Deeply Rooted Therapy & Wellness
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INFORMED CONSENT FOR COUNSELING SERVICES

Client Name: _____

Date of Birth: _____

Today's Date: _____

Welcome to Deeply Rooted Therapy & Wellness. This Informed Consent contains important information about counseling services, communication, confidentiality, fees, scheduling, and other practice policies. Please read it carefully and ask any questions you may have. Your signature indicates that you have had an opportunity to review this information, ask questions, and voluntarily consent to counseling services.

ABOUT YOUR THERAPIST

I am Brittany Graniero-Rothman, a Licensed Mental Health Counselor in the State of Florida (MH 15501) and the owner of Deeply Rooted Therapy & Wellness.

My therapeutic style is warm and interactive. I believe that empathy, unconditional positive regard, curiosity, authenticity, and a strong therapeutic relationship are important parts of meaningful counseling.

Therapy is a collaborative process. We will work together to identify goals, understand patterns, develop coping strategies, explore emotions and experiences, and determine what steps may be helpful moving forward. Counseling can sometimes be uncomfortable, particularly when exploring difficult experiences, emotions, behaviors, or relationships. While therapy can be beneficial, outcomes cannot be guaranteed and progress may take time.

I will make reasonable efforts to explain the interventions and approaches I use and to involve you in decisions regarding your care. You are encouraged to ask questions or let me know if an approach does not feel helpful or appropriate for you. I will also regularly check in with you to see how you feel our work is progressing.

COUNSELING SERVICES

Counseling services are individualized based on your needs, goals, circumstances, and clinical presentation. Depending on your needs, treatment may incorporate approaches that I utilize, specifically, Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT), Internal Family Systems (IFS), mindfulness-based interventions, trauma-informed approaches, problem- solving strategies, psychoeducation, relational interventions, and other clinically appropriate approaches.

We will regularly review your goals and pivot as needed. My motto is, "we work with what we've got."

Counseling may include between-session practice, reflection, or therapeutic homework when clinically appropriate. You are encouraged to discuss any difficulty completing or using these recommendations so that we can determine what may be most helpful.

INITIAL ASSESSMENT

Our first contact typically includes a 30-minute consultation to discuss your reason for seeking counseling and determine whether my services may be an appropriate fit for your needs.

If we decide to begin working together, the *first one to two sessions* may be used as an initial assessment period. During this time, we will discuss your concerns, history, goals, and treatment needs. We will collaboratively determine an appropriate frequency of sessions and whether my services are appropriate for your needs.

If I believe another provider, level of care, psychiatric evaluation, medical evaluation, or additional support would be beneficial, I will discuss those recommendations with you.

CLIENT RIGHTS

You have the right to:

- Be treated with dignity, respect, and consideration.
- Know my professional qualifications and licensure.
- Receive information about the nature and purpose of counseling.
- Ask questions regarding your treatment.
- Participate in decisions regarding your treatment and treatment goals.
- Receive information about assessment, diagnosis, treatment approaches, progress, and prognosis as appropriate.
- Have your questions about treatment explained in a manner you can understand.
- Refuse a particular treatment method or recommendation.
- Discuss concerns about your treatment at any time.
- End counseling at any time.
- Receive information regarding applicable fees and practice policies.
- Expect reasonable efforts to protect the confidentiality of your information, subject to applicable legal and ethical limitations.

CLIENT RESPONSIBILITIES

You are encouraged to:

- Take an active role in the therapeutic process.
- Provide accurate and relevant information regarding your physical and psychological health and circumstances.
- Communicate openly about your thoughts, feelings, concerns, and experiences to the extent you are comfortable doing so.
- Participate in establishing and reviewing treatment goals.
- Follow through with agreed-upon treatment recommendations when appropriate.
- Maintain your personal health and safety.

- Keep scheduled appointments or provide appropriate notice when you need to cancel or reschedule.

