



SunServe
CLIENT SERVICES BROCHURE AND AGREEMENT FOR
PROFESSIONAL COUNSELING AND PSYCHOTHERAPY SERVICES

SCPS Tracking # _____
(This # will be entered by your therapist)

Name _____

SS# (last four digits only) _____

Date of Birth ____/____/____

Date of assessment ____/____/____
(This will be entered by your therapist)

Assessed by _____
(This will be entered by your therapist)

Welcome to SunServe Counseling and Psychotherapy Services. Our intent is to provide you with compassionate and competent assistance to help you meet your counseling/therapy goals.

1. Who we are:

SunServe Counseling and Psychotherapy Services (SCPS) is dedicated to providing a full range of high quality, affordable outpatient adult mental health services. These services are available to all persons without discrimination concerning race, religion, sex, national origin, income level, physical limitations or sexual orientation. We do especially target our services to benefit the lesbian, gay, bi-sexual and trans-gendered community in South Florida.

We are a staff of mental health professionals. Our professional counselors and therapists are either licensed, or licensure eligible in the State of Florida. If your therapist is not yet licensed, he/she is under the supervision of a state certified clinical supervisor who will provide your therapist with additional assistance in providing you with the best care. That person is named below.

Supervisor: _____

(this section will be completed by therapists who are students or pre-licensure clinicians)

Should you have need for medical services such as physical examinations, other than evaluation for psychiatric medications, prescriptions for medicines and monitoring of medications, staff at SCPS will assist you in locating physicians or other medical providers who can provide those services for you.

2. About psychotherapy

Psychotherapy varies, depending on the personalities of therapist and client, particular issues being addressed, length of treatment, and strategies used. Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings and/or working with unpleasant life events. Psychotherapy often leads to a significant reduction of distress, better relationships, and the resolution of specific problems. Success in therapy does require hard work on your part, both during and between sessions.

3. How we conduct our sessions:

Individual or couples counseling and therapy are scheduled for regular intervals, often once per week, for a set period of time, usually 50 minutes for individuals and 75 – 90 minutes for couples. You and your therapist will usually talk first about your counseling/therapy goals. Your therapist may also suggest that you consult with other professionals, such as a physician/psychiatrist to consider medical aspects of your treatment. And it may be necessary to consult with other professionals, especially those who have assisted

you earlier with the matters you are bringing to counseling at SCPS. In that instance, the therapist will seek your written permission to have those conversations.

4. The number of sessions and considerations for further care, consultations and referrals

Based on your initial conversation about your counseling goals, your therapist will negotiate an initial treatment period for a certain number of sessions, usually 12 to start. Near the end of that period of time, you and your therapist will discuss whether either an additional period of treatment would be in your best interests, or another form of therapy or counseling should be substituted and/or added to the sessions, or if it is time to finish your sessions altogether.

5. The professional relationship

Although your sessions with your therapist may be very intimate psychologically, your relationship is “professional” rather than “personal.” Your contact with your therapist will be limited to the paid sessions you have. So that your relationship can best serve your needs, please do not invite your therapist to social gatherings, offer gifts, or ask your therapist to relate to you in any way other than in the professional context of your counseling sessions.

6. Confidentiality and the limits to confidentiality

In general, the confidentiality of all communications between a client and a therapist is protected by law, and your therapist can only release information about our work to others with your written permission. There are a few exceptions, however.

Harm to Self or Others. There are some situations in which your therapist is legally required to take action to protect others from harm, even though that requires revealing information about a client's treatment:

If a therapist learns that a child, an elderly person, or a disabled person is being abused, he/she must file a report with the appropriate protective services agency.

If a therapist learns that a client is threatening serious harm to another, he/she is required to take protective actions, which may include warning the potential victim, notifying the police, or seeking appropriate hospitalization.

If a client threatens self-harm, a therapist may be required to seek hospitalization for the client or to contact family members or others who can provide protection.

Fortunately, these situations rarely arise. Should such a situation occur, your therapist will make every effort to fully discuss it with you before taking any action.

Consultation and Clinical Supervision. In some instances, your therapist may be required to consult about a case with a supervisor or other professionals. For example, this is required of those therapists not yet licensed to practice independently. In these consultations, your therapist makes every effort to avoid revealing the identity of his/her client. The supervisor is, of course, also legally bound to keep all information confidential. If your therapist feels that it would be helpful to refer you to another professional for consultation, then, with your authorization, he/she will discuss your situation with that professional.

Judicial Proceedings. In most judicial proceedings, you have the right to prevent your therapist from testifying. There are some exceptions to that. If you are expecting to be involved in judicial proceedings, you are asked to discuss that with your therapist who can give you additional information.

