



### **Welcome to Sigma Centrum Counseling**

*The following forms have been streamlined for efficiency and ease. Completing these forms is a necessary process to provide you with the best counseling experience while protecting you within the ethical and legal obligations of the profession, our practice, and the State of Florida. Please feel free to contact your clinician with any questions or concerns regarding any of the following information.*

#### **Please fill out and return the following pages:**

- General Demographic Information
- Informed Consent at Sigma Centrum Counseling, LLC.
- Treatment Consent

#### **The following pages are provided to you for more info:**

- Informed Consent for the Use of Electronic Messaging

#### **Additional forms that may be relevant to you:**

- Credit Card Authorization Form
- Release of Information Forms



## General Demographic Information

Please fill out the following form for demographic information.

<p style="text-align: center;"><b>Personal Information</b></p> <p>Date of Birth: _____ / _____ / _____</p> <p>Name: _____</p> <p>Pronouns: _____</p> <p>Address: _____</p> <p>City: _____ Zip: _____</p> <p>Primary Phone: _____</p> <p>Secondary Phone: _____</p> <p>E-mail: _____</p> <p>Leaving voicemails okay? Y / N</p> <p>Texting okay? Y / N</p> <p>E-mailing okay? Y / N</p>	<p style="text-align: center;"><b>Employment/School</b></p> <p>Employer: _____</p> <p>Length employed: _____</p> <p style="text-align: center;"><i>Please check if applicable:</i></p> <p>___ Self-Employed      ___ Unemployed</p> <p>___ Retired</p> <p>___ Military- Active      ___ Military- Veteran</p> <p style="text-align: center;">School (Under 18 only)</p> <p>School: _____</p> <p>Grade: _____</p> <p>Current GPA: _____</p>
<p style="text-align: center;"><b>Emergency Contact</b></p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Primary Phone: _____</p>	<p style="text-align: center;"><b>Relationship Status</b></p> <p>Single ___      Married ___</p> <p>In a relationship(s) ___      Widow ___</p>
<p style="text-align: center;"><b>How did you find out about us?</b></p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><b>Release of Information Request</b></p> <p>PCP ___      Psychiatrist ___</p> <p>Counselor ___      Other ___</p>



Have you ever been to counseling before? Y / N

If yes, please provide agency names and dates of service:


Are you currently taking any medications? Y / N

If yes, please name, identify dosage, schedule, and prescribing physician:


What is your main concern for coming to counseling?


Is this concern related to a legal issue or lawsuit? Y / N

Do you have a medical or psychiatric Advanced Directive? Y / N

If no, would you like to complete one? Y / N



## **Informed Consent**

Please read the entirety of this document *carefully* and sign on the signature sheet.

This document contains several important aspects of my practice, as well as detailing the basics surrounding the Health Insurance Portability and Accountability Act (HIPPA), a federal law that asserts your rights to privacy as a patient and details disclosure of Protected Health Information (PHI). Please read this sheet carefully, and upon signature, assert that you understand everything here and have asked any questions you may have. You are free to refer to this at any time throughout treatment, and are free to ask questions at any time.

### **Services and Background**

My background consists of working with children, adolescents, and adults, surrounding various clinical presentations. I am known for my work in attachment, relationships, parenting, and men's issues. I have experience in working with depression, anxiety, ADHD, trauma, learning disabilities, grief, and developmental concerns. My theoretical orientation is modern psychodynamic, with secondary background of cognitive behavioral theory (CBT) and dialectical behavioral theory (DBT). I have trainings in DBT, trauma-focused CBT, cognitive processing therapy (CPT), and also do play therapy. I am LGBTQ+ friendly, spirituality friendly, and have extensive experience working with minority and disadvantaged groups.

I am currently a Registered Mental Health Counselor Intern operating in the state of Florida. I graduated from Stetson University with a Master of Science in Mental Health Counseling.

Feel free to ask any questions about my background or specializations.

### **Benefits and Risks**

Engaging in a psychotherapeutic relationship confers certain potential benefits for you as the client. Given the proper work and effort done by you, the benefits of psychotherapy include, but are not limited to, a reduction in distressful symptoms, increased interpersonal satisfaction, greater awareness and insight, and greater ability to problem solve.

