



Get Off the Couch Counseling, LLC.

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Disclosure Statement and Service Agreement for Psychotherapy

Welcome to Get Off the Couch Counseling, LLC. I am honored to have you as a client. This document contains important information about me, my professional services, and my business policies. Please read it carefully and discuss any questions you may have with me at our first session. When you sign this and other documents included in your intake, you will be stating that you have been provided with this information and it will become a mutual agreement between us.

Therapeutic Approach

Psychotherapy is a process of examining feelings, thoughts, behaviors, and relationships that cause distress. The goal of therapy is to help the individual examine and change distressing areas in their life and reduce suffering. Your active participation is a necessary part of this process. While I cannot guarantee that any specific goal will be achieved, your ability to be open and honest with me will greatly enhance the effectiveness of your therapy.

Therapy has both benefits and risks. Risks may include experiencing uncomfortable feelings such as sadness, guilt, anger, anxiety, helplessness, loneliness or frustration because the process of therapy often requires discussing different aspects of your life and some can be unpleasant. Approaching feelings or thoughts you have tried not to think about for a long time may be painful and difficult. Making changes in your beliefs or behaviors can be scary, and sometimes it can be disruptive to the relationships you already have. *It is important that you consider these risks carefully.*

Therapy has been shown to have great benefits for individuals who undertake it, *however; it is impossible to predict or guarantee what you will experience.* Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems.

Although we will be doing walk/talk therapy; I have a general practice, which means that I work with a variety of problems facing adolescents and adults. I provide therapy for adolescents, adults, couples and groups. My approach to therapy is integrative, meaning I draw from several different therapeutic modalities and techniques. The reason for this is because each client has unique situations, thoughts, feelings, and behaviors. Therefore, my approach allows for flexibility in using the best therapeutic elements for each individual client. Some of these

include but are not limited to; cognitive-behavioral, solution-focused, and psycho-educational. My goal is to provide a safe, comfortable, and supportive environment for every client to learn and grow within themselves, their relationships, and their experiences. I view my client problems within the context of their unique set of relationships and life experiences.

In order for therapy to have the best outcome, you will have to invest energy in the process and work actively on things we talk about both during and between our sessions. If you ever have a question about my approach, style, technique or sources from which I draw my knowledge, please ask.

I offer a brief complimentary consultation over the phone for the first contact which ranges from 15-30 minutes. This free consultation is designed to help you understand if Walk/Talk Therapy will be a good fit for you and if you believe it will be beneficial to helping you achieve your goals and to address any concerns or questions that you might have. During our first session, we will evaluate your situation, needs and explore the goals that you want to work towards further. Therapy involves a significant investment in time, energy and money, so it is important that you select the right therapist for your needs and one that you will feel comfortable working with.

Confidentiality

With the exception of certain specific exceptions; you have the absolute right to the confidentiality of your therapy. This includes information disclosed during sessions and the written records pertaining to those sessions; and it may not be revealed to anyone without your written permission except where disclosure is required by law. These circumstances would include:

- Reasonable suspicion of child, dependent, or elder abuse or neglect.
- If a client makes a specific threat to harm self, others, or when a client's family member has communicated to me that the client presents a danger to others.
- Disclosure may also be required due to legal proceedings by or against you.

For more details about confidentiality, the limits of confidentiality, or the exceptions of confidentiality please carefully review the attached Notice of Privacy Practice (HIPPA) and Notice of Confidentiality Rights and Limitations.

Confidentiality Limits with Walk/Talk Therapy

Because Get Off the Couch Counseling, LLC. specializes in walk/talk therapy and sessions are regularly conducted outdoors in public places, there are other confidentiality considerations, including but not limited to: the possibility that you may encounter another person that you know; the therapist may encounter another person she knows, or another person may overhear what you or your therapist says while participating in a walk/talk therapy session and/or my therapist may be recognized by others as a therapist.

Confidentiality of Electronic Communication

Please be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people, and, hence, the privacy and confidentiality of such communication can be easily compromised. E-mails are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can be sent erroneously to the wrong number.

In the regular conduct of my practice, I may make use of a cellular phone to communicate with clients. In such cases, I will limit the information stored in any portable communication device to the least necessary. Please be aware that such forms of communication do have inherent risks to client confidentiality. If you would prefer that I do not communicate with you via cellular phone, please inform me so that we can make alternative arrangements.

