

Orlando Counseling Specialists

Nancy A. Johnson, MA., LMHC, P.A.

407-902-9250

Informed Consent and Client Participation

I understand that my participation is purely voluntary and that I may withdraw whenever I wish. All records are the property of Orlando Counseling Specialists.

Orlando Counseling Specialists is dedicated to maintaining strict confidentiality of all communications between you, your therapist, and any referring professional involved in your treatment. As a client, you control whether or not and to whom confidential information will be disclosed. There are expectations to confidentiality mandated by Florida Law. Under the following circumstances, confidentiality will be breached:

1. Where there is reason to suspect a child, adolescent, or elder has been or will be abused.
2. Where there is reasonable cause to believe that you pose a risk of imminent harm to yourself or to someone else.
3. Where there is a valid court order compelling records or witness testimony.

I consent to participate in mental health treatment with Orlando Counseling Specialists for my self, and/or minor child _____

(please print name of yourself or minor child)

I have clarified any questions that I may have with my therapist or staff and I understand and agree to abide by the policies and procedures outlined above.

I understand that if I am unable to keep my appointment, I must contact Orlando Counseling Specialists 24 hours in advance to cancel or reschedule, or I will be held responsible for payment of that missed session. A late cancellation fee is \$75.00 and a "No Show" fee is \$120.00.

Client Name: _____

Minor Child's Name: _____

Client / Parent Signature: _____

Therapist Signature: _____

Date: _____