There are risks also associated with psychotherapy. At times, you will be pushed to emotional limits, confronting potentially deep and discomforting issues. Additionally, psychotherapy is not guaranteed to bring about the results that you



are looking for. To succeed in therapy means devoting time and energy to bringing about change.

### **Alternatives to Outpatient Counseling**

I engage in what is commonly referred to as “talk therapy” which means the vast majority of our time will be spent in my office, sitting down, and using our language as the main way we initiate treatment. There are other interventions I do, but this is what you should primarily expect.

There are alternatives to the treatment that I provide for some of your concerns. These may include things like medication management, group settings, residential programs, specialized partial-hospitalization programs (PHPs) and more. Some may turn to more naturopathic methods, such as acupuncture, chiropractic, or experimentation with natural substances. If you wish to discuss possible alternatives or other ways to address your concerns outside of psychotherapy, feel free to ask.

### **Records**

Record keeping consists of maintaining updated client information, including insurance, my own therapeutic notes, as well as any work submitted to me by you. You are free to request these records at any time. Please be aware that if disclosure of such records is deemed potentially harmful to you or to our therapeutic process, I may decline releasing certain segments of records while you are in my care. You are free to request those records after our termination session.

Your records are confidential and private. You are free to sign releases of information to other parties, who may then request your records, and you may request that records be sent to other parties.

There are some specific circumstances in which your records may be released to certain third parties. This may include:

- Other professionals consulting on your case, or if I am making a referral to another professional (only relevant information is provided).
- Your insurance company may request certain types of records in determining payment. Only the necessary information will be disclosed.
- Federal auditors or regulators, who may conduct audits to determine quality of care.
- Judicial sanctions that require us to disclose records. Only necessary information will be disclosed.



Any time records have been disclosed to a third party under these circumstances, you will be informed.

### **Confidentiality**

While working together, I will uphold the American Counseling Association's ethical guidelines keeping your information private (you may request a copy of the ethics guidelines at any time). I will also uphold any federal rules and regulations concerning the Health Information Portability and Accountability Act (HIPPA). In general, what is said in this room *stays* in this room.

There are limits to confidentiality. As an ethical clinician, it is my duty to inform you of them. Following are circumstances in which I may have to break confidentiality:

- I believe with a reasonable and ethical assertion that you have the capacity to gravely harm yourself or others. If I deem you are an imminent danger to yourself, I will contact the Sheriff's Office and my qualified supervisor. If I deem you are an imminent danger to someone else, I will inform the Sheriff's office, my qualified supervisor, and the person in question.
- I have reason to believe that abuse of a child, elderly person, or person with special needs is taking place. I will report to the Department of Children and Family's Abuse Report Line and my qualified supervisor.
- I am ordered by a judge to appear in front of a court or submit part or all of your clinical record for a judicial court case.

When you fill out my initial paperwork, you notice I ask for an "Emergency Contact." If there is an emergency for any reason, I turn to you to provide the name and contact number of someone whom you trust and can help out. I ask that you sign a Release of Information for this person in the event that I need to contact them.

If you are under 18 and under the custody of a parent or legal guardian, please note that by law *they have a right to your records and to know the content of your sessions*. I will stress to parents, however, that unnecessary request of your child's records or topics of discussion in session can greatly impact the work we do and their level of trust with you.

If I am required to break confidentiality, I will let you know directly unless doing so poses risk to myself, yourself, or others. I will also only disclose the information necessary in each circumstance.



### **Qualified Supervision**

Because I am currently a Registered Mental Health Counselor Intern, Florida law dictates that I meet with a qualified supervisor on a regular basis to discuss my growth as a clinician, brainstorm cases, develop treatment protocols, and discuss ethical dilemmas. In doing so, I may at some point discuss with my qualified supervisor aspects about your treatment.

I never disclose identifying information when discussing cases during qualified supervision, only relevant clinical information. It can be helpful for pre-licensed clinicians to get varying input from their qualified supervisors, who have years more experience.