In order to best protect your confidentiality, I typically will communicate with clients via email for the purposes of scheduling or canceling appointments only. If you need to communicate with me via e-mail for any other purpose, please beware of these risks and if you choose to communicate confidential or private information via e-mail or e-fax or via phone messages, I will assume that you have made an informed decision, and will view it as your agreement to take the risk that such communication may be intercepted and will respect your desire to communicate such matters.

Professional ethical standards do not permit me to communicate with clients via text message or via social media.

Litigation Limitation

Due to the nature of the therapeutic process and the fact it often involves making full disclosure with regard to many matters that may be of a confidential nature, it is agreed should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney, nor anyone else acting on your behalf will call on me or Get Off the Couch Counseling, LLC. to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy notes be requested unless otherwise agreed upon.

Couples Therapy

Although not a legal exception to your confidentiality; it is a policy you should be aware of if you are in couple's therapy:

If you and your partner decide to have some individual sessions as part of the couple's therapy, what you say in those individual sessions will be considered to be a part of the couple's therapy, and can and probably will be discussed in our joint sessions. *Do not tell your therapist anything you wish kept secret from your partner.*

Groups/Retreats

If you are involved in a group therapy session(s)/retreats that Get Off the Couch Counseling, LLC. offers; it is important that you understand that I will adhere to the ethical and legal requirements of confidentiality as stated above, however, I cannot ensure that you or the other participants in the group will maintain confidentiality about your therapeutic experience including content discussed within the group session. Before agreeing to participate; please beware of these risks.

Parents and Minors

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. I do not provide therapy to a child under the age of twelve. An agreement between the client and parent(s) allowing me to share general information about treatment progress and

attendance, as well as a treatment summary upon completion of therapy is requested. All other communication will require the child's agreement, unless I feel there is a safety concern (see also the above section on Confidentiality for exceptions), in which case I will make every effort to notify the child of my intention to disclose information ahead of time and make every effort to handle any objections that are raised.

Professional Consultation

I seek ongoing professional consultation in order to provide you with the best care possible. I may disclose limited information about you in consultation with colleagues and interns, in which case I will withhold identifying information and confidentiality is fully maintained.

Professional Records

My professional standards and the law both require me to keep professional records for at least 7 years. Except in limited circumstances, you have the right to a copy of your record. You have the right to request me to correct any errors in your record. All requests for access must be made in writing. Under limited circumstances, I may deny access to your records if I believe the information may be harmful to you and I will give you, in writing the reasons for the denial. You have the right to appeal any denials. I may charge a fee for the costs of copying and sending you any records requested. All records are maintained in secure cabinets that are locked.

Emergencies

I provide non-emergency psychotherapeutic services by scheduled appointment only. If you need to contact me between sessions, please leave me a message at 386-6278156, and I will make every effort to return your call within 24 hours. If you are experiencing an emergency or crisis please call 1-800-273-TALK or 911 for assistance or go immediately to your local emergency department. I do not provide 24/7 coverage and may be unavailable to respond to emergent situations. I do not offer an on-call service. Please do not use email or faxes in an emergency. I do not always check my email or faxes daily. If there is an emergency during therapy, where I become concerned about your personal safety, I will do whatever I can within the limits of the law, to ensure that you receive proper medical care. At this time, I may call the emergency contact you provided me with.

Payment & Insurance

I am an Out of Network Provider, meaning I do not contract with health insurance companies. If you are eligible for out of network benefits, you may be able to be reimbursed for my services from your health insurance provider, medical spending or health savings account(s). I can provide you with a receipt that you may submit to your insurance company, but it is your responsibility to work with your insurance company regarding reimbursements.

An individual full 60-minute session is \$85.00. A full 60-minute couple's session is \$125.00. Payment is due at the beginning of each session. Cash, check or credit cards are accepted. A sliding fee scale is available on a limited basis and proof of income is required. Please feel free to discuss this option with me.

Diagnosis & Stigma

Health insurance companies typically cover services deemed medically necessary. What this means is that you are required to have a diagnosis of a mental illness to be treated by a therapist working with health insurance companies. While this certainly works for some clients, for many they would prefer not to have that diagnosis and stigma attached to their name. Additionally, this view point goes against my belief that therapy can be beneficial even when not in a time of crisis. Therapy can be beneficial in helping improve one's quality of life through examining communication patterns, family dynamics, coping skills and self-care.