FEES AND PRIVATE-PAY SERVICES

Deeply Rooted Therapy & Wellness is a private-pay practice. I do not bill insurance for services.

My standard fee is **$175 for a 50-minute individual therapy session**.

Other session lengths or services may have different fees:

- **30-minute session:** $85
- **90-minute session:** $200
- **Couples session:** $200

Fees for additional professional services are based on the standard hourly rate unless otherwise discussed. These services may include, but are not limited to, *preparation of treatment summaries or other documentation, extended telephone or video consultations, participation in meetings with other professionals when authorized, and other professional services requested by the client.*

Legal proceedings, subpoenas, depositions, court appearances, attorney consultations, or other legal-related professional services will be billed separately at the applicable professional rate. If my participation is required in a legal matter, you will be responsible for fees associated with the time spent preparing for and participating in that matter, regardless of which party requested my participation.

A separate financial policy and/or Good Faith Estimate will be provided to you. As of January 1, 2022, Under Section 2799B-6 of the Public Health Service Act, health care providers and health care facilities are required to inform individuals who are not enrolled in a plan or coverage or a Federal health care program, or not seeking to submit a claim with their plan or coverage both orally and in writing of their ability, upon request or at the time of scheduling health care items and services, to receive a "Good Faith Estimate" of expected charges. Note: The PHSA and the GFE do not currently apply to any clients using insurance benefits, including Out of Network Benefits (seeking reimbursement from your insurance companies).

What does this mean? This means that I will be providing a breakdown below of services that I expect us to complete together. While it is not entirely clear or possible for a psychotherapist to know, in advance, how many psychotherapy sessions may be necessary or appropriate for a given person, this form provides an estimate of the cost of services provided. Your total cost of services will depend upon the number of psychotherapy sessions you attend, your circumstances, and the type and amount of services provided to you. This estimate is not a contract and does not obligate you to obtain any services from me, the provider, nor does it include any services rendered to you that are not identified here (i.e., being subpoenaed, crisis/emergency services).

The Good Faith Estimate is not intended to serve as a recommendation for treatment or a prediction that you may need to attend a specific amount of psychotherapy visits. The number of appropriate visits and the estimated costs is dependent on your needs and what you agree with. You are entitled to disagree with any recommendation made to you concerning your treatment and you may discontinue treatment at any

time. If our treatment plan needs to be modified at any time, you will receive an updated Good Faith Estimate. I am committed to working with you based upon your individualized treatment and needs. This will include weekly, bi-weekly, monthly, and/or annually, based upon your needs.

APPOINTMENTS, CANCELLATIONS, AND NO-SHOWS

Standard individual therapy appointments are 50 minutes. 30-minute and 90-minute appointments are available when clinically appropriate. Once an appointment is scheduled, you are responsible for the session fee unless you cancel or reschedule with at least **48 hours' notice**. Appointments missed without prior notice are considered no-shows and are charged at the full session fee.

If an emergency prevents you from attending, the cancellation fee may be waived at my discretion.

If an appointment is rescheduled and completed within the same calendar week, no additional cancellation or rescheduling fee will be charged.

If you are late, please contact me as soon as possible. Sessions will generally still end at the originally scheduled time.

Clients with recurring appointment times are asked to attend consistently so that their reserved appointment remains available. Repeated lateness, frequent cancellations, or two consecutive cancellations may result in the recurring appointment time being released.

If attendance becomes difficult, we will discuss barriers to treatment and whether continued scheduling is clinically appropriate.

We will generally schedule or confirm the next appointment at the end of each session. If you choose not to schedule or there is no contact for approximately 2–3 weeks, your chart may be placed on inactive status. If services are requested later, availability is not guaranteed and you may be placed on a waitlist.

If you have not participated in therapy for approximately **90** days, outside of an established maintenance arrangement, your treatment may be considered inactive, and a discharge communication may be provided when appropriate.

Please keep track of your appointments. Appointment reminders are not routinely provided.

