



Lisa Britt, LMHC, PA
Licensed Mental Health Counselor

Welcome to the office of Lisa Britt, LMHC, PA. It is my pleasure to provide you with counseling services. It is my goal to assist individuals and their families by providing necessary support and teaching tools to handle life's challenges.

I have a Masters and a Specialist degree in mental health counseling from Florida State University and, through work experience and supervision I have been licensed by the State of Florida to practice counseling. I have over 13 years experience in the mental health field. I am married and have 3 children. Through the experience of working and being a mother coupled with my background in counseling, I specialize in helping busy mothers who feel overwhelmed and unappreciated begin to reclaim their self esteem *without guilt*. For more information regarding my specialty please refer to my website www.lisabritt.com.

The following Disclosure Statement provides a detailed explanation of my practice.

My Responsibilities to You as Your Therapist

1. Confidentiality

With the exception of certain specific circumstances, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone what you have told me or that you are/not in therapy with me without your prior written permission. I will always act to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you choose and you can change your mind and revoke that permission at any time.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA) and Federal and Florida Law 42 C.F. Part 2 and 2.22. This law insures the confidentiality of all written and electronic transmissions of information about you. Whenever I transmit information about you electronically (i.e. faxing) it will be done with special safeguards to ensure confidentiality.

If you communicate with me by email, please be aware that it is not completely confidential. All emails are retained in the logs of your or my internet provider. While under normal circumstances no one looks at these logs they are, in theory, available to be read by the system administrator of the internet service provider. Any email I receive from you, as well as any responses that I send to you will be printed and kept in your treatment record.

There are certain legal exceptions to confidentiality that you should be aware of. I will tell you if I am required to take action in response to one of these exceptions.

- If I have good reason to believe that you intend to harm another person, I must attempt to warn that person of your intentions. In addition I will inform law enforcement of your intentions and ask that they offer protection to any intended victim.
- If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protection Services within 24 hours and Adult Protection Services immediately.
- If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or local crisis team. I would explore all other options with you before I took this step.

- If you have a life-threatening or potentially disabling medical emergency, I am required to release to medical personnel the minimum necessary to assist you medically.
- A court of law can request and obtain information without your permission. Or, if you have been court-ordered to treatment the judge may set aside your right to privileged communication. I will not automatically release information that has been requested by a court unless it is deemed necessary and compliant with the law.

I keep very brief records, noting only that you have been seen, what interventions occurred in session and the topics we discussed. You have the right to a copy of your file at any time, giving me the chance to furnish you with that copy. You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other health care provider at your written request. I maintain your records in a secure location that cannot be accessed by anyone else.

3. Diagnosis

If you have mental health benefits as part of your health insurance coverage, you must call for your benefit information prior to our first appointment if you would like to receive any reimbursement for my fee. I do not accept insurance but as a courtesy will mail an insurance claim on your behalf along with any and all necessary documentation, including a diagnosis and corresponding numerical code. Diagnoses are technical terms used to describe the nature and scope of your presenting issue. If I do use a diagnosis, I will discuss it with you. All of the diagnoses come from a book titled the DSM-IV; I have a copy in my office and will be glad to discuss your diagnosis with you.

4. Managed Mental Health Care

As I have mentioned I do not accept insurance but your insurance company may reimburse you for all or part of my fee upon filing the appropriate claim. Your insurance company may limit the number of visits you can have and may require that you see a different therapist (in order to receive the insurance benefit) if I am not in their network. You have the right to decide the best option for yourself.

5. Complaints

If you're unhappy with what's happening in therapy, I strongly encourage you to speak about it with me so that I can respond to your concerns. I will take your concern seriously and respond with care and respect. If you believe that I have behaved unethically, you can complain to the Medical Quality Assurance Board of the State of Florida at www.myflorida.com or file a written complaint to The Department of Health/Consumer Services Unit, 4052 Bald Cypress Way, Bin C75, Tallahassee, FL, 32399-3275.

My Approach to Counseling

I follow a theory of counseling called Cognitive-Behavioral therapy. The basic premise of this theory is that we are influenced by our thoughts and behaviors through our experience and how we react to that experience. If you have any further questions about this theory I will be happy to answer any questions you have. Some techniques I use are changing negative thought patterns through distraction and/or thought replacement. I may ask you to keep a journal of your thoughts and/or other written exercises to be completed between our sessions. I incorporate the use of gratitude in my interventions. This powerful tool can be instrumental in changing thought and behavior patterns and creating a greater sense of well being. I may suggest that you become involved in a therapy or support group or see a medical doctor for a medication evaluation. This is typically done by a psychiatrist who prescribes medicine specifically for mental health disorders. I cannot prescribe medicine. You can refuse any suggestions I make. I do not have social relationships with current or former clients because it is unethical. If we see each other in public, out of respect for your confidentiality, I will not acknowledge you. You are welcome to approach me if you wish.

There are emotional risks associated with the counseling process. Approaching feelings or thoughts that you have tried not to think about may be painful. Making changes in your beliefs or behaviors can be frightening and sometimes disruptive to the relationships you already have. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that therapy is helpful.

Therapy will end when you decide it is time unless another arrangement is made such as a contracted amount of sessions. I may terminate you if you do harm to or threaten me, my family or staff.

Your Responsibilities as a Therapy Client

You are responsible for coming to your appointment at the scheduled time. Sessions last for 50 minutes. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel less than 24 hours in advance, you must pay a \$50.00 fee at our next scheduled appointment time.

You are responsible for paying for your session at the beginning of your appointment. My fee for a 50 minute session is \$95.00. I can accept a check, cash or credit card for payment.

I am not willing to have clients run a bill with me nor can I accept any barter for therapy. If you eventually refuse to pay any debt with me, I reserve the right to give your name and the amount to a collection agency.

Personal Information

Name _____ DOB _____ SS# _____

Address _____ City _____ Zip Code _____

Phone# _____ Cell# _____ Email _____

Emergency Contact _____ Phone# _____

Reason for Seeking Services _____

How were you referred? _____

Acknowledgement and Consent for Treatment

I have received and read the Disclosure Statement and had any questions answered to my satisfaction. By my signature below, I verify that I understand the Disclosure Statement and consent to participate, or have my child participate, in treatment with Lisa Britt, LMHC, PA.

Client/Guarantor Signature

Date