



## Information for Clients

Welcome to Community Counseling Center of Central Florida, Inc. We appreciate your giving us the opportunity to be of help to you and/or your family.

This brochure answers some questions clients often ask about our therapy practice. It is important to us that you know how we will work together. We believe our work will be most helpful to you when you have a clear idea of what we are trying to do.

This brochure talks about the following in a general way:

- What the risks and benefits of therapy are.
- What the goals of therapy are and what our methods of treatment are like.
- How long therapy might take.
- Payment methods for services delivered.
- Other areas of our relationship.

After you read this brochure we can discuss, in person, how these issues apply to your own situation. This brochure is yours to keep and refer to later. Please read all of it and mark any parts that are not clear to you. Write down any questions you think of, and we will discuss them at our next meeting. When you have read and fully understood this brochure, I will ask you to sign it at the end. I will sign it as well and make a copy, so we each have one.

### About Psychotherapy

Because you will be putting a good deal of time and energy into therapy, you should choose a therapist carefully. I strongly believe you should feel comfortable with the therapist you choose and hopeful about the therapy. When you feel this way, therapy is more likely to be very helpful to you. Let me describe how I see therapy.

My theoretical approach is based on primarily cognitive behavioral therapy and family systems therapy (specifically structural and strategic family therapy).

The goals of treatment will be outlined in the Master Treatment Plan to be formalized after the Biopsychosocial Assessment is completed.

Services offered by Community Counseling Center of Central Florida, Inc. include:

- \*Individual and Family Counseling (including couple/marital therapy).
- \*Parenting Classes (English and Spanish).
- \*Anger Management Classes.
- \*Comprehensive Behavioral Health Assessments.

Community Counseling Center of Central Florida, Inc. accepts the following types of funding:

- \*TANF
- \*DCF Flex Funds
- \*Private Pay/Sliding fee Scale (Based on income)
- \*Some Private Insurance
- \*CHS FSPT Funds
- \*H.S.A. FSPT and Title 21 Funds
- \*FSMO 100-800 Funds
- \*Magellan Medicaid
- \*Orange County Government Funding for the Teen Court Program
- \*State of Florida Victim's Compensation Funds

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I understand that no promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

By the end of our first or second session, I will tell you how I see your case at this point and how I think we should proceed. I view therapy as a partnership between us. You define the problem areas to be worked on. I use some special knowledge to help you make the changes you want to make. Psychotherapy is not like visiting a medical doctor. It requires your very active involvement. It requires your best efforts to change thoughts, feelings, and behaviors. For example, if I don't ask, I want you to tell me about important experiences, what they mean to you, and what strong feelings are involved. This is one of the ways you are an active partner in therapy.

I expect us to plan our work together. In our treatment plan we will list the areas to work on, our goals, the methods we will use, the time and money commitments we will make, and some other things. I expect us to agree on a plan that we will both work hard to follow. From time to time, we will look together at our progress and goals. If we think we need to, we can then change our treatment plan, its goals, and its methods.

An important part of your therapy will be practicing new skills that you will learn in our sessions. I will ask you to practice outside our meetings, and we may work together to set up homework assignments for you. I might ask you to do exercises, to keep records, and perhaps to do other tasks to deepen your learning. You will probably have to work on relationships in your life and make long-term efforts to get the best results. These are important parts of personal change. Change will sometimes be easy and quick, but more often it will be slow and frustrating, and you will need to keep trying. There are no instant, painless cures and no "magic pills." However, you *can* learn new ways of looking at your problems that will be very helpful for changing your feelings and reactions.

Most of my clients see me once a week for an average duration of 3 to 6 months. Therapy then usually comes to an end. The process of ending therapy, called "termination," can be a very valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy at any time, I ask that you agree now to meet then for at least one session to review our work together. We will review our goals, the work we have done, any future work that needs to be done, and our choices.

### **The Benefits and Risks of Therapy**

As with any powerful treatment, there are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk clients will have for a time uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. Some people in your community may mistakenly view anyone in therapy as weak, or perhaps as seriously disturbed or even dangerous. Also, clients in therapy may have problems with people important to them. Family secrets may be told. Therapy may disrupt a marital relationship and sometimes may even lead to a divorce. Sometimes, too, a client's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making any important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well for you.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in thousands of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives. I do not take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about our progress.

### **Consultations**

If you wish for another professional's opinion at any time, or wish to talk with another therapist, I will help you find a qualified person and will provide him or her with the information needed with your written consent.

If you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical

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or psychiatric exam or use of psychotropic medication. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by another professional, I will coordinate my services with them and with your own medical doctor or psychiatrist.

