

**Polly A. Charette, LCSW, EMDR
Florida Healthy Minds**

Client Information Form

Today's date: _____

Your name: _____
Last First Middle Initial

Date of birth: _____ Social Security #: _____

Home street address: _____

City: _____ State: _____ Zip: _____

Name of Employer: _____

Address of Employer/School: _____ Occupation _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Calls will be discreet, but please indicate any restrictions: _____

Referred by: _____

- May I have your permission to thank this person for the referral?
- If referred by another clinician, would you like for us to communicate with one another?

Person(s) to notify in case of any emergency: _____
Name Phone

I will only contact this person if I believe it is a life or death emergency. Please provide your signature to indicate that I may do so: (Your Signature): _____

Please briefly describe your presenting concern(s): _____

What are your goals for therapy?

How long do you expect to be in therapy in order to accomplish these goals (or at least feel like you have the tools to accomplish them on your own)? _____

MEDICAL HISTORY:

Please explain any significant medical problems, symptoms, or illnesses: _____

Current Medications:

Name of Medication	Dosage	Purpose	Name of Prescribing Doctor

Do you smoke or use tobacco? YES NO If YES, how much per day? _____

Do you consume caffeine? YES NO If YES, how much per day? _____

Do you drink alcohol? YES NO If YES, how much per day/week/month/year? _____

Do you use any non-prescription drugs? (Please remember that this form is completely confidential).

YES NO If YES, what kinds and how often? _____

Previous Hospitalizations: (Approximate dates and reasons): _____

Have you ever talked with a psychiatrist, psychologist, or other mental health professional? YES NO (Please list approximate dates and reasons): _____

FAMILY:

How would you describe your relationship with your mother? _____

How would you describe your relationship with your father? _____

Are your parents still married? _____ If they divorced, how old were you when they separated or divorced, and how did this impact you? _____

Were there any other primary care givers who you had a significant relationship with? If so, please describe how this person may have impacted your life: _____

How many sisters do you have? _____ Ages? _____

How many brothers do you have? _____ Ages? _____

How would you describe your relationships with your siblings? _____

RELATIONSHIP STATUS:

POOR

EXCELLENT

Currently in Relationship? ____ How Long? ____ Relationship Satisfaction: 1 2 3 4 5 6 7

Married/Life Partnered? ____ How Long? ____ Previously Married/Life Partnered? YES NO

If so, length of previous marriages/committed partnerships _____

Do you have children? ____ If YES, how many and what are their ages: _____

Describe any problems any of your children are having: _____

What are the names and ages of your children

What school does he/she attend

Names and ages of others in your home

Relationship to you

Have you ever been concerned about your alcohol intake? _____

Would you like help cutting back? If so please explain what you would like to change .

Are you satisfied with your sex life?

Are you satisfied with your friendships?

DIFFICULTY WITH:	NOW	PAST		DIFFICULTY WITH:	NOW	PAST		DIFFICULTY WITH:	NOW	PAST
Anxiety →				People in General →				Nausea →		
Depression				Parents				Abdominal Distress		
Mood Changes				Children				Fainting		
Anger or Temper				Marriage/Partnership				Dizziness		
Panic				Friend(s)				Diarrhea		
Fears				Co-Worker(s)				Shortness of Breath		
Irritability				Employer				Chest Pain		
Concentration				Finances				Lump in the Throat		
Headaches				Legal Problems				Sweating		
Loss of Memory				Sexual Problems				Heart Palpitations		
Excessive Worry				History of Child Abuse				Muscle Tension		
Feeling Manic				History of Sexual Abuse				Pain in joints		
Trusting Others				Domestic Violence				Allergies		
Communicating with Others				Thoughts of Hurting Someone Else				Often Make Careless Mistakes		
Drugs				Hurting Self				Fidget Frequently		
Alcohol				Thoughts of Suicide				Speak Without Thinking		
Caffeine				Sleeping Too Much				Waiting Your Turn		
Frequent Vomiting				Sleeping Too Little				Completing Tasks		
Eating Problems				Getting to Sleep				Paying Attention		
Severe Weight Gain				Waking Too Early				Easily Distracted by Noises		
Severe Weight Loss				Nightmares				Hyperactivity		
Blackouts				Head Injury				Chills or Hot Flashes		