CONFIDENTIALITY AND PRIVACY

Confidentiality is an important part of the therapeutic relationship. Information shared during counseling is generally confidential and will not be disclosed without your written authorization except when disclosure is permitted or required by applicable law.

There are limited circumstances in which confidentiality may not apply. These may include, but are not limited to:

- Suspected abuse, neglect, or exploitation of a child or vulnerable adult when reporting is required by law.

- Situations involving a serious and imminent risk of harm to yourself or another person, when disclosure or intervention is permitted or required by law and is clinically necessary.
- A specific threat of serious bodily injury or death toward an identified or readily available person when the legal requirements for disclosure are met.
- Court orders or other legal requirements requiring disclosure.
- Certain legal, administrative, licensing, or disciplinary proceedings in which disclosure is permitted or required by law.
- Situations in which you provide written authorization for information to be released.
- Other circumstances in which disclosure is permitted or required by applicable law.

When clinically and legally appropriate, I will make reasonable efforts to discuss concerns regarding disclosure with you and involve you in the process.

The limits of confidentiality may vary depending on the circumstances and applicable law. Confidentiality does not guarantee that information can never be disclosed.

CONSULTATION AND COORDINATION OF CARE

When clinically appropriate, I may consult with other qualified professionals to support your treatment or coordinate care.

Whenever possible and appropriate, identifying information will be limited or removed during consultation. If protected health information must be shared for treatment or another permitted purpose, disclosures will be made in accordance with applicable privacy laws and requirements.

When communication with another provider is necessary and requires your authorization, a separate Authorization for Release of Information may be completed.

RECORDS & CONFIDENTIALITY

As a licensed mental health counselor, I am required to maintain clinical records related to services provided. Records are maintained in accordance with applicable Florida law, professional requirements, and federal privacy regulations.

Access to Records. Adult clients generally have the right to request access to their clinical records. Under Florida law, when psychotherapeutic records are requested by a patient or the patient's legal representative, the provider may provide a report of examination and treatment in lieu of copies of the complete record. A client may also request that records be provided directly to another treating professional, subject to applicable legal requirements and appropriate authorization.

Minors. For clients who are under 18, access to and authorization for the release of records may depend upon who has legal authority to consent to treatment, custody arrangements, applicable Florida law, and the circumstances of treatment. A parent or legal representative does not necessarily have unrestricted access to every communication or record in every circumstance. When legally permitted, I may use clinical judgment regarding the appropriate information to share while protecting the minor's privacy and therapeutic relationship.

Deceased Clients. Confidentiality does not simply end when a client dies. Under Florida law, the psychotherapist-patient privilege may be claimed by the personal representative of a deceased client. Requests for records following a client's death will therefore be evaluated based on the requester's legal authority, applicable privacy laws, and any other circumstances that may affect disclosure.

Limits of Confidentiality. Although the information shared in therapy is generally confidential, confidentiality has legal and ethical limits. Information may be disclosed without a client's authorization when required or permitted by law, including in response to a valid court order or other lawful process; when disclosure is necessary to address certain circumstances involving a serious and imminent threat of harm; when required by applicable reporting laws, such as mandatory reporting of suspected abuse, neglect, or exploitation; or when otherwise permitted or required by applicable law. Florida law specifically provides an exception when a client communicates a specific threat to cause serious bodily injury or death to an identified or readily available person, and the counselor makes the required clinical determination regarding the client's apparent intent and ability to imminently or immediately carry out the threat.

Fees and Requests. Requests for copies, summaries, or other documentation may be subject to fees permitted by applicable law. Requests will be processed in accordance with applicable legal requirements and within a reasonable timeframe.

Closure or Transfer of Practice. If the practice closes, relocates, or I am otherwise unable to continue providing services, reasonable efforts will be made to provide appropriate notice regarding the disposition and availability of records and to support continuity of care, consistent with applicable requirements. Florida rules require mental health counselors to maintain a full record of services for seven years after the date of last contact with the client or user.

