

**Mindful Inspiration Counseling, LLC**  
**COUNSELING SERVICES CLIENT CONSENT FORM**

Welcome to Mindful Inspiration Counseling, LLC. Prior to your appointment, we invite you to review the following information regarding our services and practices. Signing this form will represent your agreement with the terms below and acknowledge that you feel adequately informed regarding the services and support you receive during your time in counseling.

**Services**

Counseling is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. It involves a relationship between you and a trained therapist who has the desire and willingness to help you accomplish your individual goals. Counseling involves sharing sensitive, personal, and private information that may at times be distressing. During the course of counseling, there may be periods of increased anxiety or confusion. The outcome of counseling is often positive; however, the level of satisfaction for any individual is not predictable. Your therapist is available to support you throughout the counseling process.

**Cancellation Policy:**

If for some reason you must cancel your appointment, a 24-hour business day notice is required in order to avoid a \$50 late cancellation/no-show fee. If an appointment is missed, or canceled with less than 24 hours notice, you (not your insurance company) will be charged the full \$50 missed session fee. Repeated cancellations or frequent “no shows” will mean that further appointments may not be scheduled

**Fees**

In addition to counseling, there is a \$120 hourly rate for other professional services you may request, such as but not limited to, report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized and requested, and preparation of records or treatment summaries.

If consultation with the legal system is requested or required as a result of services provided to you or your child, you will be expected to assume the expenses associated with the time involved. Court appearance cost includes travel, preparation, and total time spent at the courthouse. It also includes time lost at the office if the court hearing is cancelled on short notice. Court appearances are charged at a minimum of \$500 which includes the first 3 hours of time. There is an additional charge of \$120 per hour when more than three hours is required. The fee of \$500 is due fourteen (14) days in advance of the court date. For contact with others involved in legal proceedings (e.g.: attorneys, Guardians Ad Litem, social services, court-appointed evaluators, judges) the cost is \$120 per hour, billed by the quarter hour. Brief contact with those involved in legal proceedings will not result in a charge.

We reserve the right to periodically adjust the fee. You will be notified of any fee adjustment in advance.

**Payment**

Cash, checks, all major credit cards, Venmo and PayPal are accepted. A credit card must be on-file with release to auto-bill for your appointment if an appointment is missed without 24 hours notice. Also, auto-billing can be utilized for each appointment if it is more convenient for you. There is also a \$25 returned check fee for checks written with insufficient funds.

### **Insurance**

Most insurance companies will reimburse a percentage of the cost of services when you are seen in the office. We will file your insurance claims as a courtesy to you. Please be aware, however, that you, not the insurance company, are ultimately responsible for payment of all charges. By agreeing to these payment policies, you agree to be responsible for paying for all services provided. Please have your insurance card available on your first visit to verify coverage. Unless other arrangements are made, your co-pays (and deductible, if applicable) should be made at the time of each visit.

### **Confidentiality**

In general, all interactions with Mindful Inspiration Counseling LLC, including scheduling of or attendance at appointments, content of your sessions, progress in counseling, and your records are confidential. However, the following exceptions to confidentiality apply:

- If there is evidence of clear and imminent danger of harm to self and/or others, a therapist is legally required to report this information to the authorities responsible for ensuring safety.
- If we learn of, or strongly suspect, physical or sexual abuse or neglect of any child(ren) or elderly must report this information to the Florida Abuse line.
- A court order, issued by a judge, which requires us to release information contained in records and/or require a therapist to testify in a court hearing.

We may also occasionally find it helpful to consult other professionals about a case. During a consultation, we make every effort to avoid revealing the identity of the patient, and the consultant is also legally bound to keep the information confidential. Please note the laws governing confidentiality are quite complex, and any formal legal advice that may be needed should come from an attorney.

### **Therapist Availability / Emergencies**

Client may leave a message at any time on the confidential voicemail at (813) 205-0697. Non-urgent phone calls are generally returned within 24 hours during normal workdays (Monday through Friday). We are unable provide continuous 24-hour crisis services. In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.

### **Agreement**

This agreement shall be interpreted only in accordance with the laws of the Florida state laws (excluding any rules governing choice of laws), and any legal proceeding associated with this Agreement will occur exclusively in the courts located in Hillsborough County, Florida.

**Acknowledgement**

By signing below, Client acknowledges that Client has reviewed and fully understands the terms and conditions of this Agreement. Client has discussed such terms and conditions with the therapist, and has any questions with regard to its terms and conditions answered to Client's satisfaction. Client agrees to abide by the terms and conditions of this Agreement and consent to participate in psychotherapy with the Therapist. Moreover, Client agrees to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment. Client understands they are financially responsible for payment for all services rendered and obligated to pay all charges denied by any insurance carrier. Any assignment and authorization in no way releases Client from said responsibility and imposes no obligation on Therapist to collect money on Client's behalf.

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Name of Client (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Therapist (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Date