FAMILY HISTORY OF (Check all that apply):

Drug/Alcohol Problems				Physical Abuse				Depression			
Legal Trouble				Sexual Abuse				Anxiety			
Domestic Violence				Hyperactivity				Psychiatric Hospitalization			
Suicide				Learning Disabilities				“Nervous Breakdown”			

Any additional information you would like to include:

Polly A. Charette, LCSW, EMDR **Florida Healthy Minds**

Health Insurance Portability and Accountability Act (HIPAA)

NOTICE OF PRIVACY PRACTICES

Effective 11/01/2014

I. COMMITMENT TO YOUR PRIVACY: Polly Charette, LCSW. is dedicated to maintaining the privacy of your protected health information (PHI). PHI is information that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. This Notice of Privacy Practices (“Notice”) is required by law to provide you with the legal duties and the privacy practices that Polly Charette, LCSW. maintains concerning your PHI. It also describes how medical and mental health information may be used and disclosed, as well as your rights regarding your PHI. Please read carefully and discuss any questions or concerns with your therapist.

II. LEGAL DUTY TO SAFEGUARD YOUR PHI: By federal and state law, Polly Charette LCSW. is required to ensure that your PHI is kept private. This Notice explains when, why, and how Polly Charette LCSW. would use and/or disclose your PHI. Use of PHI means when Polly Charette LCSW. shares, applies, utilizes, examines, or analyzes information within its practice; PHI is disclosed when Polly Charette, LCSW. releases, transfers, gives, or otherwise reveals it to a third party outside of the Institute. With some exceptions, Polly Charette, LCSW. may not use or disclose more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made; however, Polly Charette, LCSW. is always legally required to follow the privacy practices described in this Notice.

III. CHANGES TO THIS NOTICE: The terms of this notice apply to all records containing your PHI that are created or retained by Polly Charette, LCSW. Please note that Polly Charette, LCSW. reserves the right to revise or amend this Notice of Privacy Practices. Any revision or amendment will be effective for all of your records that Polly Charette Polly Charette, LCSW. has created or maintained in the past and for any of your records that Polly Charette, LCSW. may create or maintain in the future. Polly Charette, LCSW. will have a copy of the current Notice in the office in a visible location at all times, and you may request a copy of the most current Notice at any time. The date of the latest revision will always be listed at the end of Polly Charette, LCSW.’s Notice of Privacy Practices.

IV. HOW POLLY A. CHARETTE, LCSW. MAY USE AND DISCLOSE YOUR PHI: Polly Charette, LCSW. will not use or disclose your PHI without your written authorization, except as described in this Notice or as described in the “Information, Authorization and Consent to Treatment” document. Below you will find the different categories of possible uses and disclosures with some examples.

1. For Treatment: POLLY A. CHARETTE, LCSW. may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. Example: If you are also seeing a psychiatrist for medication management, Polly Charette, LCSW. may disclose your PHI to her/him in order to coordinate your care. Except for in an emergency, Polly Charette, LCSW. will always ask for your authorization in writing prior to any such consultation.

2. For Health Care Operations: Polly Charette, LCSW. may disclose your PHI to facilitate the efficient and correct operation of its practice. Example: Quality control - Polly Charette, LCSW. may provide your PHI to its office personnel, accountants, practice consultants, attorneys and others to make sure that Polly Charette, LCSW. is in compliance with applicable practices and laws. It is Polly Charette, LCSW.’s practice to conceal all client names in such an event and maintain confidentiality. However, there is still a possibility that your PHI may audited for such purposes.