My qualified supervisor and her credentials are listed here:

Jane Simmons, MA, LMHC, QS MH12440

Peaceful Mind Therapy of Florida LLC

239-302-7801 or 239-272-6214

[jsimmons@peacefulmindtherapy.org](mailto:jsimmons@peacefulmindtherapy.org)

You are free to contact her at any time with any questions or concerns you may have.

### **Time and Frequency**

My sessions generally last 50 minutes, once weekly. For some specific services, session times may last up to 90 minutes. If your need calls for it, I am also willing to meet twice weekly.

### **Fees and Insurance**

Each session will be billed for the prior discussed sliding scale amount or submission to insurance. If paying out of pocket, payment is due at the time of services. If paying with insurance, we are to have all relevant information and prior approval for services before we begin treatment.



***You are responsible for any fees and amounts not covered by your insurance plan.***

These are due at the time services are rendered. Any changes to your insurance plan or benefits must be provided to me prior to our next scheduled session.

You may choose to pay out of pocket despite having insurance. If you have insurance with a plan we are not currently credentialed with, you may wish to request a Single Case Agreement (SCA). I also can provide you with a superbill that you may submit to your insurance company for out-of-network reimbursement.

If you are unable to provide payment for any reason, sessions will cease until we talk. I am willing to work with you to get the services that you need, we just need to discuss your options.

### **Cancellation and Late Policy**

If needing to reschedule a session, for non-emergencies, we require at least a 24-hour notice of cancellation.

For emergency situations, let me know as soon as possible.

If you are late past the first 15 minutes of the session without notifying me, I mark you down as a "no-call, no-show" and ***you will be billed the full amount for the session.*** I also carry a policy of "Three strikes and you are out." That means that three "no-call, no-shows" within a 6-month span will result in an administrative discharge.

### **Contact Methods**

You have access to my work e-mail and phone number. Feel free to reach out to me at any time. I am generally unable to answer the phone right away due to my work, so a voicemail is preferable for non-emergency situations. I am a texter, so you are free to shoot me a text and I will reply to you via text. I try to get back to you within 24 hours.

I have a specific time range in which I am openly available for communication. You will find that listed on my business card and here:

Monday thru Friday, 8am to 10pm.

If you send me a message or call me outside of these times, I will get back to you when my availability resumes.





For emergency situations, please refer to the following numbers:

Local Emergency Services: 9-1-1

National Suicide Prevention Hotline: 1-800-273-8255

David Lawrence Mental Health Center: 239-455-8500

Park Royal: 239-204-2131

Naples Community Hospital: 239-624-1999

Physicians Regional Community Hospital: 239-348-4000

Also note that, if you choose to reach out to me electronic methods, you agree that you have read the Electronic Contact and Communication form.

### **Boundaries**

I am a local of Naples, so you may see me out in public attending functions, running errands, or any other number of things. To protect your confidentiality and rights as a client of mine, I will *not* approach you in public or communicate with you in any way if I see you. You are free to approach me and say hi. I will let you decide. Note that I will not discuss any aspect of treatment or our association while in public. If you work in an industry and are concerned about us running into each other, we can talk about it.

### **Social Media**

Lots of people utilize social media to connect with their friends and family. I am no different. However, I do **not** connect with my clients via social media. I will immediately delete any requests or messages I receive on any platform and send you an e-mail. Please do not attempt to "add me" anywhere online.

### **Termination**

As we near the end of our time together, we will be preparing for the termination process. This refers to the ending of our relationship in therapy. Termination depends on the dynamics from both you and myself. We will have conversations about termination throughout treatment, so that we are both prepared to end our time together.

You are free to terminate our relationship at any time. If deciding to terminate, I ask that you let me know of your intentions and that we schedule a termination session to review progress in therapy, questions or concerns related to treatment,



continuity of care, and any referrals that may be necessary. If you decide to stop communicating with me, please know that **I close files after 1 month of no communication.**

I am also allowed to terminate you as my client. I terminate clients that break a few key rules:

1. You miss three scheduled sessions with me without prior notification ("three strikes and you're out").
2. You come to session under the influence of a substance.
3. You threaten violence or are overly aggressive against me, or any other staff present.