COMMUNICATION BETWEEN SESSIONS

I may be contacted by telephone, email, or text for administrative matters such as scheduling, cancellations, or other brief communications. Because electronic communication cannot be guaranteed to be completely secure, I cannot guarantee the confidentiality of information transmitted by email, text message, or other electronic communication. I kindly ask that you please give me 24-48 business hours to respond to texts and emails.

Please do not use text messaging, email, or voicemail to communicate an emergency or request immediate crisis assistance. If you need to process something therapeutically between sessions, please call me so that we can determine how to best help you during the emergency.

EMERGENCIES AND CRISIS SERVICES

Deeply Rooted Therapy & Wellness is not an emergency or crisis service, and I am not continuously available outside scheduled appointments. I answer phone calls, texts, and emails Monday through Friday.

If you are experiencing an emergency or believe you are at immediate risk of harming yourself or someone else, call **911**, call or text **988**, contact **211** for local crisis and community resources, or go to the nearest emergency department.

If you are unable to keep yourself or someone else safe, seek emergency assistance rather than waiting for a response from me.

TELEHEALTH

Telehealth may be used when clinically appropriate and legally permissible. Telehealth can provide increased convenience and access to treatment but also has limitations, including technology failures, privacy concerns, interruptions, and the inability to observe certain aspects of a client's presentation that may be more readily apparent during in-person treatment.

You are responsible for participating in telehealth from a location that allows for reasonable privacy and safety and for having an appropriate device and internet or telephone connection.

For each telehealth session, you are responsible for providing your current physical location and notifying me if your location changes during the session, as I am only licensed in the state of Florida and if you are traveling, I will not be able to provide services.

If technology problems occur, we may attempt to reconnect or determine whether another appropriate method of communication is available. If telehealth is not clinically appropriate or cannot be conducted safely or privately, we will discuss alternative options.

COUPLES COUNSELING

When providing couples counseling, the couple is considered the client rather than each individual separately. Both partners are expected to participate in couples sessions unless otherwise discussed.

The purpose of couples counseling is to help both individuals work toward mutually identified treatment goals. I will not take sides and will work to maintain a balanced and therapeutic environment. Each partner will complete appropriate intake and consent paperwork.

Because the couple is considered the client, confidentiality in couples counseling differs from individual counseling. Information shared individually with me may affect the treatment of the couple. At the beginning of couples counseling, we will discuss expectations regarding individual communications, confidentiality, and information that may be relevant to the couple's treatment. I may decline to maintain information as a secret when doing so would materially interfere with the therapeutic work or treatment of the couple.

I generally do not provide individual therapy to one partner while simultaneously providing couples therapy to the couple. If individual therapy would be beneficial, I can provide referrals when appropriate.

SOCIAL MEDIA

To protect confidentiality and maintain appropriate professional boundaries, I do not accept friend, follow, or contact requests from current or former clients on personal or professional social networking sites.

Interactions through social media can create unintended confidentiality concerns and may blur the boundaries of the therapeutic relationship. For this reason, I will not engage with clients through social media or other online platforms outside of appropriate professional communication channels.

If you have questions or concerns about social media boundaries, please bring them into session so that we can discuss them.

DUAL RELATIONSHIPS

A dual relationship may occur when a therapist and client have another relationship or significant interaction outside of the therapeutic relationship. Dual relationships can sometimes occur unintentionally, particularly in smaller or close-knit communities, through shared professional or social circles, community events, mutual acquaintances, organizations, or online interactions. Not every dual relationship is harmful or avoidable; however, it is important to consider whether an additional relationship could interfere with treatment, create a conflict of interest, affect professional judgment, or otherwise have the potential to negatively impact the therapeutic relationship.