If for some reason treatment is not going well, I might suggest you see another therapist or another professional in addition to me. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not working for you.

## **What to Expect from Our Relationship**

As a professional, I will use my best knowledge and skills to help you. This includes following the rules and standards of the American Counseling Association, or ACA or the standards set for by the American Association for Marriage and Family Therapy (AAMFT). In your best interests, the ACA/AAMFT puts limits on the relationship between a therapist and a client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you.

First, I am licensed and trained to practice mental health and marriage and family therapy—not law, medicine, or any other profession. I am not able to give you good advice from these other professional viewpoints.

Second, state laws and the rules of the ACA/AAMFT require me to keep what you tell me confidential (that is, private). You can trust me not to tell anyone else what you tell me, except in certain limited situations. I explain what those are in the "About Confidentiality" section of this brochure. Here I want to explain that I try not to reveal who my clients are. This is part of my efforts to maintain your privacy. If we meet on the street or socially, I may not say hello or talk to you very much. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

Even if you invite me, I will not attend your family gatherings, such as parties or weddings. As your therapist, I will not give you gifts; I may not notice or recall your birthday; and I may not receive any of your gifts eagerly.

Third, in your best interest and following the ACA/AAMFT's standards, I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever, be a close friend or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I can never have sexual or romantic relationships with any client during, or after, the course of therapy. I cannot have a business relationship with any of my clients, other than the therapeutic relationship.

## **About Confidentiality**

Psychological/mental health services are best provided in an atmosphere of trust. You expect me to be honest with you about your problems and progress. I expect you to be honest with me about your expectations for services, your compliance with medication, and any other barriers to treatment.

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a "release-of-information/records" form before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me.

In all but a few rare situations, your confidentiality (that is, your privacy) is protected by state law and by the rules of my profession. Here are the most common cases in which confidentiality is not protected:

1. If you were sent to me by a court for evaluation or treatment, the court expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court to know. You have a right to tell me only what you are comfortable with telling.
2. Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing me, I may then be ordered to show the court my records. Please consult your lawyer about these issues.
3. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make.
4. If I believe a child or vulnerable adult has been or will be abused or neglected, I am legally required to report this to the authorities.

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There are two situations in which I might talk about part of your case with another therapist. I ask now for your understanding and agreement to let me do so in these two situations.

First, when I am away from the office for a few days, I have a trusted fellow therapist "cover" for me. This therapist will be available to you in emergencies. Therefore, he or she needs to know about you. Generally, I will tell this therapist only what he or she would need to know for an emergency. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality.

Second, I sometimes consult other therapists or other professionals about my clients. This helps me in providing high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, and they will be told only as much as they need to know to understand your situation.

Except for the situations I have described above, my office staff and I will always maintain your privacy. My office staff makes every effort to keep the names and records of clients private. All staff members who see your records have been trained in how to keep records confidential.

If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign a written release form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may revoke this form at any time. If you have questions, please ask me.

It is our office policy to retain clients' records for 10 years after the end of our therapy.

If we do family or couple therapy (where there is more than one client), and you want to have my records of this therapy sent to anyone, all of the adults involved will have to sign a release of information.

As part of cost control efforts, an insurance company/funding provider will require more information on symptoms, diagnoses, and my treatment methods. I will let you know if this should occur and what the company has asked for. Please understand that I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company/funding provider will need to pay your benefits.

You can review your own records in my files at any time. You may add to them or correct them, and you can have copies of them. I ask you to understand and agree that you may not examine records created by anyone else and sent to me. I will keep your case records in a safe and confidential place.

In some very rare situations, I may temporarily remove parts of your records before you see them. This would happen if I believe that the information will be harmful to you, but I will discuss this with you.

## My Background

I am a Licensed Mental Health Counselor (MH #5580), a Licensed Marriage and Family Therapist (MT # 1957) and a National Certified Counselor (NCC # 53647). I have 12 years post-master's experience. For the past 8 years, I have owned Community Counseling Center of Central Florida, Inc. which provides community based counseling services to at-risk families in Orange, Osceola, and Seminole Counties, Florida. I am trained and experienced in doing individual, group and family therapy with adults and children. I hold these qualifications:

- I have a Doctoral degree in Counseling Psychology with a Specialization in Marital, Couple, and Family Therapy from Barry University in Orlando, Florida.
- I have a Master's degree in Counseling Psychology from Chestnut Hill College in Philadelphia, Pennsylvania.
- I am a member of the American Counseling Association (ACA) and the American Association for Marriage and Family Therapy (AAMFT).
- I am a Certified STEP (Systematic Training for Effective Parenting), a 1-2-3 Magic, and a Surviving Your Adolescents Parenting Course Facilitator. I am a Qualified Supervisor for the State of Florida. I am a Certified Comprehensive Behavioral Health Assessor.