Cancellations

You are responsible for coming to your session on time and at the scheduled time. Sessions last a full 60 minutes. If you are late, the session will still end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than a 24-hour notice, you will be charged for the full session. These sessions cannot be billed to your insurance company and are your financial responsibility.

Complaints/Unprofessional Conduct

If you are unhappy with what's happening in therapy, please speak to me so I can respond to your concerns. It is my hope to resolve any misunderstandings that may arise by discussing them. I will take any such criticism seriously, and with care and respect. If you have a concern or complaint about a licensed therapist, or if you want to confirm that a particular therapist is licensed, you may contact the Department of Health at the following address: 4052 Bald Cypress Way Bin C75 Tallahassee, FL 32399-3260, 850-245-4339, or www.floridamentalehealthprofessions.gov.

Treatment Plans

Within 2-4 sessions after the initial session I will discuss with you my initial impressions of what the work might include. At this point, we will discuss your treatment goals and create an initial treatment plan. You should make your own assessment about whether you feel comfortable working with me. If you have any questions about any of my procedures, please discuss them when they arise.

You have the right to refuse anything I may suggest. You are also free to discuss your treatment with anyone you wish, and do not have any responsibility to maintain confidentiality about your therapeutic experience since you are the person who has the right to decide what you want kept confidential.

Dual Relationship

Therapists do not have social or sexual relationships with clients, former clients or their immediate family members because that would not only be unethical; it would be an abuse of the therapist's power. I will never acknowledge working with anyone without your written consent.

Social Media

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). If it is discovered that an online relationship has inadvertently

been established, that relationship will be cancelled. This is because these types of casual social contacts can jeopardize client confidentiality as well as the therapeutic relationship.

I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. For this same reason, I request that you do not communicate with me via any interactive or social networking websites. If you have questions about this, please bring them up with me.

Email

I prefer using email only to arrange or modify appointments. Please do not email me content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my Internet service providers. While unlikely that someone will be looking at these logs, they are in theory available to be read by the system administrator(s) of the Internet Service provider. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal record.

Termination

You have the right to discontinue therapy at any time. Although the client is generally the one who decides when to end therapy, I also reserve the right to do so. The times I am likely to do this are:

1. If I feel your needs are beyond the scope of my expertise. You will be informed of this fact and referred to another therapist who may meet your needs.
2. If you and I have contracted for a specific short-term piece of work, we will finish therapy at the end of that contract.
3. If you verbally or physically attack, threaten, or harass me, the office, any of the staff or significant others, I reserved the right to terminate you immediately from treatment.

I maintain a referral list of other therapists and if therapy is terminated; I will provide you with a referral for another therapist or if you request such referral information.

Risks & Liability

You are voluntarily choosing to participate in psychotherapy with Get Off the Couch Counseling, LLC and fully understand that it specializes in walk/talk therapy and believe this form of therapy may be helpful to your own personal growth and development.

You acknowledge that participation in a walk/talk therapy involves both known and unanticipated risks that could result in physical or emotional injury. You understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of Get Off the Couch Counseling, LLC. These risks include but are not limited to: emotional stress, physical, mental and intellectual activity; the possibility of slips, trips, falls, bruises, sprains, lacerations, fractures, animal bites, bee stings, concussions, or even more severe life-threatening hazards, including death.

For more details please refer to the Assumption of Risk and Liability Release Form.

Master Agreement:

By signing below, I agree to psychological treatment with Kim Devine, LCSW and Get Off the Couch Counseling, LLC. This consent shall be affect for the duration of treatment.

I also acknowledge having received and fully read a copy of the following documents, and have had the opportunity to ask questions and get clarification about them. A signature on this document serves as a Master Agreement to all policies of Get Off the Couch Counseling, LLC., and verifies that I understand and agree to all policies in the following documents:

- A. Authorization for Disclosure
- B. Confidentiality Rights & Limitations
- C. Notice of Privacy Practice (HIPPA)
- D. Office Policies & Consent
- E. Assumption of Risk & Liability Release
- F. Cancelation & Credit Card Authorization
- G. Fee Schedule (or Reduced Fee Agreement, if applicable)

Printed Name

Client Signature

Date