



INFORMED CONSENT FOR INDIVIDUAL COUNSELING SERVICES

Leonard Goldman, LMHC

Thank you for choosing to initiate counseling with Leonard Goldman 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

I am a Licensed Mental Health Counselor in the state of Florida. I have a Bachelor of Fine Arts, Master of Education, and Specialist in Education degree from the University of Florida. I have a Master of Science in Counseling and Psychology from Troy State University.

COUNSELING APPROACH

My basic approach to counseling is based on a holistic view of human functioning and attempts to explore the various aspects of an individual's biological, psychological, social, and spiritual health which may be contributing to their presenting problems. To comprehensively address my clients on each of these levels, several counseling theories and techniques are incorporated into the counseling process. Each intervention used is directed at assisting my clients to overcome any obstructions that may be deterring them from achieving their own personal potential for optimal health and wellness. This is a highly collaborative and interactive counseling process that is based on Christian principles and strongly encourages client feedback.

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.

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 consultation with other professionals, or recorded sessions are used for teaching or education 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.

Initial Here _____

FINANCIAL ISSUES

The fees for counseling sessions are based on a flat hourly rate of \$75.00 for self-paying individuals. 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.

Initial Here _____

CANCELLATION POLICY

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.

Initial Here _____

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.

Initial here _____

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