behaviors. This sometimes enables clients to achieve their personal goals and values, which may cause changes and disharmony in their personal, social, and/or work life. Many clients become empowered and are able to use coping strategies to have a healthy lifestyle and make effective decisions. However, some may need other treatments.

3. Other Treatments

Based on the information you provide and from my observations, I may suggest a medical exam, pharmacological treatments, and/or a psychiatric consultation. In addition, if you feel you are not benefitting from my counseling services and/or feel that I cannot provide you with adequate services; I will help you find another therapist.

4. Appointment Times, Time Parameters, and Cancelling Appointments

The available appointment times are Mondays – Thursdays from 8 -10 am and Fridays from 2 – 7 pm. I will contact you (by your preference of home, work, email, or cell) the day before your appointment as a reminder. If you are unable to make your appointment, please call, text, or email me at least 24 hours in advance. Otherwise, you will be billed \$35.00 for the missed appointment. If you missed an appointment without notifying me prior, you will also be billed the \$35.00 for the missed appointment. When you schedule your next appointment, the appointment time and date will be on your receipt.

5. Fees, Payments, & Insurances

The standard counseling fee for an appointment is \$120.00. I do have a sliding scale fee goes down to \$70 depending on income. Payments are expected within two weeks of the billing date or counseling sessions will not be provided.

Appointments are usually 45-60 minutes long. Appointments that exceed 75 minutes and telephone consultations that exceed 15 minutes will be pro-rated and billed accordingly. Fees can be paid by cash, check, MasterCard, or Visa, and you will receive a receipt. I do not accept insurance. If you would like to submit a claim to your insurance for possible reimbursement, just let me know and I will provide you with a detailed bill statement.

6. Confidentiality and Client Records

I take confidentiality in counseling very seriously. I will do my best to protect your identity and the information that you disclose in counseling. However, there are some exceptions to the confidentiality rules in the state of Florida and according to my profession’s code of ethics. The exceptions to confidentiality are:

- If you are making threats to harm yourself,
- If you are making threats to harm someone else,
- If I am made aware of an abuse or neglect of a child or elderly person,
- If you have signed a release of information for me to disclose your information to a 3rd party, and
- If there is a valid and legally binding court order from judge for your counseling records.

If any of these exceptions occur in our counseling, I will do my best to make you aware of the situation. Your counseling records are stored in a secured lock file cabinet for seven years and are not electronically kept.

7. Emergency/Crisis

If you have an emergency/crisis, you may call my cell phone at 239-565-6921 and leave a message. If you do not reach me, I will call you back within 24 hours. If your emergency needs immediate attention, please contact the 24 Hour Lee County Mental Health 239-275-4242 or 911.

8. Complaints

If you have a complaint and/or question, please feel free to contact me and I will do my best to reach a resolution. However if you would like to file a grievance, please contact Florida Department of Health, Board of Clinical Social Work, Marriage & Family Therapy, and Mental Health Counseling .

Acknowledgement of Receipt of the Informed Consent and Florida Patient’s Bill of Rights

I, _____, hereby acknowledge that I have received **The Informed Consent and Information Form** and **the Summary of the Florida Patient’s Bill of Rights and Responsibilities** (which is attached). I have read and understood all the information and have been given the opportunity to ask questions and have my concerns addressed. I have agreed to participate in counseling and/or give consent for my child to participate in counseling.

Client Printed Name _____ **Client Signature** _____ **Date** _____

Parent/Guardian Name _____ **Parent /Guardian Signature** _____

(For any client under the age 18)

(For any client under the age 18)

I, April Tonya Brown, have met with this client and have addressed their concerns. I have agreed to participate in counseling with them and/or their child. **Signature** _____ **Date** _____

SUMMARY OF THE FLORIDA PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

- A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.
- A patient has the right to a prompt and reasonable response to questions and requests.
- A patient has the right to know who is providing medical services and who is responsible for his or her care.
- A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
- A patient has the right to know what rules and regulations apply to his or her conduct.
- A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- A patient has the right to refuse any treatment, except as otherwise provided by law.
- A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
- A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
- A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
- A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.
- A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.
- A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.
- A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.
- A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.
- A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her.
- A patient is responsible for following the treatment plan recommended by the health care provider.
- A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
- A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
- A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
- A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.

History.--s. 1, ch. 91-127; s. 65, ch. 92-289; s. 656, ch. 95-148; s. 21, ch. 98-89; s. 178, ch. 98-166; s. 64, ch. 99-397; s. 7, ch. 2001-53; s. 2, ch. 2001-116.