



Jennifer Robbins, M.A., N.C.C.
Located at The White Picket Fence Counseling Center
(407) 590-4038
Privacy Practices and Informed Consent

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where required by law.

WHEN LAW REQUIRES DISCLOSURE: The circumstances where disclosure is required by law are when there is a reasonable suspicion of child, dependent, or elder abuse or neglect; or when a client presents a danger to self or others; or when court ordered to do so by a judge.

DISCLOSURE MAY BE REQUIRED FOR:

(Upon your request, Jennifer Robbins will release information to any agency/person you specify unless Jennifer Robbins assesses that releasing such information might be harmful in any way.)

LITIGATION LIMITATION: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.) neither you (client), nor your attorney, nor anyone else acting on your behalf will call upon Jennifer Robbins to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested. If you become involved in a divorce or custody dispute, understand that you should hire a different mental health professional for reasons such as Jennifer Robbins' statements will be seen as biased in your favor, and might affect the therapy relationship.

*Please initial: _____

SUPERVISION AND CONSULTATION: Jennifer Robbins is a Registered Mental Health Counselor Intern, working towards licensure. During this time, Jennifer Robbins will be supervised by Dr. James Rini, PhD, LMHC to ensure that you are receiving the highest quality of services. In addition, Jennifer Robbins consults regularly with other professionals regarding her clients; however, client's names or other identifying information are never mentioned. The client's identity remains completely anonymous and confidentiality is fully maintained.

*Please initial: _____

YOUR RIGHTS: As a client, you have the right to terminate treatment at any time and request appropriate referrals from Jennifer Robbins. If at any time you want another professional's opinion or wish to consult with another therapist, Jennifer Robbins will assist you in finding someone qualified. And if she has your written consent, she will provide him or her with the essential information needed. You have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when Jennifer Robbins assesses that releasing such information might be harmful in any way. In such a case, Jennifer Robbins will provide the records to an appropriate and legitimate mental health professional of your choice.

Located at The White Picket Fence Counseling Center
1345 Clay Street
Winter Park, FL 32789
counselorjar@aol.com
www.pozitivetherapy.com



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TERMINATION: During the first few sessions, Jennifer Robbins will be assessing if she can be of benefit to you. If following the assessment Jennifer Robbins feels that another provider would be a more appropriate match, she will give you a number of referrals for you to contact that specialize in your area of concern. If at any point during therapy, Jennifer Robbins assesses that she is not effective in helping you reach your therapeutic goals, she is obligated to discuss it with you and if appropriate, to terminate treatment and refer you elsewhere for appropriate services. If you request it and authorize it in writing, Jennifer Robbins will talk to the psychotherapist of your choice in order to help with the transition. You have the right to terminate therapy at any time.
*Please initial: _____

THE PROCESS OF THERAPY AND EVALUATION: Personal growth and development is a lifelong journey. Participation in therapy can result in a number of benefits to you, including but not limited to, improving resolution of the specific concerns that led you to seek therapy. The outcome of therapeutic results depends in large part on the effort you are willing to exert in this process. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. Jennifer Robbins will ask for your feedback and views on your therapy. During evaluation or therapy, remembering unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, anxiety, depression, insomnia, etc. Jennifer Robbins may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations that can cause you to feel very upset, angry, depressed, challenged, disappointed, peaceful or relieved. Attempting to resolve issues that brought you into therapy may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change may also be easy and swift, but more often it will be slow and perhaps frustrating at times. There is no guarantee that therapy will yield intended results. During the course of therapy, Jennifer Robbins is likely to draw on various psychological approaches according, in part, to the problem that is being treated and her assessment of what will best benefit you. These approaches include cognitive-behavioral, choice theory, reality therapy, bibliotherapy, art therapy and psycho-education.

PAYMENTS: Clients are expected to pay by cash or check at the rate of _____ per 50-minute session at the time of service unless other arrangements have been made. Telephone conversations, emails, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. may be charged at the same rate as indicated and agreed upon. Please notify Jennifer Robbins if any problem arises during the course of therapy regarding your ability to make timely payments.
*Please initial: _____

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APPOINTMENTS & CANCELLATIONS: Appointments are reserved specifically for you, therefore a 24-hour cancellation notice is required if you are unable to attend a scheduled appointment. In the event that an appointment is not canceled with 24-hour advance notice, you will be charged in **full** for the appointment. Until the charge has been paid, you will be not able to schedule any appointments with Jennifer Robbins. If you late cancel or fail to attend two consecutive appointments or cancel/no-show an irresponsible number of appointments, Jennifer Robbins may terminate your case due to non compliance with treatment.

*Please initial: _____

If you need to reach Jennifer Robbins: Jennifer Robbins cannot promise to be available at all times. She is generally in the office Monday, Wednesday, and Friday and does her best to return phone calls within 24 hours, with the exception of weekends, vacations, and holidays. A message can always be left on her confidential voicemail and your call will be returned. Email is only an appropriate mode of communication for non-therapeutic issues (i.e. appointment re-scheduling, etc.), however should NEVER be used for emergencies or time-sensitive issues. If you need immediate or after hours assistance in an urgent situation you can contact the Lifeline of Central Florida 24 hour hotline at (407) 425-2624.

*Please initial: _____

I have read the above Agreement and Policies and General Information carefully. I understand them and agree to comply with them. I consent to treatment.

Client Name and Date

Jennifer Robbins, M.A., N.C.C. and Date

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