

Beach Counseling Services

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Informed Consent and Confidentiality

This document contains our policies and procedures, as they pertain to your confidential health information. If you have any questions, I will gladly discuss them with you.

What to Expect from Counseling. Counseling is an individually tailored process which is designed to assist you in dealing with your concerns, coming to a greater understanding of yourself, and using effective means of coping which utilize personal and interpersonal resources. The counseling relationship usually involves sharing personal information with your counselor which may at times be sensitive, very private, or even distressing. Therefore, it is not uncommon during the course of counseling to feel somewhat more anxious or upset for a time. If you should feel this way, it is important to share this information with your counselor. While the outcome of counseling is most often positive, the degree to which any individual will reach their goals or achieve their desired level of satisfaction is not predictable. At your Intake appointment, you and your counselor will review the concerns you came in to discuss and will consider these in light of your personal history and life experiences. You and your counselor will clarify, in the first or second session, the goals of your counseling, and the options available to you, and create a plan for achieving your goals. Your counselor may suggest brief individual counseling with Beach Counseling Services, referral to a provider in the community, referral to a group, and/or utilization of other area resources. If you have any questions, please ask. It is important that you feel comfortable about what you do in counseling. Although I will make treatment recommendations, and I will try to be as clear as possible in explaining the recommendations, I want to emphasize that, unless it is an emergency, the decision about whether or not to proceed in counseling is yours. Please feel welcome to give me feedback on your experience here. I want it to be as helpful and positive as possible.

The Benefits of Counseling. One major benefit that may be gained from participating in counseling is the resolution of the concerns brought to therapy. Other possible benefits may be a better ability to cope with marital, family, and other interpersonal relationships, and /or a greater understanding of personal goals and values.

The Risks of Counseling. There are certain risks involved in counseling. You may experience a variety of negative emotions during therapy as you remember and therapeutically resolve unpleasant events. Seeking to resolve concerns between family members, marital partners, and other persons can similarly lead to discomfort as well as relationship changes that may not be originally intended. The greatest risk of counseling is that it may not by itself resolve your concerns. The counselor will do his/her best to assess progress and provide referral to other sources if that is deemed necessary and appropriate. Psychotherapy is a collaborative process and the progress you make will depend in large measure upon your investment in the process.

Confidentiality. All interactions which take place in the setting of therapy are considered confidential. This includes requests by telephone, all interactions with this counselor, any

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scheduling or appointment notes, all session content records and any progress notes that I take during your sessions. I will not even verify that you are a client. You may choose to give me permission in writing to release any or specific information about you to any person or agency that you designate.

Limits to this agreement

1. In some legal proceedings a judge may issue a court order that would require this counselor to testify in court.
2. If I learn of or believe that there is physical or sexual abuse or neglect of any person under 18 years of age, I must report this information to the Florida Department of Children and Families.
3. If I learn of or believe that an elderly person, or disabled person is being abused or neglected, I must file a report with the Florida Department of Children and Families.
4. If I learn of or believe that you are threatening serious harm to another person, I am obligated to report this. This can be in the form of telling the person who you have threatened, contacting the police, or placing you into hospitalization.
5. If there is evidence that you are a danger to yourself and I believe that you are likely to take your own life unless protective measure are taken, I may be obligated to seek hospitalization for you or to contact family members or others who can help provide protection.
6. There may be times when I consult with Beach Counseling Services clinical team and/or my qualified supervisor for state licensure to give you the best assistance possible. The persons with whom I discuss cases are legally bound to keep information confidential.
7. There may be times when I consult with outside sources about cases. In these cases, no personally identifiable information will be used to discuss this case. However, discussion topics will be used in order to ensure that I am getting and giving the best assistance possible. The persons with whom I discuss cases are legally bound to keep information confidential.

Professional Record. The counselor keeps a set of professional records, which provides pertinent information regarding the contents of the session. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, it is recommended that you review the records in the presence of your counselor or have them forwarded to another mental health professional so you can discuss the contents fully. In addition, the counselor also keeps a set of psychotherapy notes. These psychotherapy notes are kept separate from your clinical record. Your psychotherapy notes are not available to you and cannot be sent to anyone else.

Appointments. Each therapy appointment is traditionally a 45-minute session, unless specially arranged by the counselor. Once an appointment is scheduled, it is your responsibility to keep track of the dates and times of your appointments. Text reminders are a courtesy, and not

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a guarantee. If you must cancel your appointment or need to reschedule, please email our office at reception@beachcounseling.net at least 24 hours in advance of your scheduled appointment. If you call to cancel and cannot reach an operator, please leave a message. Broken appointments will be billed to the client unless the client is exempt from this billing, as insurance does not cover missed appointments. There is a \$75 broken appointment fee, which is also applicable to cancellations made with less than 24 business hours' notice to our office. I reserve the right to terminate treatment with a client for failure to show up at two or more appointments. In cases of emergencies and/or hospitalizations, exceptions can be made at the discretion of the counselor.

Urgent Appointments, Emergencies and After Hours. If there is an urgent but non-emergent issue during hours of operation, the patient will either be scheduled to attend session that same day with a provider or schedule a phone appointment with them IF an available appointment does exist. In case of an emergency if patient is unable to reach the office, regardless of time of day, the patient should dial "911" on their telephone or call Emerald Coast Behavioral Hospital at (850) 763-0017 and/or visit the facility at: 1940 Harrison Avenue, Panama City, FL 32405. If the patient does admit themselves to inpatient treatment, we ask that you complete a Release of Information with your clinician's name at that facility to allow proper managed care and communications.

Consent to Treatment Using Telemedicine. I consent to treatment involving the use of electronic communications to enable health care providers at different locations to share my individual patient medical information for diagnosis, therapy, follow-up, and/or education purposes. I consent to forwarding my information to a third party as needed to receive telemedicine services, and I understand that existing confidentiality protections apply. I acknowledge that while telemedicine can be used to provide improved access to medical care, as with any medical procedure, there are potential risks and no results can be guaranteed or assured. These risks include but are not limited to: technical problems with the information transmission; equipment failures that could result in lost information or delays in treatment. I understand that I have a right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future treatment and without risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.

I have read and discussed the above information with my counselor. I understand the nature and limits of confidentiality.

Client or Guardian Signature

Date