



Counseling Services Agreement
Phoenix Rising Counseling Services
5571 N. University Dr., Suite 101
Coral Springs, FL 33067
(754) 223-6584

Counseling Services: Most people enter into counseling to heal suffering, to increase well being and to explore and ultimately understand and move through emotional and psychological obstacles in their lives. It is our belief that effective counseling is guided by the expertise you have about yourself and your willingness to enter a mutually respectful and professional relationship with a counselor. It is normal to experience uncomfortable feelings such as sadness, anger, frustration, guilt and helplessness during the therapeutic process as well as difficulties in relationships and/or life routines as you make positive changes. On the other hand, counseling has been shown to have benefits such as solutions to specific problems, better relationships and significant reductions in distressful feelings. There are, however, no guarantees in what each individual will experience through counseling. I am a Licensed Clinical Social Worker in the state of Florida. I am ethically and legally bound to provide only those services for which I have a license and have been trained. Should you require services outside of my qualifications, I will refer you to someone with the required expertise.

Appointments: A counseling session is 45 minutes in length and your completed intake paperwork can be sent to us via e-mail prior to your first session. Your scheduled appointments have secured your time in my calendar. I require a 24 hour notice if you need to cancel with the exception of an emergency. If a cancellation notification occurs in less than 24 hours prior to the scheduled appointment or the appointment is missed altogether, you will be responsible for the full fee of that session.



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Payment Agreement: Our individual counseling session fee is \$120.00, our concierge service of individual virtual counseling fee is \$125.00, our couples counseling session fee is \$150.00. Substance Abuse Evaluations are \$350 and Emotional Support Animal Letters are \$100. Full payment is due at the time of service in the form of cash or PayPal. If you choose to utilize the credit card method, it will be via PayPal and you will be charged a **2.9 %** convenience fee.

Contacting Phoenix Rising Counseling Services: You may leave a voicemail message or text us at: (754) 223-6584 or email us at info@phoenixcounselingservices.net. We make every effort to respond to you within 24 hours except for weekends and holidays. If you are in crisis, please call 9-1-1.

Professional Records and Confidentiality: Both the laws and the standards of our profession require that we keep appropriate treatment records and that we safeguard your privacy. Information will be shared only with those persons you approve of with your signature on a “Consent to Release Confidential Information” form. The following circumstances are necessary exceptions: 1.) when there is a serious threat to our health and safety or the health and safety of you or another individual we are legally obligated to contact the appropriate authorities including Child Protective Services for suspected abuse or neglect. 2.) If I am subpoenaed for legal or court proceedings, information will be shared as needed. 3.) No authorization is required when



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verbal permission is given to speak with family members who are directly involved with your treatment.

Litigation Limitation: Your signature affirms your understanding that my role is to provide counseling for your presenting problem and that should you be involved in later legal proceedings, neither you nor your attorney nor anyone else acting on your behalf will call on me to testify in court or serve in additional roles, such as an expert witness, mediator, provide disability evidence or give testimony in any legal or potentially legal matter; this includes reports on parental custody, fitness for duty, or to substantiate any other claim, proof of hardship, or to claim benefits from a third party. Nor will a disclosure of psychotherapy records be requested.

Animal Support Letters: After completion of an individual counseling session if we feel as though an emotional service animal may improve and or help manage your diagnosis we will recommend you take the steps towards officially certifying your potential support animal. We will provide you with a letter stating this recommendation. Please note that this letter does not guarantee or officially certify your animal as an emotional support.

Online Therapy and Its Limitations: If we agree that distance counseling could benefit you, it can be conducted by HIPAA compliant software *Doxy.me*. Be advised, however, that these methods can be compromised. If we are scheduled for an online synchronous audio or



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video conference and we are unable to connect or are disconnected during the meeting due to a technical breakdown, please try to reconnect within 10 minutes. If this is not possible, contact me to schedule a new session time. You as the client understand that distance therapy is a different experience as compared to in-person sessions, and there are risks given the relative lack of cues available in face-to-face interaction such as misperceptions or misunderstandings of expression, tone, body language, and choice of words. For this reason safety is paramount. You will need to supply the name of an emergency contact who will be available to respond to you in your local area (15 miles) during and following an online session. You understand that online psychotherapy with me is not a substitute for medication or other therapies under the care of a doctor, if you need it. You understand online therapy is not appropriate if you are experiencing a crisis or having suicidal or homicidal thoughts.

You understand that I follow the laws and professional regulations of the State of Florida (USA) and the psychotherapy treatment will be considered to take place in the state of Florida (USA). Typically, I do not conduct online therapy with clients whose permanent domicile is located outside my license jurisdiction.



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I have read and agree to the above terms of counseling services with Phoenix Rising Counseling Services. Please sign below (e-signature is acceptable).

Client (1) Name – Printed /Signed/Date

Client (2) Name – Printed/Signed/Date