3. To Obtain Payment for Treatment: Polly Charette, LCSW. may use and disclose your PHI to bill and collect payment for the treatment and services Polly Charette, LCSW. provided you. Example: Polly Charette, LCSW. might send your PHI to your insurance company or managed health care plan, in order to get payment for the health care services that have been provided to you. Polly Charette, LCSW. could also provide your PHI to billing companies, claims processing companies, and others that process health care claims for Polly Charette, LCSW.’s office if either you or your insurance carrier are not able to stay current

with your account. In this latter instance, Polly Charette, LCSW. will always do its best to reconcile this with you first prior to involving any outside agency.

4. Employees and Business Associates: There may be instances where services are provided to Polly Charette, LCSW. by an employee or through contracts with third-party “business associates.” Whenever an employee or business associate arrangement involves the use or disclosure of your PHI, Polly Charette, LCSW. will have a written contract that requires the employee or business associate to maintain the same high standards of safeguarding your privacy that is required of Polly Charette, LCSW.

Note: Florida and Federal law provides additional protection for certain types of health information, including **alcohol or drug abuse, mental health and AIDS/HIV**, and may limit whether and how Polly Charette, LCSW. may disclose information about you to others.

V. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES – POLLY A. CHARETTE, LCSW. may use and/or disclose your PHI without your consent or authorization for the following reasons:

1. **Law Enforcement:** Subject to certain conditions, Polly Charette, LCSW. may disclose your PHI when required by federal, state, or local law; judicial, board, or administrative proceedings; or, law enforcement. Example: Polly Charette, LCSW. may make a disclosure to the appropriate officials when a law requires Polly Charette, LCSW. to report information to government agencies, law enforcement personnel and/or in an administrative proceeding.
2. **Lawsuits and Disputes:** Polly Charette, LCSW. may disclose information about you to respond to a court or administrative order or a search warrant. Polly Charette, LCSW. may also disclose information if an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena *duces tectum* (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel. Polly Charette, LCSW. will only do this if efforts have been made to tell you about the request and you have been provided an opportunity to object or to obtain an appropriate court order protecting the information requested.
3. **Public Health Risks:** POLLY A. CHARETTE, LCSW. may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, disability, to report births and deaths, and to notify persons who may have been exposed to a disease or at risk for getting or spreading a disease or condition.
4. **Food and Drug Administration (FDA):** Polly Charette, LCSW. may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
5. **Serious Threat to Health or Safety:** Polly Charette, LCSW. may disclose your PHI if you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if Polly Charette, LCSW. determines in good faith that disclosure is necessary to prevent the threatened danger. Under these circumstances, Polly Charette, LCSW. may provide PHI to law enforcement personnel or other persons able to prevent or mitigate such a serious threat to the health or safety of a person or the public.
6. **Minors:** If you are a minor (under 18 years of age), Polly Charette, LCSW. may be compelled to release certain types of information to your parents or guardian in accordance with applicable law.
7. **Abuse and Neglect:** Polly Charette, LCSW. may disclose PHI if mandated by Florida child, elder, or dependent adult abuse and neglect reporting laws. Example: If Polly Charette, LCSW. has a reasonable suspicion of child abuse or neglect, Polly Charette, LCSW. will report this to the Florida Department of Child and Family Services.
8. **Coroners, Medical Examiners, and Funeral Directors:** Polly Charette, LCSW. may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person, determine the cause of death or other duties as authorized by law. Polly Charette, LCSW. may also disclose PHI to funeral directors, consistent with applicable law, to carry out their duties.
9. **Communications with Family, Friends, or Others:** POLLY A. CHARETTE, LCSW. may release your PHI to the person you named in your Durable Power of Attorney for Health Care (if you have one), to a friend or family member who is your personal representative (i.e., empowered under state or other law to make health-related decisions for you), or any other person you identify, relevant to that person’s involvement in your care or payment related to your care. In addition, Polly
10. Charette, LCSW. may disclose your PHI to an entity assisting in disaster relief efforts so that your family can be notified about your condition.

