

# ARAVEN COUNSELING

## PATIENT AGREEMENT

Our work together will involve talking over very private things with me; this information will be kept confidential. This means that, with some very limited exceptions (some noted below), I cannot reveal information about you to anyone else or send out information about you without your permission. If you ever want me to share information with someone else (for example, your physician), I will require you to sign an authorization form.

**Exceptions to Confidentiality.** There are rare situations that will require an exception to confidentiality. 1. If you threaten to harm someone else, I am required under the law to take steps to inform the intended victim and appropriate law enforcement agencies. 2. If you threaten to cause severe harm to yourself, I am permitted to reveal information to others if I believe it is necessary to prevent the threatened harm. 3. If you reveal or I have reasonable suspicion that any child, elderly person, or incompetent person is being abused or neglected, the law requires that I report this to the appropriate county agency. 4. If a court of law orders me to release information, I am required to provide that specific information to the court. 5. If you have been referred to me by a court of law for therapy or testing, the results of the treatment or tests ordered may have to be revealed to the court. 6. If you are or become involved in any kind of lawsuit or administrative procedure (such as worker's compensation), where the issue of your mental health is involved, you may not be able to keep your records or therapy private in court. 7. If you see me in couples, group, or family therapy, I ask that each member of the therapy promise to keep whatever happens in treatment confidential. However, I cannot guarantee that others will keep this agreement. 8. As part of my Master's Degree requirement, I am currently under supervision of a Licensed Mental Health Counselor (LMHC) and may review case information with her. I make every effort to avoid revealing your identity. The LMHC is also required to keep the information confidential, although the exceptions to confidentiality apply to them as well. The laws and rules on confidentiality are complicated. Please bear in mind that I am not able to give you legal advice. If you are in a situation in which you need advice regarding special or unusual concerns, please seek legal assistance to protect your interests.

**Special Situations: Separation, Divorce, and/or Custody Disputes.** If we are working together in therapy and you are involved in a divorce or custody dispute, I will not provide testimony in court on any subject other than your therapy. You must hire a different mental health professional for any evaluations you require. This position is based on the following: (1) My statements may be seen as biased in your favor because we have a therapy relationship; (2) most, or even all, of the information I have about you has been provided by you and I do not have independent information about parenting or custody; and (3) my testimony might affect our therapy relationship, and I must put this relationship first. I encourage you to ask any questions you have about what you have read in this agreement.

**Telehealth:** There are benefits and risks to virtual/video and telephone sessions. Your sessions are granted the same privacy from me as in-person. The risks are a loss of connection from either participant, and, in phone sessions, a loss of non-verbal communication.

**Messages:** Your messages are picked up on my confidential voice mail. I check my messages periodically throughout the day and return calls at my earliest convenience. In an immediate crisis, call 211 or 911.

**Email** My communications to you via email [nancy@aravencounseling.com](mailto:nancy@aravencounseling.com) will generally be for scheduling and billing only, and not protected health information. This email address is part of GSuite security. Google has sought and received security certifications such as ISO 27001 certification and SOC 2 and SOC 3 Type II audits.

**Supervision:** Your counselor is a Mental Health Counseling Intern, the state of Florida requires interns be supervised for two years after registering. My practice is conducted under the supervision of a licensed mental health professional. The clinical supervisor's name, license type and licensure: Elizabeth Mahaney, Licensed Mental Health Counselor, MH-10069

### **Payment / Cancellation Information**

A typical session usually lasts 55-60 minutes and payment is due at the time of treatment. Acceptable payment methods are listed on the website, and are current as of the time of initial booking. If no payment is provided, the credit card number provided on the intake form will be charged. Clients can cancel or reschedule an appointment anytime, as long as they provide 24 hours notice. If you cancel an appointment with less than 24 hours notice, or fail to show up, you will be charged a \$50 fee. In addition, if payment is made by check and a check is returned, the owed amount will be charged to the credit card plus a \$20 returned check fee.

**Termination of Counseling Services** I reserve the right to terminate services at my discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, client needs are outside of the counselor's scope of competence or practice, or client is not making adequate progress in therapy. Client has the right to terminate counseling his/her discretion. Upon either party's decision to terminate counseling, I will generally recommend that the client participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. I will also attempt to ensure a smooth transition to another counselor by offering referrals to clients.

Please ask any questions or concerns that you have about this information before you confirm you have read this document and agree to all that is stated.

Your confirmation on the Intake Form indicates that you have read this agreement for services carefully and understand its contents and agree to its terms.

