

# Ascend Counseling & Wellness

Suna Clinchard, MS, LMFT



## **Informed Consent: Commitment & Consent to Treatment**

I commend you on seeking counseling and making your wellness a priority. This document serves as an explanation of the services I provide. The intent is to allow you to make informed and autonomous decisions pertaining to the counseling process.

### **Qualifications**

My name is Suna Clinchard, and as your therapist, I will provide you with confidential therapy and a safe space to release emotions and reconnect with your strengths on your path to wellness.

I am a Licensed Marriage & Family Therapist (License #MT1973) in Florida. I earned a Bachelor of Arts degree from the University of Florida in 1997. In 2000, I earned a Master of Science degree from Nova Southeastern University in Marriage & Family Therapy with Specialization in Medical Family Therapy.

I completed post-graduate training in the treatment of postpartum depression at the Postpartum Stress Center in Rosemont, Pennsylvania in 2012 and earned a certificate in Maternal Mental Health from Postpartum Support International in 2014. I also have completed advanced trainings in EMDR Therapy & Perinatal Mental Health with Dr. Mara Stein at the Touchstone Institute in 2019.

In 2015, I completed EMDR (Eye Movement Desensitization & Reprocessing) training and am currently a Certified EMDR Therapist. In 2020, I became an EMDRIA Approved Consultant-in-Training, and enjoy helping other therapists become certified in EMDR.

Previously, I held a teaching certification (Florida) in Elementary Education (K-6) and Exceptional Student Education (K-12) and taught exceptional education in the public school system for seven years. In my early years as a therapist, I worked in community mental health settings, hospital settings, and worked as a school based mental health counselor.

### **Counseling means Collaboration**

Counseling is a collaborative process between you and a counselor where mental health distresses are evaluated, assessed, and treated. For therapy to be most effective, it is absolutely essential that you take an active role in the process. While I have significant experience, I may refer clients to another therapist or additional services to best meet their needs. If a referral is in order, I will inform you and discuss the possible options. You may request to be referred to another counselor at any time.

### **Risks**

The counseling process is proven effective on many levels, however, it may also open up levels of awareness and provoke realizations that may cause uncomfortable feelings, sadness, anger, pain, frustration, loneliness, and/or helplessness. In some cases, major life decisions are made, and in other cases traumatic events are reflected upon. This process of growth and self-actualization can cause significant impacts to employment,

# Ascend Counseling & Wellness

Suna Clinchard, MS, LMFT



lifestyles, and relationships. Psychiatric services are inexact sciences; we make *no guarantees* regarding outcomes.

## **Appointments**

Sessions are generally scheduled in 50 minute increments that begin on the hour. Cancellations with less than 24-hours notice will be charged the full session fee in order to pay for the time allotted. Emergency exceptions need to be discussed with your therapist. We reserve the right to discontinue service and refer to another therapist in the event that 2 consecutive appointments are missed without notification of cancellation.

## **Fees and Payment**

Ascend Counseling & Wellness intends to provide services that best meet the needs of the individuals seeking treatment in the most confidential manner possible. It is our intention to provide treatment that is not dictated by insurance companies and remains unencumbered by policies that may not serve the best interests of the client. Because of this, we choose to be a fee for service provider. Payment will be collected at the time the service is rendered. The standard fee for an initial intake is \$135 USD. The fee for a single 50 minute session is \$90 USD. Checks returned for insufficient funds may be subject to an additional \$35 fee. If you are subject to undue financial stress, you may request a fee adjustment based on a sliding scale figure so that we can continue to accommodate your needs.

## **Confidentiality**

Your confidentiality is important to me. The nature of the counseling profession, and the ethics and laws that govern it, present certain limitations to confidentiality. All communications between a mental health professional and a client are protected by law. If legally required or requested, I will release information regarding our communications to others with your expressed written consent. If there is more than one individual seeking treatment, (i.e. Couples and families) written consent will be retained from all parties involved in the counseling relationship. If you are under 18, your parents or legal guardians may have access to your records and may authorize release to 3<sup>rd</sup> parties.

## **Mandatory Reporting**

Mandatory reporting requires me to report situations where the client is a danger to self or others. Situations in which a child, elderly, disabled, or otherwise vulnerable person is subject to abuse, neglect, are also subject to mandatory reporting.

## **Records**

I am required by law to maintain detailed records each time we interact. The records contain sensitive information including observation data, diagnosis, treatment plans, and other clinically relevant information. During the course of treatment, information may be provided to insurance companies, managed care companies, and/or courts. I will share records, in full or in part, with you as the client if requested; unless the determination is made that it may hinder progress or otherwise cause undue harm.

# Ascend Counseling & Wellness

Suna Clinchard, MS, LMFT



## Diagnosis

After your intake, I will come up with a diagnosis that best fits your current condition and we will co-create a treatment plan to outline short term and long term goals of treatment. If it becomes necessary to share your diagnosis with a 3<sup>rd</sup> party, I will notify you first, in which case I accept no liability for the impacts to insurability or employment.

## Supervision/Consultation

With your permission, I may consult with other professionals (legal or clinical) on your case to best meet your needs. To what degree is possible, every reasonable attempt will be made to avoid revealing your identity to other professionals with whom I consult.

## Termination

Therapy is consensual. Termination of the counselor-client relationship can occur in several different contexts. You can choose to terminate therapy at any time. You have the right to expect that the relationship will be terminated when you have realized maximum benefit from it, or have achieved the goals that are made at the outset.

## Emergencies

In the event of an emergency for which you feel immediate attention is necessary, I will make a reasonable effort to make myself available. If I am not available and you reach voicemail, please leave a message indicating the call is urgent. Please contact 911 immediately and/or proceed to the nearest emergency room for immediate evaluation.

**I have read, understand, agree, and consent to the above conditions of service. I have had the opportunity to ask questions regarding the above policies.**

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_

**I have received and reviewed a copy of the Notice of Privacy Practices. A long version was posted in the waiting room for a more in depth review. I have had an opportunity to ask questions regarding the policies.**

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_