

# **Windermere Counseling Corp.**

**Regina D. Morrow M.Ed., Ed.S., LMFT, LMHC, NCC.**

Licensed Marriage and Family Therapist #MT1352 & Mental Health Counselor #MH2434

104 West 6<sup>th</sup> Avenue Windermere, FL 34786

(407) 876-2078 office (407) 876-7378 fax

## **Policies and Procedures**

Thank you for choosing Windermere Counseling for your counseling needs. During our work together, my goal is that your counseling experience proves to be effective in improving and enhancing your life experiences. I strive to provide a safe, private and comfortable atmosphere that will facilitate the changes you hope to make in your life. It is important that you are knowledgeable about how our relationship will work most effectively. Please take a few minutes to review the following information. If you have any questions or are not clear on any point, please discuss it with me.

I would like to introduce you to my practice. I am a Licensed Mental Health Counselor and a Licensed Marriage and Family Therapist with a Masters in Counselor Education and a Specialist in Counselor Education. I have over twenty-eight years experience conducting psychotherapy for individuals, couples, families and groups. In addition, I am a National Certified Counselor a Trainer and Consultant in Eye Movement Desensitization and Reprocessing Therapy, EMDR, belong to EMDRIA. I am a member of the American Association of Marriage and Family Therapy, American Counselor Association, The National Board of Counselor Certification and International Society for the Studies in Dissociation and Trauma. I abide by the code of ethics for each of these organizations. If you request, a copy of these ethical guidelines will be provided.

My belief is that psychotherapy is a cooperative effort between the client, the client's parents (if the client is under 18) and myself. Your ability to benefit from treatment is dependent upon your willingness to honestly discuss your thoughts, feelings, and behaviors and to examine how these may be contributing to your difficulties. At times, psychotherapy may be an uncomfortable process that will need to proceed at a pace that is comfortable and safe for you. Approaching thoughts and feelings that you have tried not to think about may be painful. Making changes in your beliefs or behaviors can be frightening. It could affect or disrupt some relationships with significant others in your life. It is important that you give careful consideration whether these risks are worth the benefits to you. Most people, who decide to proceed, find that therapy is helpful. I will do what I can to help minimize risks and maximize positive outcomes for you. This often entails asking you to carry out assignments or specific activities between sessions, bringing in other family members or seeing your physician for a physical. You have the right to refuse anything that I suggest without being penalized in any way.

If a medical concern is part of the reason for seeking psychotherapy, please be aware that I am not a medical doctor. Although we may discuss your condition and your use of medical interventions (e.g., medication intake and pattern), my comments are not intended to replace the recommendations of your physician. To clarify any potential misunderstandings, please review with me anything that seems contradictory. Please know that you are always advised to follow your physician's instructions until you discuss possible revisions with him or her.

Therapy is a relationship between people, which works in part because of clearly defined rights and responsibilities held by each person. This helps to create the safety to take risks and the support to become empowered to change. As a client, you have certain rights that are important for you to know because this is your therapy. There are also certain legal limitations to those rights that you should be aware of. As a therapist, I have responsibilities to make you aware of these rights.

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**Confidentiality:** The content of your sessions with me is confidential. I will not release any information about you without your written consent. However, state law mandates that confidentiality be broken in specific situations. I will normally inform you of my intent to do so. These include:

- 1) If you indicate that there is abuse or neglect of children or elderly individuals.
- 2) If you threaten dangerousness to self or others.
- 3) The courts can over rule your right of confidentiality and require me to submit records of your treatment with a court order.
- 4) Insurance carriers often require oral or written case summaries as a condition of reimbursement. Choosing to pay privately does help to increase the confidentiality of your counseling experience.
- 5) If you were referred to me by another health professional I will notify that individual of your contact with me unless you instruct me otherwise.
- 6) On occasion I also consult with other treatment providers when necessary in order to provide you with optimal services. If this occurs I will do so without identifying you personally. If you have any objections to me doing so, please notify me of your concerns.

## **Records and Release of Records:**

I will keep a written record of your therapy for seven years at my office. Your entire file is confidential and will be maintained for seven years following termination of therapy as required by law. If requested in writing, information in any part of your record can be released to you, or to a person or agency you designate. I will tell you at the time whether or not in my professional judgment disclosing the records could be harmful to you. Florida law does allow me to send a report of the therapy in lieu of the full record if I believe that is necessary and beneficial to you. I cannot release records to a third party unless every person that has taken part in the session(s) agrees to sign the release. It is helpful for you to understand how your records and privacy are maintained.