11. **Military and Veterans:** If you are a member of the armed forces, Polly Charette, LCSW. may release PHI about you as required by military command authorities. Polly Charette, LCSW. may also release PHI about foreign military personnel to the appropriate military authority.
12. **National Security, Protective Services for the President, and Intelligence Activities:** Polly Charette, LCSW. may release PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, to conduct special investigations for intelligence, counterintelligence, and other national activities authorized by law.
13. **Correctional Institutions:** If you are or become an inmate of a correctional institution, Polly Charette, LCSW. may disclose PHI to the institution or its agents when necessary for your health or the health and safety of others
14. **For Research Purposes:** In certain limited circumstances, Polly Charette, LCSW. may use information you have provided for medical/psychological research, but only with your written authorization. The only circumstance where written authorization would not be required would be if the information you have provided could be completely disguised in such a manner that you could not be identified, directly or through any identifiers linked to you. The research would also need to be approved by an institutional review board that has examined the research proposal and ascertained that the established protocols have been met to ensure the privacy of your information.
15. **For Workers' Compensation Purposes:**
Polly Charette, LCSW. may provide PHI in order to comply with Workers' Compensation or similar programs established by law.
15. **Appointment Reminders:** POLLY A. CHARETTE, LCSW. is permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative or other health-related benefits and services that you may need or that may be of interest to you.
16. **Health Oversight Activities:** Polly Charette, LCSW. may disclose health information to a health oversight agency for activities such as audits, investigations, inspections, or licensure of facilities. These activities are necessary for the government to monitor the health care system, government programs and compliance with laws. Example: When compelled by U.S. Secretary of Health and Human Services to investigate or assess your provider, LCSW.'s compliance with HIPAA regulations.
17. **If Disclosure is Otherwise Specifically Required by Law.**

VI. Other Uses and Disclosures Require Your Prior Written Authorization: In any other situation not covered by this notice, Polly Charette, LCSW. will ask for your written authorization before using or disclosing medical information about you. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying your provider. in writing of your decision. You understand that your provider is unable to take back any disclosures it has already made with your permission, Polly Charette, LCSW. will continue to comply with laws that require certain disclosures, and Polly Charette, LCSW. is required to retain records of the care that its therapists have provided to you.

VII. RIGHTS YOU HAVE REGARDING YOUR PHI:

1. The Right to See and Get Copies of Your PHI: In general, you have the right to see your PHI that is in Polly Charette, LCSW.'s possession, or to get copies of it; however, you must request it in writing. If Polly Charette, LCSW. does not have your PHI, but knows who does, you will be advised how you can get it. You will receive a response from Polly Charette, LCSW. within 30 days of receiving your written request. Under certain circumstances, Polly Charette, LCSW. may feel it must deny your request, but if it does, Polly Charette, LCSW. will give you, in writing, the reasons for the denial. Polly Charette, LCSW. will also explain your right to have its denial reviewed. If you ask for copies of your PHI, you will be charged not more than \$. 25 per page and the fees associated with supplies and postage. Polly Charette, LCSW. may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost, in advance.

2. The Right to Request Limits on Uses and Disclosures of Your PHI: You have the right to ask that Polly Charette, LCSW. limit how it uses and discloses your PHI. While Polly Charette, LCSW. will consider your request, it is not legally bound to agree. If Polly Charette, LCSW. does agree to your request, it will put those limits in writing and abide by them except in emergency situations. You do not have the right to limit the uses and disclosures that Polly Charette, LCSW. is legally required or permitted to make.

3. The Right to Choose How POLLY A. CHARETTE, LCSW. Sends Your PHI to You: It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of by regular mail). Polly Charette, LCSW. is obliged to agree to your request providing that it can give you the PHI, in the format you requested, without undue inconvenience.

4. The Right to Get a List of the Disclosures. You are entitled to a list of disclosures of your PHI that Polly Charette, LCSW. has made. The list will not include uses or disclosures to which you have specifically authorized (i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, or to corrections or law enforcement personnel. The request must be in writing and state the time period desired for the accounting, which must be less than a 6-year period and starting after April 14, 2003.

