

**Welcome to Serenity Joy Counseling Services
Office of Dr. Oddette Pitter Adderley, LMHC**

Informed Consent

Thank you for choosing Oddette P. Adderley, Ph.D., LMHC. I am licensed by the State of Florida as a mental health counselor. I hold a Doctorate degree in Adolescent Psychology. My experience spans over thirty years, working with teenager and their parents in the educational setting. Clinical experience includes work as a mental health clinician with children diagnosed with Emotional Behavioral disorder (ADHD, OCD, Conduct Disorder) providing individual, group and family therapy. I utilize a wide variety of treatment approaches, with emphasis on cognitive-behavioral therapy: how we think is how we feel. This document is intended to inform you of the policies, state and federal laws, and your rights as a client.

Sessions: Individual and family sessions are typically scheduled for 50 minutes at a frequency to be determined by Dr. Adderley. Intake sessions tend to be longer, between 60 minutes to 75 minutes.

Cost of Treatment and Payment Policy: All fees are due at the time of service unless alternate arrangements are made in advance. The regular fee schedule is as follows: \$150.00 for the initial evaluation, and per session for individuals and families. Insurance copayments are due at time of service. Payment can be made in cash, or by personal check, made payable to Serenity Joy Counseling Services. A \$35 administrative fee will be charged on all checks that are returned for non-sufficient funds. A reduced fee/sliding scale service is available on a case-by-case basis.

Confidentiality: As a client, you have a right to maintain confidentiality as it pertains to our therapy sessions and your clinical record, which by law, I am required to keep. ***No information will be disclosed to any person or agency without your written authorization.*** At times, it may deem necessary for other professionals to be involved in your care. You will be asked to sign a release of information when others are consulted to coordinate the best care for you. You do have the right to refuse the release of information and will not be penalized in any way. You should know that there are certain situations in which I am required by law to disclose information obtained during therapy to other persons or agencies without your permission. These situations are as follows:

Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social services and/or legal authorities.

Prenatal Exposure to Controlled Substances

Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Insurance Providers (when applicable)

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes, but is not limited to types of services, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes and summaries.

Cancellation Policy: As part of your commitment to therapy, you are responsible for attending scheduled sessions on a consistent basis. We do understand that it may, at times, be necessary to cancel an appointment. To help us be more responsible and efficient in the use of our time, we do require that clients give 24 hours' notice to cancel or change a scheduled appointment. If you are late and require a new appointment, cancel, or miss an appointment with less than a 24-hour notice, unless it is due to illness or an emergency, you will be financially responsible for a full session, and will be billed \$50.00.

Therapeutic Process

Benefits/Outcomes: Participating in therapy can result in numerous benefits, including improving intrapersonal and interpersonal relationships and resolving the concerns that led you to therapy. Therapy will seek to meet goals established by all persons involved, usually revolving around a specific complaint(s). A major benefit that may be gained from participating in therapy includes a reduction in distress and a better ability to handle or cope with personal, relational, family, work, and other problems as well as stress. Another possible benefit may be a greater understanding of personal and relational goals and values; this may lead to greater maturity and happiness as an individual and increased relational harmony. Other benefits relate to the probable outcomes resulting from resolving specific concerns brought to therapy. I will do my best to assess progress on a regular basis and solicit your feedback regarding the therapeutic process to help provide you with the most effective therapeutic services. I can make no guarantees as to the ultimate outcome of therapy.

Expectations: Work outside of the counseling sessions is an essential aspect of change. I may assign tasks between sessions related to your goals. My commitment is to work as efficiently as possible, but at the same time, therapy may move more slowly than you anticipated. We will collaborate to identify your therapeutic goals and will periodically review your progress toward them.

Risk: In working to achieve these potential benefits, the therapeutic process requires that actions be made to change and may involve experiencing discomfort. Therapeutically resolving unpleasant events and relationship patterns may arouse intense, unexpected feelings. Seeking to

resolve problems can similarly lead to discomfort as well as relational changes that may not be originally intended. We will work together for a desirable outcome; however, there is a possibility that the goals of therapy will not be met. We will review your progress at regular intervals and modify our treatment plan as needed.

Structure of Therapy

Intake Phase – During this phase we will discuss the process, structure, policies and procedures of therapy. This occurs during the 1st session. We will need to spend some time (usually brief) exploring your experiences both surrounding the presenting complaint(s) and outside the realm of your complaint(s).

Assessment Phase – An initial evaluation may last from 1-4 sessions. During the assessment phase I am getting to know and understand you, your worldview, strengths, concerns, needs, family and relationship dynamics, etc. During this phase I am gathering a lot of information. During this phase it may not feel like we are moving forward quickly, but it is imperative for me to gather this information to assist you the best I can. During this time, we both decide if I am the best person to provide therapeutic services for your specific needs. If you or I determine that I am not the best person to address your needs and treatment plan, then referrals will be made for a more appropriate treatment provider.

Goal Development/Treatment Planning – After we have explored and developed sufficient background to proceed, we will collaboratively identify specific goals for therapy. Therapy is best concluded through mutual agreement among the participants, including myself as therapist, and will be directly tied to sufficient progress toward and/or the achievement of the goals we set together. If you are court ordered, we encompass both what is important to you and what the court is requiring of you into the goal. If you are court ordered, it is important to provide copies of documents from the court that states what needs to be addressed during our counseling sessions. After the goal is completed, we will both sign the goal, and you will receive a copy.

Intervention Phase – This occurs anywhere from session 2 until graduation, discharge, or termination. This phase requires effort both in session and completing any agreed upon assignments outside of session. You will maximize therapy by implementing solutions discussed during the session. During this phase we will review your progress and make any adjustments to your goals as needed. If at any time you have questions about what I am attempting to do or where we are headed, please do not hesitate to ask.

Graduation/Discharge/Termination – As you progress and get close to completing your goals, we will collectively discuss your progress, make a transition plan and decide on the date of graduation/discharge/termination.

Length of Therapy: Therapy sessions are typically weekly or biweekly for 50 minutes depending upon the nature of the presenting challenges. It is difficult to initially predict how many sessions will be needed, but we will collaboratively determine from session to session how much longer therapy is recommended.

Informed Consent Signature Receipt:

Financial Agreement and Authorization for Treatment: By signing below, I am indicating that I understand and agree to participate in therapy and to abide by all the conditions stated therein.

Printed Name of Client or Legal Guardian

Signature of Client or Legal Guardian

Date

Oddette P. Adderley, Ph.D., LMHC

Date