CAREER CENTRAL

934 N Magnolia Ave Suite 212
Orlando, FL 32803
(407) 951-0505
www.careercentralcfl.com

Informed Consent and Release of Liability

Name (please print): ____

Date of Birth: __________________________________

I confirm that I understand the following:

1. Counseling services are provided by staff members at Career Central Corp who have earned a Master's Degree, or higher, in the field of counseling from an accredited graduate program and who has been registered with the State of Florida as a Licensed Clinical Social Worker or Licensed Mental Health Counselor.

2. Psychotherapy is a uniquely personal service; therefore, the course of your consultations may be briefly interrupted. The counselor may periodically take time off for vacation, seminars, and/or become ill. Attempts will be made to give adequate notice of these events.

3. Your relationship with your counselor is strictly professional. In order to preserve this relationship, it is imperative that there is no relationship outside of the counseling relationship (i.e. social, business, or friendship). If you run into your counselor in a public setting, they will not acknowledge you as this would jeopardize confidentiality. If you were to acknowledge your counselor, your confidentiality could be at risk.

4. Information about your case may be discussed in confidence, without revealing your identity, with other counseling professionals for the purpose of consultation and providing you the best possible service.

5. Although I expect benefits from this treatment, specific benefits or outcomes cannot be guaranteed.

6. I may experience emotional strain, feel worse during treatment, and/or make life changes that could be distressing due to the counseling or therapy that I receive.

7. The counselor is not providing an emergency service; therefore, please call 911 for assistance if at any time you become extremely emotionally distressed or are in danger of hurting yourself or someone else. We currently do not provide an on-call service.

8. Regular attendance will produce optimum results; however, I am free to discontinue treatment at any time. A final closure/summary session is highly recommended to incur the greatest benefit from counseling.

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9. If at any time you feel that you and your counselor are not a good fit, please discuss this matter with your counselor so we can determine if transferring to a more suitable counselor is right for you.

10. I understand that my counseling records and conversations with the counselor are kept confidential, except where disclosure is required by law (i.e. abuse of a child, elderly or disabled person; there is potential harm or a threat of harm to self or others; and specific information subpoenaed by a court of law.)

11. I understand that my counseling records and conversations with the counselor are kept confidential, except where disclosure is required by law. (These situations include: 1) suspected abuse or neglect of a child, elderly person or someone with a disability; 2) when your therapist believes you are in danger of harming yourself or another person or you are unable to care for yourself; 3) when your insurance company is involved, e.g. in filing a claim, insurance audits, case review or appeals, etc.; 4) in natural disasters whereby protected records may become exposed, or 5) when otherwise required by law.) You may be asked to sign a Release of Information so that your therapist may speak with other mental health professionals or to family members about issues discussed.

12. This service is not responsible for the purpose of court-ordered therapy or child welfare services or custody/parental rights decisions.

13. If you become involved in any court or legal proceedings that require your counselor's participation, you will be expected to pay for all of the counselor's professional time, including preparation and transportation costs, even if the counselor is called by another party. The fee is $175.00 per hour for preparation, communication, travel and attendance at any legal proceeding. A three-hour minimum payment of $525.00 is due in advance for our time.

14. I know of no reasons that I should not undertake this therapy. I agree to participate fully and voluntarily.

My signature below indicates that I hereby give my informed consent to Career Central Corp's licensed practitioners to provide counseling services to myself and/or members of my family who are minors.

Signature: ____

Date: ______________________________