



INFORMED CONSENT  
FOR  
COUNSELING SERVICES

Thanks for choosing East Counseling Services, Inc. (ECS). Dr. Marlene East is a licensed mental health counselor (LMHC) with credentials in counseling children, teens, individuals, couples and families. It is important to understand what to expect from counseling and your roles and responsibilities.

- 1) **ECS WILL:** Encourage your growth in ways that foster your interests and welfare; Work together with you in setting goals, incorporating your cultural and religious values; Avoid dual-relationships that could impair professional judgment; Practice within boundaries of competence.
- 2) **CONFIDENTIALITY/RECORDS:** ECS will maintain confidentiality within legal/ethical boundaries. While counseling is confidential, records may be subpoenaed by a court of law. **Counselors are required to report these circumstances to authorities: Suspicion of child abuse (neglect, physical, sexual or psychological abuse); Suspicion of elder abuse; Immediate threat to your life; Immediate threat to another's life by you.** Records are kept to assist with your treatment. Working notes made by the counselor will not be released to you if the counselor deems the notes may be misinterpreted or detrimental to you. If needed, your counselor will prepare a written summary of your diagnosis, treatment goals, methods, and progress.
- 3) **COUNSELING MINORS (CHILDREN AND TEENS):** As with adults, children and teens need to feel that they are safe in sharing with their counselor. Trust is critical for counseling to be effective. When sensing the counselor is not protecting confidentiality, minors often shut down and the effectiveness of counseling is hindered. Your counselor will aim to assist the minor in discussing important issues with the parent/guardian while protecting the trust in the counselor/minor relationship. The overall goal is to reduce symptoms and encourage growth in the child as well as in parents. ECS will obtain informed consent from the parent/guardian and from the minor.
- 4) **NUMBER/FREQUENCY OF SESSIONS:** Change and growth is a process that takes time. When people first come for counseling, they are often experiencing crisis and intense symptoms of anxiety, stress or depression. In such situations, your counselor may recommend more than one session per week to assist in reducing symptoms to a manageable level. Thereafter, sessions are weekly with a gradual reduction as treatment goals are reached.
- 5) **OTHER MENTAL HEALTH PROFESSIONALS:** If you are receiving services from other mental health professionals, with your consent, ECS will contact them and develop a clear agreement for treatment. ECS may refer you to other professionals for appropriate treatment.
- 6) **INSURANCE:** ECS will file claims for you should you seek reimbursement from your health insurance provider. **PLEASE COMPLETE THE INSURANCE INFORMATION FORM.** Insurance companies require diagnosis codes and may require counseling records in order to reimburse for mental health care. Once such information is released to your insurance company, ECS cannot be responsible for protecting your confidentiality for that information. ECS will not release information to your insurance company without your written consent.
- 7) **FEES:** Payment is due *at the time of service*. Occasionally during a crisis, you may wish to contact your counselor by telephone between sessions. The charge for such phone counseling is \$30 for each 15-minute increment, rounded up to the nearest ¼ hour. *Insurance may not reimburse you for phone sessions.*
- 8) **YOUR ROLES/RESPONSIBILITIES:** a) To notify ECS of a need to reschedule or cancel *24 hours in advance*. With the exceptions of a death or a severe illness in the immediate family, ***you will be required to pay \$50 for a missed appointment in which you do not give 24 hours advance notice.*** b) To pay at the time of service for each counseling session. c) To help make counseling a growth and healing process for you by completing homework assignments and trying new things. To inform your counselor about your progress, questions and concerns. To continue in therapy until you reach your treatment goals. d) ***To call 911 or go to the emergency room if you are sick, hurt or in danger of harming yourself or others BEFORE you call your counselor.*** e) To take medications prescribed by medical doctors according to the prescribed dosage and frequency. To discuss concerns about reactions to/benefits from medications with your prescribing physician.

DATE: \_\_\_\_\_ NAME OF CLIENT: \_\_\_\_\_ D.O.B. OF CLIENT: \_\_\_\_\_ AGE: \_\_\_\_\_

CLIENT SIGNATURE: \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

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