

Hopkins Counseling Services, LLC

Informed Consent

I. Introduction

This document is designed to inform you about my services and policies, and to ensure that you understand our professional relationship while in counseling with me, Stephanie Davis Hopkins. I hold a Masters of Divinity from New Orleans Baptist Theological Seminary and a Master of Arts in Counseling from Reformed Theological Seminary. I currently practice as a Florida Registered Mental Health Counselor Intern (IMH 19721) under the supervision of Debbie Mauger, FL MHC 8763.

II. Counseling Services Offered

Hopkins Counseling Services offers individual and couples counseling for adults, including premarital counseling.

Counseling is a collaborative process, offering a safe place for you to try out new experiences and emotions. Like any treatment, counseling has both benefits and risks. These risks may include feeling uncomfortable emotions, since counseling requires examining uncomfortable or traumatic parts of life. However, counseling can also lead to benefits that include increased coping skills, reduction in stress and anxiety, and better interpersonal relationships. Sometimes these happen easily, and sometimes they are slower and come through more deliberate work.

III. Confidentiality

All records are confidential and are stored on secure, HIPAA compliant software. Information shared in sessions will not be disclosed without your written permission. Exceptions to this will only occur in cases of court order, abuse reporting, or in the event I believe you are a threat to yourself or someone else.

IV. Length of Sessions

Appointments will generally be between 45-50 minutes long, at the time we agree on. If you are late to an appointment, your session will still end at its normal time.

V. Fees/Methods of Payments

The standard fee for an individual session can be paid through Venmo, credit card, or check at the time of your session, unless other arrangements have been made prior to your appointment. If you refuse to pay your debt, an attorney or collection agency may be involved.

Should you need other professional services, such as report writing, attendance at meetings or consultations which you have requested, or any other service you have requested not related to your appointment, it is my practice to charge this amount on a prorated scale, broken down by the hourly cost. If you are involved in a court case that requires my participation, you will be expected to pay for the time required to testify.

VI. Cancellation Policy

Should you need to cancel or reschedule an appointment, please contact my office at least 24 hours prior to your appointment time. If you miss a session without cancelling 24 hours prior, a cancellation fee equal to half the cost of a session will be charged, unless we agree that you were unable to keep your appointment due to an emergency outside of your control.

VII. Billing Insurance Reimbursement

Hopkins Counseling Services, LLC, is not registered with any insurance company and therefore requires payment in full at the time of service. However, should you request, you may be given a receipt that you are able to submit for reimbursement if your insurance company permits. Please be aware that most insurance companies require you to authorize your counselor to supply them with a diagnosis, which will be included on your receipt. Occasionally an insurance company will request additional information, such as treatment plans. Once this information is released to them, I have no control over what they do with it.

VIII. Explanation of Multiple Relationships

In order to follow ethical guidelines, it is my policy that I will not have intentional contact with you outside of our sessions, except to handle scheduling issues. I do not have communication with clients through social media platforms, and if I discover that I already have an online relationship with you, it will be terminated. These types of social contact can create security and confidentiality risks for you. I believe that any communications with clients online have a high potential to compromise the professional relationship. Please do not try to contact me through social media. I will not respond and will terminate any online contact. If you need to reach me, please do so at any time through my office phone or email. Should it be discovered that I have a personal relationship with someone close to you, it is up to your discretion whether or not you feel comfortable continuing to see me professionally. However, please know that I am unable to discuss your information with that person, to the point that I am even unable to confirm you are a client.

IX. Complaint Procedures

If at any time you are unhappy with my services, I hope you will talk with me so that I can respond to your concerns. You have the right to safe and respectful care, without discrimination. Should you feel the issue is unresolved between us, you may contact my supervisor, Debbie Mauger, at 407-951-8829 ext.700. If at any time you believe that you have been treated unfairly or unethically by me or my supervisor, and are unable to resolve this problem with one of us, you can contact the Florida Department of Health at 850-245-4339.

Please sign and date below. You will receive a copy of this form and I will retain a copy for my records as well.

Signature of Client Date

Signature of Counselor Date