If there are any conflicts in treatment or any questions you may have, you are encouraged to ask at any time. I would prefer that we talk about our time together if there are any conflicts or you are unsatisfied with treatment.



## Signature

*By signing below, I affirm that I have read the **Informed Consent**, understand the entirety of its contents, and have asked questions I had. I agree to uphold all parts of the document, and adhere to the rules displayed throughout my time in treatment. I understand that if I have any questions or concerns, I can direct them towards the clinicians or any office staff member.*

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**Printed Name (legible)**

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**Signature**

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Date

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Time

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**Witness Name (legible)**

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**Witness Signature**



## Treatment Consent

### **Consent to Treatment**

I voluntarily consent to counseling treatment for myself as is deemed necessary and or beneficial by Logan Bell, MS, Registered Mental Health Counselor Intern, at Sigma Centrum Counseling, LLC. I am aware that the practice of counseling or psychotherapy is not an exact science, and that no guarantees have been made or implied to me as a result of assessment or treatment by or through Logan Bell at Sigma Centrum Counseling, LLC.

### **Supervision**

I attest that I was informed of the practices of a Registered Mental Health Counselor Intern, who must regularly meet with a qualified supervisor to discuss their practice and growth as a professional. I voluntarily consent to allowing Logan Bell, MS., to discuss aspects of my treatment in supervision, as outlined in the Informed Consent.

### **Notice of Informed Consent**

A copy of the Informed Consent has been made available to me.

### **Appointment/Cancellation Policy**

Appointments not canceled within 24 hours of your scheduled appointment time will be billed you at the full session rate, as outlined in the Informed Consent.

### **Payment and Notice of Health Insurance Policy**

I am aware of my payment agreement with Sigma Centrum Counseling, LLC. and have already arranged for the use of out-of-network insurance benefits with Sigma Centrum Counseling, LLC. or arranged as a self-paying client. Therefore, in consideration of services rendered, I agree that **payment is due at time of session**. Logan Bell, MS., agrees to provide an invoice and Superbill at my request so that I may submit to my health insurance company, as required.

### **Electronic Contact and Communication**

I have read the provided privacy concerns and conditions for the use of electronic messaging and consent to the use of email and/or text messaging for communications to and from Logan Bell, MS., of Sigma Centrum Counseling, LLC. Please feel free to communicate with me between sessions provided you adhere to guidelines as provided in the EM information.

**I acknowledge that I have read each of the informed consent statements listed on this page and agree to each of these terms by my signature below.**

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Client Signature

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Date



*For Your Information and records*

## Informed Consent for the Use of Electronic Messaging

For my clients who wish to communicate with me using email or text messaging, you are welcome to do so. However, there are a number of privacy concerns and potential risk factors that should be considered before transmitting confidential information electronically.

General concerns include: Email & text messaging are immediately broadcast worldwide and can be received by unintended recipients; electronic messaging (EM) can be forwarded without the sender's or intended recipient's permission or knowledge; EM can easily be misaddressed; back-up copies of EM may exist after the sender or the recipient has deleted them; and email is easier to falsify than documents that are signed and sent by regular mail.

I take all reasonable means to protect clients' confidentiality but cannot guarantee the security and confidentiality of EM communication.

**EM should not be used to transmit protected health information or in an emergency.** I take reasonable steps to protect confidentiality, but I am not liable for improper disclosure of confidential information not caused by negligence or misconduct.

If the client chooses to use EM, the client is responsible for informing me of any limitations to the kind of information that will be sent by EM.

The client is responsible for protection of their own password or other means of access to EM sent or received. I am not liable for breaches of confidentiality caused by the client.

Clients should not use their work/business system to send or receive confidential medical information.

**I will do my best to respond in as timely a manner as possible.** However, please be aware that I may be busy and cannot always respond right away to messages. Please refer to my message response operating hours (located on your informed consent copy and my business card).

**I do not discuss anything related to your medical record via text or email with you.** Depending on your specific circumstances, I may discuss aspects of your clinical record with an appropriate official through e-mail only, with a release of information signed (such as a case manager that is assigned to your care.)

**See my online counseling informed consent for more information on online counseling services.**