



Ascend Counseling & Wellness

Stephanie Byrd, MS, LMFT, MT 2719

Commitment & Consent to Treatment

This document has been provided as an explanation of the services I provide. The intent is to allow you to make informed and autonomous decisions pertaining to the counseling process.

Qualifications

My name is Stephanie Byrd. I currently hold a Master of Science degree (MS) in Marital, Couple, & Family Therapy from Stetson University, as well as, a Bachelor of Science degree (BS) from the University of Central Florida in Elementary Education. I am a practicing Licensed Marriage & Family Therapist in the state of Florida, a Supreme Court of Florida Certified Family Mediator, a Certified Practitioner of Clinical Hypnosis with Rapid Trauma Resolution, and a Certified Prepare/Enrich Couples Counselor.

Counseling means Collaboration

Counseling is a collaborative process between you and a counselor where mental health distresses are evaluated, assessed, and treated. For therapy to be most effective, it is absolutely essential that you take an active role in the process. While I have significant experience, I may refer clients to another therapist or additional services to best meet their needs. If a referral is in order, I will inform you and discuss the possible options. You may request to be referred to another counselor at any time.

Risks

The counseling process is proven effective on many levels, however, it may also open up levels of awareness and provoke realizations that may cause uncomfortable feelings, sadness, anger, pain, frustration, loneliness, and /or helplessness. In some cases, major life decisions are made, in other cases traumatic events are reflected upon. This process of growth and self-actualization can cause significant impacts to employment, lifestyles, and relationships. Psychiatric services are inexact sciences; we make *no guarantees* regarding outcomes.

Appointments

Sessions are generally scheduled in 50 minute increments that begin on the hour. Cancellations with less than 24-hours notice will be charged the full session fee in order to pay for the time allotted. Emergency exceptions need to be discussed with your therapist. We reserve the right to discontinue service and refer to another therapist in the event that 2 consecutive appointments are missed without notification of cancellation.

Fees and Payment

Ascend Counseling & Wellness intends to provide services that best meet the needs of the individuals seeking treatment in the most confidential manner possible. It is our intention to provide treatment that is not dictated by insurance companies and remains unencumbered by policies that may not serve the best interests of the client. Because of this we choose to be a fee for service provider. Payment will be collected at the time



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the service is rendered. The standard fee for an initial counseling intake is \$120 USD. The fee for a single 50 minute counseling session is \$80 USD. Phone calls, emails, or other means of contact outside the scheduled counseling session that are beyond 5 minutes are billed the full session fee of \$80 in 15 minute increments. Checks returned for insufficient funds may be subject to an additional \$35 fee. If you are subject to undue financial stress, you may request a fee adjustment based on a sliding scale figure so that we can continue to accommodate your needs.

Court Related Fees

Ascend Counseling & Wellness intends to maintain a therapeutic and confidential relationship with all clients. Since the client-therapist relationship is built on trust with the foundation of that trust being confidentiality, it is often damaging to the therapeutic relationship for the therapist to be asked to present records to the court, or to testify, whether factual or in an expert nature, in court or deposition. In addition, court related interactions have a high potential to result in the need to terminate therapy if the therapist is no longer able to maintain a neutral, nonbiased position for all parties. Referrals to other therapists will be provided should this situation arise. It is requested that only in extreme cases the therapist be asked to present to the court either records or testimony. A subpoena will be required for the therapist to provide any information or appear. In cases when the therapist is subpoenaed to testify about his/her counseling with you, the therapist will be monetarily compensated as stated. Court appearances are billed at \$200 per hour with a minimum charge of eight (8) hours, for a total of one thousand six hundred (\$1,600) dollars. In the event that it is necessary for the therapist to testify before any court, arbitrator, or other hearing officer, to testify at a deposition, whether the testimony is factual or expert, or to present any or all records pertaining to the counseling relationship to a court official, the client agrees to pay the therapist for his or her services, including travel, preparation, and necessary expenditures at the rate of \$200 per hour, rounded to the nearest half hour. These expenditures include but are not limited to copies, parking, meals, and office-to-venue-to-office travel time. The client agrees to pay the \$1600 two weeks prior to the appearance, presentation of records, or testimony requested. All additional expenditures will be billed after the court appearance. Other letters and paperwork requested by the client will be assessed a charge of \$80 per hour, rounded to the nearest hour, with a minimum of 1 hour. This includes letters to court officials or attorneys, short-term disability paperwork and any other documentation requested by the client. This does not include copies of your bill, missed work or school letters, Release of Information Forms, or other documents used in the day-to-day operation. The client is responsible for all attorney fees and costs that are incurred by the therapist as a result of the legal action. If the therapist is subpoenaed and the case is canceled or reset with less than 72 business hours notice prior to the beginning of the day of the scheduled subpoena, trial, and/or the testimony is not given, then the client will be charged \$1000 to cover the cost incurred by the therapist having to clear, cancel, and rearrange the regularly scheduled appointments.

Confidentiality

Your confidentiality is important to me. The nature of the counseling profession, and the ethics and laws that govern it, present certain limitations to confidentiality. All communications between a mental health professional and a client are protected by law. If legally required or requested, I will release information regarding our communications to others with your expressed written consent. If there is more than one



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individual seeking treatment, (i.e. Couples and families) written consent will be retained from all parties involved in the counseling relationship. If you are under 18, your parents or legal guardians may have access to your records and may authorize release to 3rd parties.

Mandatory Reporting

Mandatory reporting requires me to report situations where the client is a danger to self or others. Situations in which a child, elderly, disabled, or otherwise vulnerable person is subject to abuse, neglect, are also subject to mandatory reporting.

Records

I am required by law to maintain detailed records each time we interact. The records contain sensitive information including observation data, diagnosis, treatment plans, and other clinically relevant information. During the course of treatment, information may be provided to insurance companies, managed care companies, and/or courts. I will share records, in full or in part, with you as the client if requested; unless the determination is made that it may hinder progress or otherwise cause undue harm.

Diagnosis

Most 3rd party payers require that I provide a diagnosis to describe your condition. Once that information is provided to insurance companies, I can accept no liability for the impacts to insurability or employment.

Supervision/Consultation

With your permission, I may consult with other professionals (legal or clinical) on your case to best meet your needs. To what degree is possible, every reasonable attempt will be made to avoid revealing your identity to other professionals with whom I consult. Recommendations and considerations that result from consultation will be shared with you.

Termination

Therapy is consensual. Termination of the counselor-client relationship can occur in several different contexts. You can choose to terminate therapy at any time. You have the right to expect that the relationship will be terminated when you have realized maximum benefit from it, or have achieved the goals that are made at the outset.

Emergencies

In the event of an emergency for which you feel immediate attention is necessary, I will make a reasonable effort to make myself available. If I am not available and you reach voicemail, please leave a message indicating the call is urgent. I will return a call of this nature within 24 hours. Please contact 911 immediately and/or proceed to the nearest emergency room for immediate evaluation if necessary.



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I have read, understand, agree, and consent to the above conditions of service. I have had the opportunity to ask questions regarding the above policies.

Client Signature _____ Date _____

Therapist Signature _____ Date _____

I have received and reviewed a copy of the Notice of Privacy Practices. A long version was posted in the waiting room for a more in depth review. I have had an opportunity to ask questions regarding the policies.

Client Signature _____ Date _____

Therapist Signature _____ Date _____