

## *Professional Disclosure & Informed Consent*

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Welcome! Thank you for deciding to come in today. My name is Alan Zupka and I am a registered mental health counselor intern. Our first session will take about 50-60 minutes. Therapy is a confidential process intended to aid you in dealing with your doubts, uncertainties, and your personal concerns. Therapy may help you better understand your behaviors, thoughts, and feelings, while you discover more effective coping skills. In addition, counseling is a relationship between you and me. I possess the motivation and enthusiasm to assist you in realizing your personal goals and you are the expert on yourself. Together we will work on what you think is best for you. Counseling includes disclosing personal, detailed, and confidential material that may on occasion bring up strong emotions or uncomfortable feelings. Consequently, at certain times throughout the counseling process, you may discover that confusion and/or anxiety may heighten; however, the treatment result is often positive, productive, and helpful. Nonetheless, I am here to offer support and guidance through the entire process. Together, I hope to create a fulfilling therapeutic encounter.

The intention of this document is to explain to you my procedures, the state and federal laws, and your rights. It will also address my responsibilities as a therapist and what is expected from you as a client. If you have any questions or concerns, please feel free to ask me and I will try my best to provide you with the information you need.

### **Confidentiality and Its Limits**

Matters of therapy sessions remain confidential. All information, including what is said in therapy and what is in written or electronically noted about you will not be given to another party without written consent by you. When information is shared, it will be done with utmost care to protect your privacy.

Confidentiality may be set aside for the following reasons:

- If you demonstrate a clear and immediate likelihood of physical harm to another individual or to a group of people, I have the duty to warn and protect the potential victims, or notify appropriate authorities.
  
- If you disclose or imply a plan for suicide, I am required to notify legal authorities and appropriate family members.
  
- If you disclose or imply that you are abusing a child or vulnerable adult, or have recently abused a child or vulnerable adult, or a child or vulnerable adult is in danger of abuse by you, I am required to report this information to the appropriate legal authorities.
  
- If insurance is used, the company is given relevant information regarding services to you including, but not limited to: dates/times of service, diagnosis, treatment plan, explanation of concern, and progress notes.
  
- If I am court ordered, I must give the court relevant information, but I will do my best to suppress any information that may cause you harm.
  
- Information necessary for supervision or consultation with my immediate supervisor.
  
- When you agree to a waiver in writing.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

### **Therapy Rights**

You have the right to a summary of your file, and I will do my best to help you understand what your file includes. You also have the right to inquire about the therapy process and what techniques I am using. If at any time you do not feel comfortable with what I am doing, please feel free to discuss with me your concerns and we will determine a better course of action. If you determine that I am not helping, you have the right to terminate therapy at any time. I will do my best to refer you to another therapist if you decide to continue therapy.

### **Notice of Privacy Practices and Clients Rights**

Please let me know how you would like me to contact you and if I can leave messages. Please read the attached HIPAA document on *Privacy Practices and Clients Rights*. By signing this document you acknowledge that you have read and received a copy of the notice of Privacy Practice and Clients' Rights documents.

### **Email**

If you decide to contact me through email, please be aware that I cannot guarantee confidentiality because logs may be preserved by internet providers. All emails to and from me concerning you will be printed and kept in your records.

### **In Case of Emergency**

If you have a medical emergency and needed immediate help please call 911 or go directly to your local emergency room.

If you have a pressing concern after hours or I am in session when you call, you can leave a message on my cell phone or text me. My number 407.986.2888 and I will get back to you as soon as possible. Although my cell phone is my private phone and not accessed by others, I cannot guarantee confidentiality so please be cautious with the content of your message. A note of the conversation will be put into your records.

### **Record Keeping**

Because I want to provide the best service possible and keep track of your progress, I keep records and outline the highlights of each of our sessions. I will document significant issues and concerns that you bring up, and what interventions we attempt. I will document how you respond to treatment, strategies for your evolving treatment plan and any follow-up measures that we discuss together. I will also keep note of any referrals to or from other professionals. I would suggest you let your primary doctor know you are seeing me.

