

Dr. Burt Bertram (Ed.D.)

Licensed Mental Health Counselor □ Licensed Marriage & Family Therapist

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INFORMED CONSENT FOR COUNSELING

Welcome to my counseling practice. In an effort to promote a trusted and productive counseling relationship, the following information is provided for your understanding and signed consent. If you do not understand something or have any questions...please ask. It is important that you give informed consent for treatment.

COUNSELING - Counseling always involves change. Some people come to counseling because they are ready to make significant changes in their lives and they want to work with a knowledgeable, trusted and objective professional that can help them explore alternatives and options for change. Other people enter counseling because change has been thrust upon them. They seek the comfort and guidance of the counseling relationship as a safe place to grieve about what was and as a safe place to begin the rebuilding process. Regardless of your motivation for seeking counseling, I welcome you and offer to you the best professional assistance I can provide.

There can never be any absolute guarantees in counseling. However, I have found that counseling is most productive when it is a working collaborative effort between client and counselor, where everyone actively contributes to the process.

As your counselor, I am responsible to provide you with the highest level of professional skills commensurate with my training and experience. I will help you think-through any issue or concern. I will facilitate communication between you and any significant person so that you can say what you need to say and so you can accurately hear what the other person needs to say to you. I will suggest outside reading or activities and will often provide "homework" assignments. If necessary, I will recommend that you consult with a physician to receive medication therapy or other medical treatment. Throughout the entire process, I will encourage, guide, challenge, and support you to make the changes you deem to be right for you.

As the client, you are responsible to be as honest and open as possible. Change usually involves letting go of things that are familiar in order that new possibilities can emerge. Effort and risk will be required. There may be some emotional pain. You may have to battle embarrassment, anxiety, frustration, and sometimes fear.

LICENSING & ETHICAL INFORMATION - I am licensed by the state of Florida to practice Mental Health Counseling and Marriage & Family Therapy. Any complaint or questions about my counseling services that cannot be resolved between us should be directed to the Department of Health, Board of Clinical Social Work, Marriage & Family Therapy, and Mental Health Counseling. As a Professional Member of the American Counseling Association and the American Association for Marriage & Family Therapy, I adhere to the ethical principles of these two organizations. You can download a copy of these documents from my website.

FEES & PAYMENT - Counseling fees are \$185 per hour for individual, couple, or family counseling. Counseling sessions exceeding 60 minutes will be pro-rated and billed accordingly. Telephone consultation and other professional activities rendered on behalf of the client are also billed at \$185 per hour. There is never a charge for short telephone "check-in" or scheduling coordination. Payment is due at the time of service unless otherwise arranged in advance. You will be provided with a receipt for payment for your use in filing an insurance claim or for your financial records. Other than a genuine emergency or illness, you will be billed for missed appointments unless you notify me 24 hours in advance. In circumstances where problems are encountered in receiving payment for services rendered, you may be billed additional charges to cover the cost of time and expenses incurred to obtain payment.

INSURANCE / MANAGED CARE - I will provide you with a receipt for insurance reimbursement purposes. Unless other arrangements are made in advance, it is your responsibility to file a claim with your insurance carrier. The assignment of payment to me, rather than reimbursement to you, must be agreed upon between us in advance of services. Insurance and/or Managed Care companies often require some type of advanced approval before counseling services are authorized. Additionally, most insurance policies require the client be given a mental health diagnosis indicating the medical necessity for counseling. I likely will be required to provide your insurance company with identifying information, records, or reports to determine eligibility and to secure payment. Please be aware, any diagnosis provided your insurance and/or managed care company will become a permanent part of your medical records and could have future implications.

CONFIDENTIALITY / PRIVILEGE / PRIVACY - Normally information disclosed by you and/or your child during counseling will be kept strictly confidential and will not be revealed to anyone without your written consent. It is important for you to know that there are some exceptions to confidentiality. If an exception should arise, I will make every effort to inform you, before doing so, of the necessity to break confidentiality.

Exceptions to Confidentiality & Privilege:

- 1) If you threaten harm or death to yourself or another person, I am legally, ethically and morally required to take action to protect the safety of the threatened person. Actions could include; informing the intended victim, arranging for hospitalization for you and/or your child, notifying family or your support system or alerting law enforcement.
- 2) If abuse or neglect of a child, aged person, or disabled person is known or suspected, I am required by Florida law to report my concerns to the Department of Children and Families.
- 3) If I were to receive a legally binding Court Order for your counseling records or for my deposition or court testimony, I would be required to comply.
- 4) If you or your child are in counseling or are being evaluated by Order of the Court or as condition of continued employment, I may be required to provide the Court or the Employer with reports, documents, or testimony.

EMERGENCIES / CRISIS - You are welcome to call or text my office cell phone **407-399-2344** or email me at any time and I will return your call at my earliest opportunity. If you are unable to reach me or if you have a life-threatening emergency, immediately call 911 or go to a hospital emergency room. Your safety is my primary concern; I will be in touch as soon as possible.

SOCIAL MEDIA POLICY – The confidential nature of our relationship can be compromised through social media. Therefore, ethical guidelines require that I not interact with you via social media.

CONSENT FOR COUNSELING – I/We, _____
have read and understand the information contained on this form. I/We voluntarily agree to participate in counseling and/or consent to the participation of my/our child/children.

Date _____ Signed _____
Adult Client

Date _____ Signed _____
Adult Client

Date _____ Signed _____
Minor Child

Date _____ Signed _____
Minor Child