## About Our Appointments

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The very first time I meet with you, we will need to give each other much basic information. For this reason, I usually schedule 1-2 hours for this first meeting. Following this, we will usually meet for a 60-minute session once a week, then possibly less often. We can schedule meetings for both your and my convenience. I will tell you at least two weeks in advance of my vacations or any other times we cannot meet. Please ask about my schedule in making your own plans.

An appointment is a commitment to our work. We agree to meet at your home or other place of your choosing that we can mutually agree upon (school/day care, or clinic etc.) and to be on time. If I am ever unable to start on time, I ask your understanding. I also assure you that you will receive the full time agreed to. If you are late, we will probably be unable to meet for the full time. It is likely that I will have another appointment after yours.

A cancelled appointment delays our work. I consider our meetings very important and ask you to do the same. Please try not to miss sessions if you can possibly help it. When you must cancel, please give me at least one day notice. Your session time is reserved for you. I am rarely able to fill a cancelled session unless I know a day in advance.

**Fees, Payments, and Billing**

We accept many funding sources for our clients. Paperwork may be required of you in order to access funds for medically necessary services. If you are paying private pay/sliding fee scale cash, money orders and in some cases personal checks may be accepted. You are required to pay the costs of any “bounced check” fees.

**Health Insurance Coverage and Payments**

Because I am a Licensed Mental Health Counselor and a Licensed Marriage and Family Therapist, many funding providers will help you pay for therapy and other services I offer. I have no role in deciding what your insurance covers. Your benefits provider decided which, if any, of my services will be covered and how much I will be paid.

**If You Need to Contact Me**

Because I do outpatient therapy, I cannot promise that I will be available at all times. I generally do not take phone calls when I am with a client. You can always leave a confidential message on my voice mail and I will return your call as soon as I can. Generally, I will return messages as soon as possible.

If you have an emergency or crisis you will need to call 911.

**If I Need to Contact Someone about You**

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you—perhaps a relative, spouse, or close friend. I am also required to contact this person, or the authorities, if I become concerned about your harming someone else. Please write down the name and information of your chosen contact person in the space provided below:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

**Other Points**

- If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy relationship, and I must put this relationship first.
- As a professional therapist, I naturally want to know more about how therapy helps people. To understand therapy better, I must collect information about clients before, during, and after therapy. Therefore, I am asking you

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to help me by filling out some questionnaires about different parts of your life—relationships, changes, concerns, attitudes, and other areas.

- If, as part of our therapy, you create and provide to me records, notes, artworks, or any other documents or materials, I will return the originals to you at your written request but will retain copies.

**Statement of Principles and Complaint Procedures**

I fully abide by all the rules of the American Counseling Association (ACA), the American Association of Marriage and Family Therapy (AAMFT), and by those of my state license.

Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not worked out. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I, or any other therapist, has treated you unfairly or has even broken a professional rule, please tell me. You can also contact the state or local mental health association and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint. You may also contact the state board.

In my practice as a therapist, I do not discriminate against clients because of any of these factors: age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness.

This is a personal commitment, as well as being required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

**Our Agreement**

I, the client (and/or his or her parent or guardian), understand I have the right not to sign this form. I understand I can choose to discuss my concerns with you, the therapist, before I start (or the client starts) formal therapy. I also understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this brochure, I can talk with you about them, and you will do your best to answer them.

I understand that after therapy begins, I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I have read, or have had read to me, the issues and points in this brochure. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this brochure. I hereby agree to enter into therapy with this therapist (or to have the client enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

\_\_\_\_\_  
Signature of client (or person acting for client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Relationship to client:  Self  Parent  Health care custodial parent of a minor (less than 14 years of age)  
 Guardian  Other person authorized to act on behalf of the client (please specify: \_\_\_\_\_).

I, the therapist, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this brochure. I have responded to all his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

\_\_\_\_\_  
Signature of Therapist

Dr. Corrie L. Hungerford, LMHC, LMFT, NCC

\_\_\_\_\_  
Date

I truly appreciate the chance you have given me to be of professional service to you, and look forward to a successful relationship with you. If you are satisfied with my services as we proceed I (like any professional) would appreciate your referring other people to me who might also be able to make use of my services.

Copy accepted by client     Copy kept by therapist

Corrie L. Hungerford, Ph.D., LMHC, LMFT, NCC