7. Professional Records

Your therapist does maintain records regarding treatment strategies and progress as a professional obligation, and sometimes may take notes in the course of a session. As a matter of quality control, a SCPS supervisor examines records from each clinician's case load at regular intervals. If and when your record is selected, know that the clinician who is examining that record is doing so to determine whether you are getting quality care. As a professional, that clinician is bound by all the rules of confidentiality cited in this document.

8. Client Rights

You have the following rights in therapy:

1. Information About Therapy. To ask questions about our philosophy of therapy, our experience with the problem at hand, your treatment plan, and the procedures used. Your therapist will explain usual methods with you.
2. Consultation. To seek consultation regarding your treatment from another credentialed professional. We ask that you discuss this with your therapist prior to seeking such a consultation. At times, a meeting involving the consultant, yourself and the therapist is advisable and helpful.
3. Termination of Therapy. To end therapy at any time without moral, legal, or financial obligation beyond payment for completed sessions. Should you decide between sessions to withdraw from therapy, we request that you attend at least one additional session to discuss your reasons with your therapist. Therapy termination can sometimes be the result of misinterpretation, miscommunication, and the painfulness of the material being addressed. We encourage open communication before a final decision is made. Should you decide to terminate therapy with your SCPS therapist but wish to continue with someone else, we will provide you with names of other qualified therapists.
4. Anti-Discrimination Policy. We do not discriminate on the basis of age, race, sex, religion, national origin, language, education, marital status, sexual orientation, gender identity, HIV status, or disability.

9. Fees and other financial and insurance matters:

Your fee for the service you are seeking is determined on a sliding scale that uses your last year's Federal Adjusted Gross Income from your IRS 1040 form.

Your fee has been set at \$ _____ for each ___ individual ___ couple ___ group session for sessions that will last for _____ minutes. *(This information will be entered by therapist at the time of your first meeting)*

We do not accept insurance assignments. If you have insurance benefits that cover our services, we will provide you with a monthly receipt that meets the insurance company's requirements. And we will gladly assist you with completing any forms your carrier requires for you to seek reimbursement for our services.

You are expected to pay for your services each time you come for your session. You may either give the payment to your therapist, bring your payment to the SCPS office before your session, or place your payment in the SCPS envelope provided for you for mailing to the SCPS office. If you consistently miss payments, your therapist will address this matter with you.

If there are changes in your financial status or matters of unique financial hardship that have interfered with your ability to pay, you will be asked to renegotiate your fee with an SCPS staff person. Failure to pay for services as originally negotiated, or as re-negotiated, may lead to change of treatment frequency and, in some instances, termination of treatment at SCPS. In those cases, you will be provided with options that respect your care needs.

10. Scheduling.

Scheduling and Missed Sessions. Scheduling presents a special problem in therapy because once a given hour is blocked out over a period of time, it cannot be filled again on short notice. Further, because the nature of therapy requires a weekly commitment of time, a therapist is only able to maintain a finite caseload. Consequently, fees will be charged for all missed sessions, regardless of the reason for the absence, except in the following situations:

- a. If you give **24-hour notice**. Leave a message on the SCPS voice mail at **(954) 764-5557**, if you are unable to contact your therapist directly.
- b. Three sessions per calendar year, which you might use in case of last-minute business trips, illness, etc. Please inform your therapist at the time that you are using one of these three last-minute no-fee cancellations. This three-session limit will be waived in the event of prolonged illness or absence and by discussion.
- c. Severe weather, or other emergencies beyond your control.

Payment for Missed Sessions. You are responsible for the entire fee when this occurs. Please note that insurance companies will not reimburse you for sessions that are missed and billed as absence.

Rescheduling. Should you need to cancel your regularly scheduled session, your therapist will attempt to find another appointment during the same week. We cannot guarantee that this will always be possible; however, we will be as flexible as possible. A phone session might be possible as an alternative.

Termination because of Missed Sessions Should you fail to show for two sessions in a row without canceling your appointment in advance, you may be subject to termination. Your therapist or counselor will ask you to meet to discuss what has led to this failure to show for appointments and will help you make a plan that may include referral for treatment to another agency in the community.

11. Modifications. (If there are additional considerations, they are to be notated here)

12. Consent

I (we) have read the general information and fee policy of SunServe Counseling and Psychotherapy Service and I (we) consent to abide by these guidelines during the time I (we) contract for counseling or therapy services. My (our) signature constitutes a binding agreement between us.

Client Signature	Date	Printed name
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Client Signature	Date	Printed name
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Parent or legal guardian (if applicable)	Date	Printed name
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Clinician Signature	Date
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