

Holy Church of Grace Mental Health Healing Center

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Frantz Lamour

A Licensed Psychotherapist

License Number: MH15787

Informed Consent

Goals of counseling

The primary goal of the counseling relationship is to help you identify and cope more effectively with issues or concerns in daily living and to deal with internal conflicts in order to achieve more satisfying personal and interpersonal relationships. As a client in counseling, you have certain rights and responsibilities. There are also legal limitations to those rights that you should be aware of. I, as your psychotherapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

Benefits of Counseling

Counseling can provide many benefits to you. Counseling can help you develop coping skills, make behavioral changes, reduce symptoms of mental health disorders, improve the quality of your life, learn to manage anger, learn to live in the present and many other advantages. Progress may happen slowly. Counseling requires a continually active effort on your part. To be most successful, you will have to work on things we discuss outside of sessions.

Counseling Relationship

Your counseling services will be based on a relationship that is characterized by trust, individual's dignity, worth and respect. The counselor and client will work together to both identify goals for counseling and to move toward meeting those goals.

Treatment Plan

As part of the counseling process, it is vital that we develop a counseling plan so that both parties know what we are working on and with whom we are working. Usually our first three sessions are understood as assessment sessions during which time we mutually decide on how we are going to work together. We need to decide what is the issue or diagnosis we are working with and what kind of interventions or treatment modalities will be best for you. A referral to an outside support group or treatment program may be suggested or required. For example, a referral to a substance abuse recovery group, a grieving support group or a parenting group may be a necessary part of your treatment plan.

At times, you will be asked to complete assignments outside of the therapy hour. These might include journaling, thought and behavior tracking logs, practicing stress reduction techniques, practicing assertive communication skills or attending various support groups. The outside assignments are essential aspects of your treatment and failure to follow through may seriously impair my ability to be helpful to you. We will then have to reassess our treatment plan and decide if I can still be helpful to you. You are expected to take an active role in therapy, which includes regular feedback to your therapist as to your progress. Treatment surveys will be provided for feedback.

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Couple Counseling

I use different empirical counseling theories, and/or spiritual principles to help couple build and maintain healthy relationships. Assessment is a crucial factor of the counseling relationship. For example, I use Prepare and Enrich, which is “a customized couple assessment completed online that identifies a couple’s strength and growth areas. It is one of the most widely used programs for premarital counseling and premarital education. It is also used for marriage counseling, marriage enrichment, and dating couples considering engagement.”

Confidentiality

As your counselor, I will make every effort to keep your personal information private. If you wish to have information released, you will be required to sign a consent form before such information will be released. The only exception is in situations where disclosure is required by law:

1. if I present an imminent threat of harm to myself or to others,
2. when there is an indication of abuse of a child, dependent adult, or elderly adult
3. if I become gravely disabled, and
4. by court subpoena.

Agreement to pay

All office hours are by appointment. Fees for services are as follows: \$160 for a 60- minute individual session, \$185 for a 60-minute family or couple’s session, and \$275 for our 60-minute initial clinical interview. Extended sessions may be prearranged or provided if determined clinically necessary.

You will be expected to pay for each session at the time it is held or prior thereto. Payment schedules for other professional services will be agreed to when they are requested. Unless otherwise required by your therapist, billing will be provided after each session, although you may be required to pay for the service prior to your scheduled session(s). Therapy fees may be periodically raised, and you will be provided at least 30 days notice.

In addition to scheduled appointments, your therapist charges fees for other professional services you may need, though your therapist will break down the hourly cost if he/she work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 5 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of your therapist. If you become involved in legal proceedings that require your therapist’s participation, you will be expected to pay for your therapist’s professional time even if your therapist is called to testify by another party. Because of the difficulty of legal involvement, your therapist may charge more per hour for preparation and attendance at any legal proceeding. I acknowledge and agree that I am responsible for and will pay for all therapy sessions.

Appointments

Appointments will ordinarily be 60 minutes in duration, once per week at a time we agree on, although some sessions may be frequent as needed. The time scheduled for your appointment is assigned to you. To avoid receiving a late cancellation charge, please provide 24-hour notice. Late cancellations and or missed appointments are billed at the rate of the appointment missed. All professional services related to legal proceedings are billed at a rate of \$300 per hour. Bank

charges for returned checks are your responsibility.

I HAVE HAD THE OPPORTUNITY TO DISCUSS ANY QUESTIONS I HAVE ABOUT THIS INFORMATION:

Identified Client's Signature: _____ Date: _____

I HAVE DISCUSSED THIS INFORMATION WITH THE CLIENT:

Licensed Psychotherapist: _____ Date: _____