

CLIENT NAME _____

CLIENT NUMBER _____

Informed Consent Statement
Dr. Mary Binswanger, Ed.D.
Licensed Mental Health Counselor

Thank you for choosing Samaritan Counseling Services of the Gulf Coast as your counseling center. As your counselor I am dedicated to assist you in making satisfying choices based on your personal needs, strengths, and interests. I am committed to providing you with quality professional counseling, and your questions or comments are encouraged.

This information is designed to let you know about my educational and professional background, and to ensure that you understand our professional relationship.

Education and Credentials

I completed my Bachelors Degree in Secondary Education at the University of West Virginia, Morgantown, West Virginia. I taught High School English and mentored students for eight years. It was my love of teaching and interacting with staff and students that inspired me to become a counselor. In May, 1992, I received my Master of Arts Degree from the College of Education at the University of South Florida, Tampa, Florida. At that time I became employed as a High School Guidance Counselor at Booker High School, Sarasota, Florida. My counseling education continued until I was granted Professional Licensure as a Florida Licensed Mental Health Counselor, MH#0003702. I became a Mental Health Counselor with a private counseling practice in 1998. In June, 1998, I completed my Doctor of Education Degree in Counseling at the University of Sarasota, Sarasota, Florida. I continue to work as a counselor in private practice in Sarasota, Florida.

I provide faith-based, client-centered counseling to individuals and couples. I enjoy pre-marital counseling. My theoretical orientation includes the framework of Carl Rogers' Person-Centered Therapy which emphasizes the unity and uniqueness of every person. I have employed the work of Bolby's Attachment Theory to help clients examine their relationships. I am interested in your attachments and emotional bonds with children, parents, adults, and a romantic partner in your life. The discovery of secure attachments and a sense of belonging is associated with more positive personal relationships. Research has demonstrated (Yalom, 1985 and Olson, 1997) that successful couples tend to be those in which both partners are high in self-confidence, low in partner dominance, high in assertiveness, and low in avoidance.

I will employ the particular approach/approaches which I believe will be most effective in attaining the counseling goals which you and I have established for our work. My primary approach to counseling is relational and focused on solving problems and restoring health. I will seek to listen and respond effectively to your challenges.

Length of Sessions

I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards. Sessions are 45-50 minutes in duration. We will schedule our sessions by our mutual agreement. If you are unable to keep an appointment, please call 941-926-2959 to cancel or reschedule at least 24 hours in advance. For an emergency reschedule please call 941-921-0079 and leave a message. If I do not receive such advanced notice, unless you have an emergency, you are responsible for paying for the session that you missed. Please note that insurance companies do not pay for missed sessions, therefore you will be responsible for the entire fee.

Fees/Method of Payment

In return for a fee of \$115 for an initial session and \$100 for each subsequent session, I agree to provide counseling services for you. I would prefer that you pay at the conclusion of each session. Cash or personal checks are acceptable for payment. We are not able to take credit or debit cards. If for financial reasons you are unable to pay the full fee, please request an "Application for Fee Subsidy" and return it with the requested information.

Billing/Insurance Reimbursement

If you wish to seek reimbursement for my services from your health insurance company, I will complete any reasonable forms related to your reimbursement provided by you or your insurance company. You will be expected to pay co-payments at the time of your session. If you have not met your insurance deductible, it is your responsibility to pay in full for the session at the time of your session. It is your responsibility to determine whether or not your insurance company will reimburse you and to what extent you will be reimbursed. For your information, I am a Blue Cross/Blue Shield Provider for the State of Florida. You may ask me for my provider number. It is important for you to know that you will be required to give me permission to share any information with your insurance company that they need to process your claim.

Telephone Availability

Being available to you in the case of emergency is important to me. In the event of an emergency please call 941-921-0079. In the event I do not answer the phone, please leave a message and I will make every reasonable effort to return your call within 24 hours. No E-Mail address will be furnished to clients. If the situation will not allow waiting, crisis assistance can be obtained by calling Bayside Center for Behavioral Health of Sarasota Memorial Hospital at 1-800-764-8477 or 917-7760. If for whatever reason these numbers are not in service, emergency assistance can be obtained 24 hours a day by calling 911.

Vacation and Illness

I will, from time to time, be out of contact due to such things as continuing education seminars, vacations, family emergencies, etc. Counseling is a uniquely personal service and therefore therapy may be briefly interrupted. I will attempt to give you adequate advanced notice when possible. In the event that an emergency arises while I am unavailable, please call Bayside Center for Behavioral Health of Sarasota Memorial Hospital at 1-800-764-8477 or 917-7760. If for some reason these numbers are not in service, emergency assistance can be obtained 24 hours a day by calling 911.

Complaint Procedures

If you are dissatisfied with any aspect of my work, please inform me immediately. This will make our work together more efficient and effective. If you think you have been treated unfairly or unethically by me and cannot resolve this problem with me, you may contact Rev. Rick Howell, Th.M., Executive Director of Samaritan Counseling Services of the Gulf Coast at 941-926-2959. Please sign and date both copies of this form. A copy for your records will be returned to you.

Client's Signature

Counselor's Signature

Date

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