

Informed Consent/Agreement to Participate in Treatment

Please read the following information and sign at the end to indicate that you understand the policies and procedures of my office.

- ◆ **Services:** I provide many different types of therapy for individuals, families, and couples in addition to specialized group therapy. The length of therapy may vary depending on the collaborative efforts between the therapist and client(s). The goals for therapy are developed with the therapist, are based on the client's needs and concerns, and are reviewed periodically to monitor progress. I consider therapy an active process and therefore prefer clients to play an active role in their own therapy. Additionally, my counseling services are voluntary. Your first three sessions are an evaluative period to determine if my services are appropriate to your needs. In turn, it is important for you to decide if you are comfortable with me. At the end of the first three sessions, I reserve the right to refer you to more appropriate treatment options if I determine that your presenting concerns fall outside of my practice parameters and training. Therapy is a considerable commitment of time, money and energy and it imperative that we are a mutually compatible fit!
- ◆ **Appointments:** Regular attendance to therapy is vitally important to ensure progress with the concerns and issues that have been presented. Please make every effort to keep appointments and be on time. Each family, couple, or individual therapy session is fifty (50) minutes in length based on a standard professional hour. **If you need to cancel an appointment, please call 407-325-5521 at least 24 hours prior to the time of your appointment.** If you do not cancel or show up for an appointment, then you will be charged the full amount of your session fee payable in full before the next scheduled session.
- ◆ **Therapist Information:** I, Jesse Sparks, hold a Master of Arts degree in Mental Health Counseling Psychology and am currently license to practice Mental Health Counseling in the state of Florida Part 491. My Florida license number is MH9947. I am also Board Certified by the NBCC as a Nationally Certified Counselor.
- ◆ **Payment: Therapy sessions are to be paid in full before the beginning of each session.** Please be aware that I currently do not process any type of insurance in my Winter Park office and only accept private pay (cash or personal check) from my clients. If you wish to obtain a detailed statement/receipt for your own insurance purposes you may request so in writing. There will be a \$25.00 service charge on all returned checks to be paid prior to your next appointment
- ◆ **Safety:** It is important that you and your children exercise appropriate caution, control and safe behavior on the premises. This includes no running in the hallways or on the staircase. If the child is outside, a parent or guardian must be present. Jesse F. Sparks III is not responsible for any injuries that occur on the premises due to lack of parental supervision. If a child is under 16 years old and is attending individual or play therapy sessions, one parent or guardian must remain on the premises for the duration of the session. If the child is over 16, he or she may drive him or herself after one parent/guardian signs a consent for mental health treatment form. If a parent of a child 16 years of age or older leaves for the duration of the session, he or she must arrive back to the premises prior to ten (10) minutes before the end of the session.
- ◆ **Contact:** I accept calls Monday through Friday 9am to 6pm on my confidential telephone line. If I am unable to answer, I make every effort to return calls promptly, but it may be up to 24 hours before I am able to return your call. **Be advised that I am not on call 24 hours a day and do not accept client calls after hours. If you are in crisis, it is your responsibility to call 911 immediately.** I do communicate with clients electronically via email regarding scheduling only. **No therapeutic issues are communicated via email due to confidentiality concerns.**
- ◆ **Termination:** The client is expected to inform the therapist of the client's plans to discontinue therapy for any reason. The final therapy session is an important part of the therapeutic process and it helps to summarize the progress and appreciate the change and growth that has occurred. If a client does not show up for two of their therapy appointments with no contact with the therapist, the case will be closed on the third week after the last attended session. If you do decided to terminate therapy, you will still be responsible of any unpaid therapy sessions already received. I may discontinue therapy at my discretion if you are currently involved with domestic violence with a partner, substance abuse or to have shown violent or threatening behavior. In any of these instances, you will be referred to other more appropriate services for issues with substance abuse, violence, or severe mental health concerns.
- ◆ **Benefits and Risk of Therapy:** The majority of individuals and families in therapy benefit from the process. However, no promises can be made in regards to the results of treatment or of any procedures provided by the therapist. Open, honest and accurate reporting of dilemmas and concerns are vital to progress in therapy. Please understand that throughout the course of therapy some individuals experience uncomfortable feelings. These feelings are difficult, but a natural part of the psychotherapeutic process and often provide the basis for change. Important decisions are often an outcome of counseling. These decisions, including changing behavior, exploring employment opportunities, substance abuse patterns, schooling, and relationships, are likely to produce new opportunities as well as unique challenges for each individual involved. **Sometimes a decision that seems positive for one family member will be viewed quite negatively by another.** Do not be hesitant to discuss counseling goals, procedures or your impressions of the services being provided with your therapist. If you ever do not understand a suggestion or comment that has been made, please ask for clarification.

My signature below shows that I understand and agree with all of these statements and have received a copy of this form for my records. In addition, I have received a copy of The Rights of Clients for my therapeutic benefit and understanding.

Signature of client (or person acting for client)

Date

Printed name

Relationship to client (if applicable)

Jesse Sparks, MA, LMHC, NCC

Date