Polly Charette, LCSW. will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list will include the date of the disclosure, the recipient of the disclosure (including address, if known), a description of the information disclosed, and the reason for the disclosure. Polly Charette, LCSW. will provide the list to you at no cost, unless you make more than one request in the same year, in which case it will charge you a reasonable sum based on a set fee for each additional request.

5. The Right to Amend Your PHI: If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that POLLY A. CHARETTE, LCSW. correct the existing information or add the missing information. Your request and the reason for the request must be made in writing. You will receive a response within 60 days of Polly Charette, LCSW.'s receipt of your request. Polly Charette, LCSW. may deny your request, in writing, if it finds that the PHI is: (a) correct and complete, (b) forbidden to be disclosed, (c) not part of its records, or (d) written by someone other than an associate of Polly Charette, LCSW. , Polly Charette LCSW.'s denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and, LCSW.'s denial will Polly Charette be attached to any future disclosures of your PHI. If Polly Charette approves our request, it will make the change(s) to your PHI. Additionally, Polly Charette, LCSW. will tell you that the changes have been made and will advise all others who need to know about the change(s) to your PHI.

6. The Right to Get This Notice by Email: You have the right to get this notice by email. You have the right to request a paper copy of it as well.

7. Submit all Written Requests: Submit to Polly Charette, LCSW, at the address listed on top of page one of this document.

VIII. COMPLAINTS: If you are concerned your privacy rights may have been violated, or if you object to a decision Polly Charette, LCSW. made about access to your PHI, you are entitled to file a complaint. You may also send a written complaint to the Secretary of the Department of Health and Human Services Office of Civil Rights. Polly Charette, LCSW. will provide you with the address. Under no circumstances will you be penalized or retaliated against for filing a complaint.

Please discuss any questions or concerns with your POLLY A. CHARETTE, LCSW. therapist. Your signature below indicates that you Acknowledge receipt of this Notice:

Client Name (please print)

Client Signature

Date

If Applicable:

Parent/Legal Guardian Name (please print)

Parent/Legal Guardian Signature

Date

Date of Last Revision: 11/18/2014

Polly A. Charette, LCSW, EMDR
Florida Healthy Minds

**Office Policies INFORMATION, AUTHORIZATION, &
CONSENT TO TREATMENT**

I am very pleased that you selected my facility for your therapy, and I am sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from your therapist, policies regarding confidentiality and emergencies, and several other details regarding your treatment here. Although providing this document is part of an ethical obligation to our profession, more importantly, it is part of our commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with your therapist or group leader is a collaborative one, and I welcome any questions, comments, or suggestions regarding your course of therapy at any time.

Theoretical Views & Client Participation

It is my belief that as people become more aware and accepting of themselves, they are more capable of finding a sense of peace and contentment in their lives. However, self-awareness and self-acceptance are goals that may take a long time to achieve. Some clients need only a few sessions to achieve these goals, whereas others may require months or even years of therapy. As a client, you are in complete control, and you may end your relationship with your therapist/group leader at any point.

In order for therapy to be most successful, it is important for you to take an active role. This means working on the things you and your therapist talk about both during and between sessions. This also means avoiding any mind-altering substances like alcohol or non-prescription drugs for at least eight hours prior to your therapy sessions. Generally, the more of yourself you are willing to invest, the greater the return. If you attend your session under the influence of alcohol or other substances, your session may be terminated at your therapists discretion.

Furthermore, it is our policy to only see clients who we believe have the capacity to resolve their own problems with our assistance. It is our intention to empower you in your growth process to the degree that you are capable of facing life's challenges in the future without the therapists here. We also don't believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. If this is the case, your therapist will direct you to other resources that will be of assistance to you. Your personal development is our number one priority. I encourage you to let me know if you feel that transferring to another facility or another therapist is necessary at any time. My goal is to facilitate healing and growth, and I am very committed to helping you in whatever way seems to produce maximum benefit.

