



Privacy Practices Form

You, or a member of your family, are about to become involved in counseling or psychotherapy with a trained and licensed/certified therapist. We wish to take this opportunity to welcome you and also to state some basic principles we believe essential in establishing a good counseling relationship between us. Please read through this information, asking questions as needed.

1. **INITIAL INTERVIEW:** Your first visit is considered a diagnostic or evaluation interview. At the time of this appointment, the following decisions will be made with you:
 - a) Type of therapy needed (individual, group, medication referral, etc.)
 - b) Frequency of therapy sessions (weekly, biweekly, etc.)
 - c) Goals of therapy (what you hope to gain from this process.)
2. **APPOINTMENTS:** Each appointment is approximately 55 minutes. At the end of each appointment, you can discuss future appointments with your therapist.
3. **CANCELLATIONS:** If you find that you need to cancel an appointment, please give as much notice as possible so that we can schedule people that are on our waiting list. You will be personally charged for a missed appointment if not canceled at least 24 hours in advance other than for emergency reasons.
4. **PAYMENTS:** If you do not pay your co-payment owed (if applicable) at the time of service, charges for services in addition to therapy may be levied (i.e., involvement in client litigation, document preparation, etc.). These fees will be negotiated individually with your therapist.
5. **INSURANCE:** Insurance is an agreement between you and your insurance company as to how counseling will be paid for.

Please check with your insurance company representative to find out specific requirements and limitations of this coverage. Payments for services received through Florida Lighthouse Counseling are ultimately your responsibility. If your insurance company requires that outpatient mental health services be preauthorized, it is your responsibility to initiate the reauthorization process, i.e. contacting your primary care physician, insurance company, or a third party "gate keeper". Failure to obtain required preauthorization for outpatient mental health services will result in you being held 100% responsible for all charges. Late charges of 2% per month will be added to balances existing for more than 30 days.
6. **CONFIDENTIALITY:** All information regarding the specific nature of your counseling or psychotherapy is maintained at Florida Lighthouse Counseling and is considered confidential within the office unless specified by you in writing. However, each therapist at this office reserves the right to use specialty consultation with other therapists at the office as deemed necessary. We follow HIPAA and maintain confidentiality. We are bound to report suspected child abuse/neglect, harm to self/others, or follow a court-issued subpoena.



FLORIDA LIGHTHOUSE
COUNSELING CENTER

If more than one adult Client, each person should check and initial boxes.

☐ Yes ☐ No I acknowledge that I have read and understand all of the foregoing statements and that my signature below indicates that I agree to abide by all of the above conditions.

☐ Yes ☐ No I have received a copy of the Privacy Practices Form.

Signed: _____ Date: _____

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CLIENT COPY – KEEP THIS FORM FOR YOUR RECORDS