



INFORMED CONSENT FOR INDIVIDUAL COUNSELING SERVICES

Corie Putnam, LMHC

Thank you for choosing to initiate counseling with Corie Putnam at Crosspoint Counseling Center. We realize that starting counseling is a major decision and you may have many questions. This document is intended to inform you of our policies, state and federal laws and your rights. If you have other questions or concerns, please ask and we will try our best to give you all the information you need.

PROFESSIONAL INFORMATION

Corie Putnam, LMHC, graduated from the Virginia Military Institute with a B.A. in Psychology. She graduated with honors from Walden University with a Master of Science in Mental Health Counseling with specialization in Marriage, Couples, and Family Counseling.

Corie's work experience includes working with the severely mentally disabled in a community based setting and in group homes, with trauma and abuse with the Department of Children and Families (child protective services) as well as sexual and domestic violence, in a private school setting with children and adolescents K-12, with adult students in a university setting, with adults and adolescents in substance abuse counseling, and couples and families in private practice.

Her specialties include marriage/couples issues, trauma, and treating substance/alcohol abuse. She is also a veteran and a military spouse which gives her special insight and knowledge into the specific issues that many military families face.

Corie has received training through The Gottman Institute and is a Level 1 Gottman method certified counselor for marriage counseling. Corie believes in treating the "whole person," which includes the mental, physical, emotional, and spiritual aspects of each person.

COUNSELING APPROACH

Corie uses an integrated approach to individual counseling that is dependent on the specific issues that need to be addressed and the personality of the client. A major part of her approach is drawn from the reality therapy theoretical orientation with an integrated faith-based approach. We will take a glance at major relationships and experiences in the past that may be contributing to current schemas and behaviors. From there, we will assess your current situation, explore where you want change to occur, and develop a plan to get you there.

Because therapy is only as effective as the effort that you put into it, homework is a frequent part of Corie's approach. She may ask you to work on changing thought patterns guided by worksheets, track current behaviors, practice communication skills, or a variety of other tasks aimed at assisting you in meeting your goals.

LENGTH OF THERAPY

The length of therapy is largely dependent on the presenting problems, negotiated goals of therapy, and the rate of improvement. However, most counseling courses will last through about six to eight weekly or bi-monthly sessions. As we near the completion of these six to eight sessions, we can reassess therapeutic progress and extend the number of sessions as necessary. The counseling client relationship can be terminated if it is deemed ineffective or non-therapeutic. An appropriate referral will be given if the client desires to seek continued services.

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CONFIDENTIALITY

The information exchanged in counseling sessions is confidential and will not be shared with other parties except in the following exceptions and only to the extent necessary:

1. When written authorization from the client, parent, or legal guardian has been attained.
2. When the client is seeking reimbursement from an insurance company or a third party, diagnosis, symptoms and treatment plans may be shared with these parties.
3. When there is an apparent indication of eminent danger to self or others, or when there is an indication of past or present child or elder abuse, appropriate authorities will be notified.
4. When a court order requiring the release of relevant information is filed, only the applicable information and/or records will be supplied.
5. When the complexity of a case requires consultation with other professionals, or recorded sessions are used for teaching or supervision purposes, circumstantial information may be shared but the individual's identity will be protected.
6. When cell phone or e-mail communication is used, this information may be intercepted by third parties. Therefore, these means of communicating should be used restrictively.

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FINANCIAL ISSUES

The fees for counseling sessions are based on a flat hourly rate of \$100.00 for self-paying individuals or the co-pay required by your insurance policy for services billed through an insurance provider. All fees are due at the time of service. Please consult the administrative assistant at the front desk to discuss payment options. Crosspoint Counseling Center will collect an additional \$30 for each document that is requested on behalf of the client for other agencies. If subpoenaed *by a judge* for a court appearance as an expert witness for a client, there will be a flat fee of \$250 for time out of the office. Crosspoint Counseling Center maintains the right to terminate services until any outstanding debt is paid.

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CANCELLATION POLICY

A credit card number will have to be held on file before an individual can schedule their own appointments. Missed appointments that are not cancelled with at least 24 hours of notice will be charged a \$50 non-cancellation fee. Crosspoint Counseling Center maintains the right to terminate services until any outstanding debt is paid.

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HANDLING OF EMERGENCIES

In the case of life-threatening emergencies, please dial 911 or go to the nearest emergency room. For less immediate emergencies, you can attempt to contact me at the main Crosspoint Counseling Center office number of 850-279-4576. If I am unavailable, leave a message and the administrative assistant will relay it to me as soon as possible. I will determine whether the situation requires immediate attention and return your call promptly or whether the issue would be better suited for a counseling session and will return your call during business hours to schedule an appointment.

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Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Client Name (Please Print)

Client's Signature

Date