Confidentiality & Records

Your communications with your therapist will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be kept in a file stored in a locked cabinet. It is filed under your first name and last initial to protect your confidentiality to the fullest extent. Additionally, your therapist will always keep everything you say to him or her completely confidential, with the following exceptions: (1) you direct your therapist to tell someone else and you sign a "Release of Information" form; (2) your therapist determines that you are a danger to yourself or to others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; or (4) your therapist is ordered by a judge to disclose information. In the latter case, your therapist's license

Please initial that you have read this page _____

does provide him or her with the ability to uphold what is legally termed “privileged communication.” Privileged communication is your right as a client to have a confidential relationship with a counselor. The state of Florida has a very good track record in respecting this legal right. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. We cannot guarantee that the appeal will be sustained, but we will do everything in our power to keep what you say confidential.

Please note that in couple’s counseling, your therapist does not agree to keep secrets. Information revealed in any context may be discussed with either partner.

MINORS

All members of the family, including children and adolescents, can expect their privacy to be protected except in the circumstances described above. However, if you are under the age of eighteen, your parents may have a legal right to see your treatment records. Our policy is to ask parents to relinquish this right and, if they agree, to provide them with general information about the minor child’s treatment. Before giving parents this information, the minor patient’s physician or therapist will discuss the matter with the patient if possible, addressing any objections the patient may have. As previously noted, confidentiality will be suspended and the parents notified if the minor patient is deemed dangerous to himself or to someone else.

YOUR RIGHT TO YOUR RECORDS

You are entitled to a copy of your records, or a summary thereof, unless your provider or therapist believes that access to those records would be emotionally damaging to you (for example, if your physician or therapist believes that medical terms used in records would be misinterpreted by a non-clinician). In this event, we recommend that you review your records with a mental health professional who can clarify any information you don’t readily understand. We will furnish your records to a mental health professional of your choice.

Patients will be charged an appropriate fee for copies of records.

Structure and Cost of Sessions

Your therapist agrees to provide psychotherapy for the fee of \$150 per 50 minute session. \$200 for a 80 minute EMDR Session, and \$250 for a 110 minute session. Doing psychotherapy by telephone is not ideal as a substitute for face to face sessions, and needing to talk to your therapist between sessions may indicate that you need extra support. If this is the case, you and your therapist will need to explore adding sessions or developing other resources you have available to help you. Skype is available. Telephone calls and Skype will be billed at the normal rate. The fee for each session will be due at the conclusion of the session. Calls will be billed in 10 minute increments at \$25. Cash, credit card and personal checks, and we will provide you with a receipt of payment. The receipt of payment may also be used as a statement for insurance if applicable to you. Please note that there is a \$30 fee for any returned checks. There is a **24 hour cancellation policy** and you will be charged **full fee** of your session.

In Case of an Emergency

This practice is considered to be an outpatient facility, and Polly Charette, LCSW is set up to accommodate individuals who are reasonably safe and resourceful. She does not carry beepers nor is she available at all times. If at any time this does not feel like sufficient support, please inform your therapist, and she can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. Generally, your therapist will return phone calls within 24-48 hours. If you have a mental health emergency, I encourage you not to wait for a call back, but to do one or more of the following:

Call a local facility that provides mental health services and treatment or dial 911 in the case of emergency

- **River Point Behavioral Health at 904-724-9202** **Wekeiva Springs at 904-296-3533**
- **Go to your nearest emergency room.** **Baptist 904.202.2000**
- **Wolfson’s children’s 904.202.8000** **Memorial (904) 399-6111**
- **Flagler Hospital (904) 819-5155 (St. John’s County)**

Please initial that you have read this page _____

APPOINTMENTS

Your appointment time is scheduled only for you; there is no double booking at FPTH. If you cancel your appointment with at least 24 hours' notice, we can give that appointment to someone else, and you will not be charged a cancellation fee. If you cancel with less than 24 hours' notice, that appointment time is considered lost, and you will be charged a fee.

