

CLIENT INFORMATION and CONSENT for TREATMENT  
by Laura Cunningham, Ph.D., NCC, Registered Intern 4939

**Client Information**

I offer individual, couple, and family counseling sessions. On occasion, I also offer group-counseling programs. With the exception of planned breaks, my office operates weekdays, some weekends and evenings throughout the year. Counseling sessions are 50 or 80 minutes in length.

In addition, you may be asked to fill out counseling assessments and/or outcome measures from time to time. These may include the Outcome Questionnaire (OQ-45.2), the Client Satisfaction Questionnaire (CSQ-8), or other questionnaires. These instruments are used both for determining clients' progress and for research purposes to evaluate various aspects of our program.

If for any reason you wish to discontinue, postpone, or cancel your sessions, please 24 hours in advanced **941-444-6491** so that another person on the waiting list can be accommodated. This courtesy is greatly appreciated. Generally, I do not reschedule someone who fails to keep an appointment without phoning to cancel in advance or who repeatedly cancels appointments. You will be charged for not cancelling 24 hour in advance for the hour appt.

I adhere to the ethical standards of the American Counseling Association. In addition to these standards, we follow the Laws and Rules of the State of Florida. The information that you share during the counseling process will be kept strictly confidential, except for those reasons required by law. These exceptions include the following:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. We will only share information with a person or organization that is able to help prevent or reduce the threat.
2. Suspected abuse or neglect of a child, elderly person, resident of an institution, or a disabled person.
3. Some lawsuits and legal or court proceedings.
4. If a law enforcement official requires to do so.

**For our Minor Clients**

I respect the rights of parents/legal guardians. Confidentiality cannot be given without the permission of parents/legal guardians. The reality is that a child/adolescent will have no reason to talk to a counselor if the counselor were to disclose all communications to a parent/legal guardian. Due to this problem, we ask you to permit your child to have a confidential relationship with the counselor assigned to them.

If we or you want to use or disclose (e.g., send, share, release) your confidential information for any other purposes, we will discuss this with you and ask you to sign an Authorization form to allow this. Please refer to the **Notice of Privacy Practices** for additional information about the confidentiality of your records.

**Consent for Treatment**

In signing below, I acknowledge that I have received, read and understand the **Client Information and Consent for Treatment** form. I have had an opportunity to ask questions and receive answers. I do hereby seek and consent to take part in treatment by the Counselor named below. I understand that treatment may include individual, couples, family or group counseling and may include consultations with other associates of this institution. The treatment may also include referrals to other appropriate State, County, and/or professional agencies for further counseling. I am aware that I may stop my treatment with the Counselor at any time. I know I must call to cancel or reschedule an appointment at least 24 hours in advance

**For our Minor Clients**

By signing below, I certify that I give permission to The Mending Group and the Counselor listed below for treatment of my minor child. This document permits my child to have a confidential counseling

relationship with the Counselor. I understand that the information disclosed by my child is private (outside the limits established above).

**My signature on this document shows that I understand and agree with the above conditions and statements.**

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**Client(s) Printed Name**

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**Client(s) phone and Address**

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**For family counseling with multiple members**

**Client Signature** **Date**

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**Client Signature** **Date**

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**Client Signature** **Date**

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**Parent(s)/Guardian(s) Signature (for minor clients)** **Date**

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**Parent(s)/Guardian(s) Signature (for minor clients)** **Date**

**Minor Client's Date of Birth:** \_\_\_\_\_

**Counselor Signature** **Date**

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