

Beachside Counseling and Wellness, LLC

Patrick J Aragon, Psy.D.

Consent for Participation in Psychotherapy

Welcome to my practice. I sincerely appreciate the opportunity to work with you. Because psychotherapy involves a large investment of time, energy, money and commitment, it is important that you understand what is involved so you can make an informed decision to proceed with this treatment. Please review the following information, including the policies on the back of this sheet, and discuss any questions or concerns with me during our initial sessions.

My background and approach:

I received my Doctorate Degree (Psy.D.) in Clinical Psychology from Nova Southeastern University in Fort Lauderdale, Florida, in 2013. Throughout my training and since earning my degree I have worked with a variety of clients and have extensive experience with anxiety, depression, and substance use disorders. I strive to meet individual needs and do not discriminate based on race, ethnicity, religion, disability, national origin, gender or sexual orientation. I also strive to live up to my duty to stay up to date on the most relevant and useful evidenced-based practices.

My approach is to collaborate with clients to identify the difficulties that brought them to seek psychotherapy and ensure that their goals are met. I encourage clients to discuss any and all concerns with myself, especially those that may arise in our relationship as we proceed through the therapy process.

Benefits and risks of assessments:

People's experience of participating in psychotherapy varies widely; most feel anxious or uncertain at the outset, many enjoy the opportunity to explore their thoughts and feelings in a comfortable non-judgmental setting, and often feel a sense of well-being when the treatment is complete. Other benefits may include development of additional coping strategies, improved relationship satisfaction, and better communication skills.

During your initial sessions, we will discuss your goals and expectations as well as my impressions and ideas for appropriate treatment options. This may include a diagnosis and/or referral to other medical or psychiatric professionals I believe will enhance your treatment.

Potential risks include anxiety leading up to your sessions, intense emotions when exploring difficult topics, and in rare instances individuals with depression may experience an increase in the risk of suicide. As an experienced professional, I make every effort to ease the difficulty that is inherent in this process.

If at any time during our work together, you have questions or concerns about your progress, the work we are doing, or anything else, please do not hesitate to talk with me about them. Since I do not take on clients I don't believe I can help, I look forward to working with you.

Please see other side for policies that pertain to our work.

321-327-3793, Ext 305

122 4th Ave, Suite 200
Indialantic, FL, 32903

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Please read the following policies and take a copy of this information with you for your records.

Appointments: The initial appointment is scheduled for 60-75 minutes and is dedicated primarily to information gathering and assessment of your concerns. We will also discuss your goals for psychotherapy. Please come 15 minutes before your appointment to complete necessary paper work. Subsequent appointments are scheduled for 50 minute sessions on a weekly or bi-weekly basis.

Cancellations: There is a **\$100 charge** for appointments missed or not canceled 24 hours in advance. Medical or other emergencies will be considered on an individual basis. If you are late, I will wait 20 minutes before considering the appointment canceled. Insurance does not cover fees for missed appointments.

Confidentiality: All information you share will be held in confidence within the confines of the law and professional ethics. Specific exceptions and limitations to confidential handling of your Personal Health Information are described in detail in the **Notice of Privacy Practices. Please read these carefully and discuss any questions or concerns about them with me.** You are encouraged to keep a copy of this notice for your own records. Because **email and text messaging** are not considered strictly confidential forms of communication due to the technology involved, I do not encourage the exchange of clinical information via these tools. With your consent, we will email or text reminders of your appointments, for your convenience.

Emergencies: During regular office hours (8:30 am-5:30 pm, M-TH; 9:00-2:30 F) you may call me at 321-327-3793 and our receptionist will contact me. After hours and on weekends, all calls are answered by an answering service. If you have an emergency after hours, please call 911 or go to the nearest emergency room.

Financial Agreement: Your fee will be established at the initial session and is based on my standard fee and any insurance contract that may pertain to you. You may pay by cash, check, or credit card. Returned checks are subject to a \$35.00 fee. If financial emergencies arise, I will expect you to discuss these with me as soon as possible. Special arrangements may be made to avoid a lapse in your therapy. However, delinquent accounts without regular monthly payments will necessitate the termination of therapy or other action.

I fully understand and accept the terms of this consent.

Client's Signature (Legal guardian, if client is a minor)

Date_____

Consent received by _____

Date_____

Revised: Jan 2025

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