If you arrive for your appointment and find that your clinician is running late, we apologize for the inconvenience. In many cases, the delay results from an emergency involving another patient or family, and your therapist needs extra time to handle the situation. Should you have an emergency one day, we will do the same for you. If your wait will be more than a few minutes, we will inform you as promptly as possible and offer to reschedule your appointment. If you choose to wait, be assured you will receive the same careful attention during your appointment, even if we are late.

Professional Relationship

Psychotherapy is a professional service I will provide to you. Because of the nature of therapy, your relationship with your therapist has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of therapist and client. If you and your therapist were to interact in any other ways, you would then have a "dual relationship," which could prove to be harmful to you in the long run and is, therefore, unethical in the mental health profession. Dual relationships can set up conflicts between the therapist's interests and the client's interests, and then the client's (your) interests might not be put first. In order to offer all of our clients the best care, your therapist's judgment needs to be unselfish and purely focused on your needs. This is why your relationship with your therapist must remain professional in nature.

Additionally, there are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may *need* to have you do what they advise. A therapist offers you choices and helps you choose what is best for you. A therapist helps you learn how to solve problems better and make better decisions. A therapist's responses to your situation are based on tested theories and methods of change.

You should also know that therapists are required to keep the identity of their clients secret. As much as your therapist would like to, for your confidentiality he or she will not address you in public unless you speak to him or her first. Your therapist also must decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy is completed, your therapist will not be able to be a friend to you like your other friends. In sum, it is the duty of your therapist to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for your long-term protection.

Statement Regarding Ethics, Client Welfare & Safety

Polly Charette, LCSW assures you that her services will be rendered in a professional manner consistent with the ethical standards of the National Association of Social Workers and/or the American Counseling Association. If at any time you feel that your therapist is not performing in an ethical or professional manner, we ask that you please let him or her know immediately.

Due to the very nature of psychotherapy, as much as we would like to guarantee specific results regarding your therapeutic goals, we are unable to do so. However, your therapist, with your participation, will work to achieve the best possible results for you. Please also be aware that changes made in therapy may affect other people in your life. For example, an increase in your assertiveness may not always be welcomed by others. It is our intention to help you manage changes in your interpersonal relationships as they arise, but it is important for you to be aware of this possibility nonetheless.

Please initial that you have read this page _____

Additionally, at times people find that they feel somewhat worse when they first start therapy before they begin to feel better. This may occur as you begin discussing certain sensitive areas of your life. However, a topic usually isn't sensitive unless it needs attention. Therefore, discovering the discomfort is actually a success. Once you and your therapist are able to target your specific treatment needs and the particular modalities that work the best for you, help is generally on the way.

TERMINATING TREATMENT

FPTH will deem treatment ineffective and advise a patient to seek treatment elsewhere when a patient's actions indicate that he or she has disengaged from treatment. Following are some examples of situations warranting termination of treatment: 1) the patient misses two or more appointments; 2) the patient ceases paying for treatment; 3) the patient is noncompliant with treatment recommendations; 4) the patient misuses or abuses prescribed medications; or 5) the patient behaves in an abusive, threatening or inappropriate manner toward FPTH professionals, staff, or other patients.

I am sincerely looking forward to facilitating you on your journey toward healing and growth. If you have any questions about any part of this document, please ask your therapist.

Please print, date, and sign your name below indicating that you have read and understand the contents of this form, you agree to the policies of your relationship with your therapist/group leader, and you are authorizing your therapist/group leader to begin treatment with you.

_____	_____
Client Name (Please Print)	Date

Client Signature	

If Applicable:

_____	_____
Parent's or Legal Guardian's Name (Please Print)	Date

Parent's or Legal Guardian's Signature	

The signature of the Therapist below indicates that she or he has discussed this form with you and has answered any questions you have regarding this information.

_____	_____
Therapist's Signature	Date