If an unexpected or unavoidable dual relationship occurs, I will assess the circumstances and take reasonable steps to protect your privacy, maintain appropriate professional boundaries, and minimize any potential impact on your treatment. Depending on the circumstances, this may include discussing the situation with you, establishing clear boundaries around the additional interaction, seeking appropriate professional consultation, modifying how we interact outside of therapy, or determining that referral to another provider is in the best interest of your care.

If you encounter me outside of the therapy setting, I will generally allow you to decide whether you would like to acknowledge me. I will not initiate an interaction in a way that could identify you as a client. If you choose to speak with me, I will maintain appropriate professional boundaries and will not discuss confidential or therapeutic matters in public.

If you have questions or concerns about social media, dual relationships, or professional boundaries, please bring them into session so that we can discuss them together.

RECORDING OF SESSIONS

Therapy is based on trust, openness, and good faith. Audio or video recording may affect the therapeutic environment and may create additional privacy and confidentiality risks.

Sessions or other therapeutic interactions may not be recorded without the prior knowledge and explicit consent of **all individuals participating in the session**, including the therapist. This applies to in-person sessions as well as live audio, video, or text-based therapeutic interactions.

PHONES AND DEVICES DURING SESSIONS

You are encouraged to silence your phone or place it on Do Not Disturb during sessions whenever possible. If you need to remain accessible because of family, parenting, work, or another important responsibility, please let me know so that we can make appropriate accommodations.

TREATMENT RECOMMENDATIONS AND ADDITIONAL SERVICES

If I believe that your needs would be better supported by additional or alternative services, I may recommend psychiatric care, medical evaluation, specialized treatment, a higher level of care, or referral to another provider.

Recommendations are intended to support your safety and treatment needs. We will discuss these recommendations together.

In some circumstances, continued treatment with me may not be clinically appropriate if a different level or type of care is necessary to adequately address your needs.

TERMINATION OF SERVICES

You may choose to discontinue counseling at any time. Whenever possible, the decision to end services will be discussed collaboratively and with consideration for your needs and continuity of care.

Termination of services may occur when treatment goals have been met, when you decide that you no longer wish to continue counseling, when a different level or type of care may better meet your needs, or when continued treatment is no longer clinically beneficial or appropriate.

If I determine that I am no longer able to provide appropriate or effective treatment, I will discuss this with you and, when clinically appropriate, provide recommendations or referrals for alternative services or additional support.

To support the therapeutic process and your well-being, recommendations discussed as part of treatment may include referrals to other providers, additional evaluations, medication consultation, higher or different levels of care, or other supportive services when clinically indicated. While you are ultimately responsible for making decisions regarding your care, continued therapeutic services may depend on reasonable participation in clinically indicated recommendations. If recommendations that are necessary for safe and appropriate treatment are repeatedly declined or not followed through, I reserve the right to discontinue therapeutic services when I determine that continuing treatment is no longer clinically appropriate or beneficial.

Repeated missed appointments, ongoing attendance difficulties, lack of participation in the therapeutic process, or other circumstances that make continued treatment clinically inappropriate may also result in termination of services.

When clinically appropriate, reasonable efforts will be made to support continuity of care and provide appropriate recommendations or referrals during the termination process.

CONSENT TO TREATMENT

By signing below, I acknowledge that:

- I have read and had an opportunity to ask questions about this Informed Consent.
- I understand the nature and purpose of counseling services.
- I understand the limits of confidentiality.
- I understand the practice's fees, scheduling, cancellation, and communication policies.
- I understand that counseling is a collaborative process and that I may participate in decisions regarding my treatment.
- I understand that I may refuse a particular treatment method or recommendation.
- I understand that I may discontinue counseling at any time.
- I understand that counseling outcomes cannot be guaranteed.
- I voluntarily consent to receive mental health assessment, counseling, treatment, and related services from Brittany Graniero-Rothman, LMHC-QS, CCTP, CYT.

Client Signature: _____ **Date:** _____

Printed Name: _____