

## **Informed Consent**

**Welcome to my practice.** I sincerely appreciate the opportunity to work with you. It is important that you understand what is involved so you can make an informed decision to proceed with psychotherapy treatment. Please review the following information about my professional services and business policies and then discuss any questions or concerns with me during our first meeting. I do not discriminate based on race, ethnicity, religion, disability, national origin, gender or sexual orientation.

### **My background and therapeutic approach:**

I received my Master's Degree in Marriage and Family Therapy in 2012 from Chapman University, Orange, California. I was trained in not only treating individuals with mental and emotional disorders but also in attending to the social system (family, friends, etc.) that influences the individuals and vice versa. I have treated individuals, couples, and families affected by conflicts, low self-esteem, anger, anxiety, ADHD, depression, grief, trauma, and more.

My approach involves collaborating with clients to identify and enhance their strengths so that we can use them to address their challenges. As an eclectic therapist, I believe that each client is different and will benefit from therapeutic techniques specific to his or her needs. I typically incorporate elements from theoretical frameworks including Client-Centered, Cognitive Behavioral, Bowenian, and Solution-Focused. With couples, I may use EFT, TBCT, and Gottman techniques. In my practice with children, I combine CBT with play techniques to teach positive coping, problem-solving, and social skills. I also work with parents to establish effective authoritative structure.

### **Benefits of therapy:**

The therapy environment is one of safety and support. Benefits may include, but are not limited to, reduced stress, improved self-esteem, healthier relationships, and/or resolution of unwanted feelings and thoughts.

### **Risks of therapy:**

These may include feeling intense emotional pain upon discussing your experiences or challenges, especially at the beginning of treatment. I make every effort to ease the difficulty that is inherent in this process.

### **The process of psychotherapy:**

Therapy requires your active participation, openness, and honesty. We are partners in the therapeutic process. If at any time, 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. You have the right to terminate at any time, however please keep in mind that it is most beneficial to have at least one final review session in order for each party to reflect on our work and discuss the transition. Thank you for your trust and cooperation.

### **Appointments:**

The first appointment is dedicated primarily to information-gathering and assessment of your concerns. We will also discuss your goals, expectations, diagnosis, and possibly referrals to other medical or psychiatric professionals I believe could enhance your treatment. Subsequent appointments are scheduled for 60 minutes: 53 minutes of face-to-face contact between us, with the remaining 7 minutes devoted to my planning and record keeping on your behalf. Sessions are recommended to be scheduled on a regular basis to facilitate the consistency needed to maintain the skills you acquire.

### **Cancellations:**

There is a **\$50 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 10 minutes before considering the

appointment canceled unless you call to make arrangements.

**Confidentiality:**

All information you share will be held in strict confidence within the confines of the law and professional ethics. However, there are specific exceptions as follows: **I am required to report instances of suspected abuse/neglect of a child, elder, or dependent adult; I am permitted to break confidentiality if I have determined that you present a serious danger to yourself or if you threaten physical violence to another person; And I must comply with valid court orders involving the release of your records or testimony.**

If you choose to correspond at all via text or email, please keep in mind that they are not generally secure/encrypted thus it is important to limit the disclosure of any personal identifying information. With your permission, my office can email/text reminders of your appointment dates/times.

**Paper Records** of our sessions are secured in a locked cabinet and are destroyed after 7 years (or more if under age 18).

**Treatment of a minor:** When the client is under 18 years of age, his/her parents are entitled to access their records. However, in order to protect the therapeutic alliance, it is of best clinical practice to limit disclosure to include only treatment interventions, progress, and of course any issues regarding safety. **For children under age 12, it is required that the parent/caregiver wait on the premises for the entirety of the session. We do not provide childcare onsite.**

**Couples and family therapy:**

With few exceptions, I prefer to see both partners in a couple together to avoid confusion or any sense of unequal loyalty on my part. Occasionally, I will see partners (or family members) individually if it is necessary for more thorough information-gathering. I may see a portion of the family at certain times if I notice relationship issues within that subsystem. **I will not keep secrets** from the absent partner (or family members). In order for any protected health information to be released, ALL members of the treatment unit (couple or family, ages 12+) must provide written consent.

**Availability/Emergencies:**

If you feel the need to speak with me before your next scheduled appointment, you may call the office at 321-327-3793 (Ext. 104), and I will call you back within 24 hours during regular office hours (9:30 am-5:30 pm, M-TH; 9:00-2:30 F). After hours and during my planned absences, you may leave a message and I will return your call on the next business day. **If you are experiencing a life-threatening emergency, please call 911 immediately. If you are experiencing a non-emergency crisis and cannot reach me, you may call a 24 hour crisis hotline, such as Central Florida's at 407-425-2624.**

**Financial Agreement:**

The self-pay fee for initial evaluation is \$130.00. All following sessions are as follows: \$110. Couples do have the option of scheduling an 80 minute session for \$150 if my calendar permits. I do offer an income-based sliding scale starting at \$65. I am in-network with the following insurance companies: Magellan/Health First and Tricare in which you are responsible for any copay. If you choose to use out-of-network benefits, I can provide you with a receipt indicating sessions completed (with diagnosis code).

Payment is due at the time services are rendered unless other arrangements are made. You may pay by cash, check, or credit card. Returned checks are subject to a **\$25.00** 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 and referral to another provider.

Elana Breiner, LMFT  
*Beachside Counseling and Wellness, LLC*

122 4<sup>th</sup> Ave., Ste. 200  
Indialantic, FL 32903  
(321) 327-3793, Ext. 104

**I have reviewed the information above and voluntarily agree to participate in psychotherapy services with Elana Breiner, LMFT, Lic. #MT3205.**

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Name of Client(s) (please print)

\_\_\_\_\_  
**Signature of Client** (if aged 12 or older)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Signature of Parent/Guardian (if Client under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of 2<sup>nd</sup> Parent/Guardian (if applicable)

\_\_\_\_\_  
Date

**FAMILY/COUPLES THERAPY ADDITIONAL PARTICIPANTS** (if applicable):

\_\_\_\_\_  
Signature

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Date

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Signature

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Date

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