### **Billing**

Your records will also include all your billing information:

- I charge \$100-\$125 per 50-minute individual session and \$125-\$150 per 50-60-minute couple's session, which is due at the end of each session. If this fee causes significant hardship, we can discuss a fee based on a sliding scale.
- If you choose to go through insurance to pay for all or a portion of this fee, you must submit the claim for reimbursement to you. Remember, some insurance companies have specific guidelines for therapy including; what professional you can see, number of sessions allowed, timeline of sessions and amount that they will pay out. Check with your provider. You are responsible for my fees up front.
- If you are going to be more than 10 minutes late for an appointment please call. If you need to cancel an appointment please let me know 24 hours before the actual appointment. If you do not call 24 hours in advance to cancel or not show for your scheduled appointment, you will be charged in full for the missed appointment.

### **Assessment**

In order to supply quality therapy, from time to time I may ask some personal questions or ask you to fill out questionnaires about factors that may have an influence on your concerns, including but not limited to: family origin, medical issues, family medical history, cultural, marriage status, substance use, traumatic events, legal issues, and religious/spiritual affiliations. These questions are not meant to embarrass or judge you, but to help me help you the best I can. You do not need to answer any question that you are not ready to answer.

### **My Counseling Philosophy and Training**

I have a BS in Psychology from The University of Central Florida and an MA in Clinical Mental Health Counseling from Rollins College. I am a National Certified Counselor (NCC). I am currently a Registered Mental Health Counselor Intern in the state of Florida and have a direct supervisor named Samantha Carver.

I regard my counseling philosophy and approach as holistic, meaning that I address individual's concerns with his/her thinking, emotional dynamics, physical effects, and spiritual outlooks when treating the whole of you. I include many techniques depending on the needs of the client. I favor supporting you in the here and now, but will refer to your past with the hope to facilitate change for your future. Nonetheless, I recognize that sometimes we need to change without thinking about the past or the future, so I am prepared to work with you to make needed cognitive and or behavior changes with just a focus on the present.

I have developed an approach to therapy that fits my holistic style. I consider it eclectic, meaning that I pull from many disciplines. I follow existential therapy where the client through their thought processes attempts to find meaning in their life. I believe that all people are capable of change and strive to become the best that they can be, which lies in the beliefs of Person Centered Therapy. Consequently, Gestalt therapy is a factor in my approach because I want to help and treat the whole person, which is considered holistic approach and focuses on the here and now. Subsequently, through insight and use of Cognitive Behavioral techniques, we can work on changing any maladaptive beliefs and/or behaviors.

My goal is to help an individual identify and focus on their personal goals by raising the individual's awareness in order to discover their personal meaning, growth potentials, and psychological health. I sincerely think that everyone's spirituality, race, culture, gender, and sexual/affective orientation must be valued, because these remain as vital components that compose who we are. As a counselor, I avoid imposing my personal values on you while counseling.

Frequently, inconsistencies concerning what you think and feel and how you interact with others are a cause of difficulty as well as the motivation for change. Consequently, I would apply my education, learned life skills, and unconditional positive regard in order to support you in effecting your desired change.

Because we are in this relationship together, I believe that more can be accomplished when we work as equals. Accordingly, I consider you as the expert on you and my responsibility is to assist you in discovering the answers you seek through exploration of yourself. I believe that I need to be my authentic-self during our sessions and I value honesty and empathy when building a therapeutic relationship.

With this in mind, you typically will be the one who decides when your therapy has concluded. However, exceptions to this occur, such as if I believe that I am not qualified to help you due to my training or lack of skills. If this is the case, I will refer you to a therapist better suited to your needs. Secondly, if we agreed to a certain amount of sessions we will honor that plan. Lastly, we all have the right to feel safe; therefore, if you threaten me, physically attack me, or harass me in any way, I reserve the right to end our relationship unilaterally and immediately. If this occurs, I will do my best to refer you to another counselor, but cannot promise that they will take you.

### **Complaints**

If for some reason you are unhappy with therapy, please feel free to express your concerns directly to me. I will listen to your concerns and criticism respectfully and with an open-mind. If you believe that I am acting in an unethical manner or that I have wronged you, you can voice

your complaint to the Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling (<http://floridasmentalhealthprofessions.gov/>). You are welcome to discuss your complaint about me to whomever you see fit, because you do not have the responsibility to maintain confidentiality in our individual sessions.

**Client Consent to Psychotherapy**

I have read and discussed the entirety of the information in this 5 page document with my therapist. I understand the risks and benefits of counseling, the nature, and limits of confidentiality, and what is expected of me as a client.

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*Client's Signature*

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*Counselor's Signature*

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*Date*