## **Financial Arrangements and Insurance:**

Payment for services are due at the time of service unless arrangements have been made in advance. The initial consultation is \$ 150.00. After that for general psychotherapy or consultation all individual sessions are billed at \$130 per 50 minutes ("clinical hour"). Sometimes, the client or I may find it helpful to plan for a longer session. Fees are adjusted accordingly. Every year I re-evaluate my budget and fee structure. Factors such as overhead expenses and continuing education expenses may necessitate a change in my fee structure. You will be notified in writing and in session 4 weeks in advance of any change to my fees. Fees and co-payments are to be paid at the beginning of each session. Cash, checks and credit cards are accepted. Please make checks out to **Windermere Counseling Corp.**. These costs will be discussed with you prior to their initiation.

If you choose to use insurance, please realize that:

- 1) Your insurance is a contract between you, your employer and the insurance company.
- 2) I must emphasize that as your mental health provider, my relationship is with you, not your insurance company.
- 3) Do the credentials I have meet the requirements of your plan? If not, you may choose to pay me out of pocket or select another therapist. My credentials are considered Masters Level. These are my credentials:
  - a. M.Ed Masters in Counselor Education.
  - b. Ed.S. Education Specialist in Counselor Education (between a Masters and Ph.D.)
  - c. LMFT Florida Licensed Marriage and Family Therapist #1352
  - d. LMHC Florida Licensed Mental Health Counselor #2434
  - e. NCC National Certified Counselor
- 4) Insurance companies require that a mental health diagnosis be given indicating the necessity for treatment. Any diagnosis given to your insurance company will become part of your permanent medical records, which could influence your future insurability. You are able to avoid this exposure by paying privately as no diagnosis is forwarded to anyone without your written permission.

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- 5) Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services that they will not cover (EMDR, Hypnosis, Couples therapy).
- 6) Walt Disney carves out their mental health benefit. This means that cast members who wish to use their insurance for mental health services must see a panel Provider. I am not part of this group.
- 7) I will provide you, the client with a "Superbill" which includes dates of service, mental health diagnosis, CPT code (type of service) and my credentials. This form is then submitted by you to the insurance company when seeking reimbursement. The insurance company will make the final decision as to what services are to be reimbursed.

**Collections:** You are responsible for any costs incurred should collection proceedings be required. Return checks will be subject to a service charge defined by the bank I use.

**Appointments and Cancellations:** My services are by appointment and, as much as possible, are set at a convenient time for you. The length of the appointment is generally scheduled for 50 minutes, allowing 10 minutes of the hourly charges for preparation and record keeping. Because the appointment is reserved for you, **you will be charged the full fee if 24 hours notice is not given.** If your appointment is on a Monday, please leave a message on my answering machine as late as Sunday evening if you need to cancel. Emergencies will be considered on an individual basis. Please be aware that insurance carriers do not reimburse charges for missed appointments. If you know in advance that you will be away, make every effort to reschedule your session.

**Messages and Emergency Situations:** You will notice that I do not accept calls while I am with clients. During those times, or when I am out of the office, messages can be left on my voice mail. I will make every effort to return your call later that day. If your call is urgent, please make note of that in your message. My voice mail will indicate an emergency number where I can be reached. Please only utilize this number in case of emergencies. If you are calling about an emergency situation and I am not immediately available, please call **Life Line of Central Florida 407-425-2624**, go to the nearest emergency room, contact your insurance carrier for further instruction, or call the police for immediate assistance.

**Out of Session Communication:** You may find it necessary from time to time to ask for a consult on the phone. I reserve the right to bill for these services if it is a lengthy call or occurs frequently. From time to time, I may find it helpful to call or postal mail you information or newsletters. I would like your written permission to receive these forms of communication from me. Please **initial by the methods of communication** you will authorize. In an effort to maintain your privacy, e-mail contact between therapist and client is discouraged by the HIPPA rules.

Phone \_\_\_\_\_ e:mail \_\_\_\_\_

Postal \_\_\_\_\_

### **Changes during therapy:**

After therapy begins and I have completed compiling your history, it is important to share with me changes in any of the following areas:

- Medications you are prescribed or herbal remedies you choose to take
- Your physical health such as significant weight changes, or serious illness
- Address, phone or employment
- Insurance plan or benefits (if your are utilizing insurance and I am filing for you)

If you have an concerns or questions, I would be happy to discuss them with you.

I look forward to working with you to make a positive difference in you life.

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Your signature(s) indicate that you have read and agree to the above policies and give your consent for me to do counseling/psychotherapy with you and/or your family. It is necessary that each person receiving treatment, over the age of 14, sign below indicating an understanding and agreement.

This is to certify that I have read the above information and that I consent to psychotherapy treatment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature for assignment of benefits

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor (age 15 and over)

\_\_\_\_\_  
Date

Please bring this entire form to your first session to be included in your chart. Reg will be happy to make you a copy for you to keep, if you desire. HIPPA requires that a completed copy be maintained in your chart acknowledging that you are giving your consent to participate in therapy and that you have seen my office policies.

6/22/06, 10/29/08, 10/12