



**Informed Consent Statement**  
**Donald Ross Thompson, MS, LMHC**

Thank you for the opportunity to serve you as your counselor. This information is designed to let you know about my educational and professional background, and to ensure that you understand our professional relationship. I am committed to providing you with quality, professional counseling, and your questions or comments are encouraged.

**Education, Credentials and Experience**

I am a Florida Licensed Mental Health Counselor with a Master of Science in Psychology from Nova Southeastern University. I have worked as a counselor in Sarasota Florida for the past 30 years. I have extensive clinical experience with more than six years working in hospital settings, 18 years working to address reactive behaviors in children at the Child Protection Center, 25 years of Counseling Ministry through area churches, and the past 5 years with Samaritan Counseling Services of the Gulf Coast.

**How You Are Assisted**

Sometimes, there are traumas or tragedies that disrupt people's ability to feel good about themselves and connect with the goodness around them. This imbalance can lead to depression, anxiety, addiction and/or other self-defeating behaviors. I will seek to understand your concerns and to help you find effective ways to cope with your problems. I am interested in integrating your spiritual values and beliefs into the counseling process to the extent that you desire. Helping you find balance in mind, body, spirit and community is one of the best ways to restore your health and well-being.

It is important to realize that your active involvement in the counseling process will be the most influential contribution to your success. Your input is essential in establishing treatment goals, risks and benefits of change, the time commitment involved, and other pertinent aspects of your situation. Periodically, we will evaluate your progress and, if necessary, re-design your treatment plan, goals, and/or methods.

As with any successful intervention, there are both benefits and risks associated with counseling. Risks might include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger or frustration, or having difficulties with other people. Some changes may seem to lead to worsening circumstances in the short run, but over time, with consistent responses, improvement should be experienced.

## **Confidentiality**

I regard the information you share with me with the greatest respect, so I want to be as clear as possible about how it will be handled. Generally, I will tell no one what you tell me. The privacy and confidentiality of our conversations, and my records, are your privilege and are protected by state law and my profession's ethical principles, in all but a few circumstances. If there is a need to share information in your record, you will first be consulted and asked to sign a release of information form authorizing a transfer of information. The form will specify the information, which you give me permission to release to the other party, and will limit the time period during which the information may be released. You can revoke your permission at any time by simply giving me written notice, and it is revoked from that day forward.

There are the exceptions in which I cannot guarantee confidentiality, legally and/or ethically: (1) when I believe you intend to harm yourself or another person; and, (2) when I believe a child, elder person or vulnerable adult has been or is in danger of being abused or neglected. In rare circumstances, professional counselors can be ordered by a judge to release information. Otherwise, I will not tell anyone anything about your treatment, diagnosis, history, or even that you are a client without your full knowledge and consent, including family members. Please be aware that Samaritan utilizes Quality Control Best Practices to ensure both confidentiality and service review.

## **Explanation of Dual Relationships**

Although our sessions may be very intimate psychologically and spiritually, it is important for you to be assured that we have a professional relationship rather than a social one. Our contact will be limited to sessions you will arrange with me. I cannot accept friend requests for social media from clients. Because I desire to respect your privacy, I will not speak to you in public, unless you speak first. Because ours is a professional relationship I cannot accept gifts having monetary value.

## **Cancellation Policy**

We will schedule our sessions through our mutual agreement. **If you are unable to keep an appointment, please call my cell phone to cancel or reschedule at least 24 hours in advance. If I do not receive this advanced notice and you do not have an emergency, you are responsible for a \$75 no show or late cancelation fee. Please note that insurance companies, churches and Client Assistance Funds (CAF) do not pay for missed sessions, therefore you will be responsible for the \$75 fee.**

## **Length of Sessions**

I assure you that my services will be rendered in a professional manner consistent with the highest ethical standards. Typically, sessions are 45 to 50 minutes in duration.

### **Emails and Text Messages**

In order to protect your private health information in compliance with HIPPA, please **do not** email or text confidential information or details about therapy. Email and text will be limited to scheduling of appointments and forwarding resources as relevant. I am unable to provide therapy interventions or recommendations via email or text. If you have a question or comment in-between sessions, please call or reserve these notes for the next scheduled appointment.

### **Working with Minors and Parents**

While privacy in psychotherapy is very important, particularly with adolescents, parental involvement is also essential to successful treatment and this may require that some information be shared with parents as it relates to helping the child or teen implement our interventions and if there is a risk or danger to the child or teen. Information shared will be at the discretion of the therapist based on protecting the therapeutic relationship with the child and teenager.

If you share legal custody parental consent from both parents may be needed. Documentation to support parental custody and or signature of both parents may be requested.

### **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. Please be prepared to pay at each session with cash, personal check or credit card. Fees will be charged for bounced checks. I will provide a receipt for payment upon request. If for financial reasons, you are unable to pay the full fee, please request an "Application for Client Assistance" and return it with the requested information before your session. It is important that patient balances are paid to avoid interruption of services.

### **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/deductibles at the time of your session. **It is your responsibility to determine your insurance coverage.** As a courtesy, we are willing to file your insurance claim. 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.

### **Emergencies**

If your situation is an emergency, you should call 911 at any time of day or night. In Sarasota, crisis assistance is available by calling or going to Bayside Center for Behavioral Health at 800-764-8477 or 941-917-7760 or Coastal Behavioral Healthcare's 24-hour Crisis Stabilization Unit at 941-364-9355. In Manatee County, you may call or go to Centerstone Emergency Psychiatric Center at 941-782-4617 or Suncoast Behavioral Health Center at 941-251-5000.

**Telephone Availability**

You may leave a non-emergency message on my cell phone at 941-302-0524 during my normal business hours, from 8AM to 8PM, Monday through Friday. I will make every reasonable effort to return your call within 24 hours. Please do not call me on holidays or weekends unless you need to leave a message to cancel an appointment.

As stated above, in compliance with HIPAA regulations, I cannot respond to email or text messages containing private information; if I receive such from you I will delete it without responding or acknowledging it. Please use electronic means of communication for appointment scheduling or changes only.

**Vacation and Illness**

I will, from time to time, be out of contact due to such things as continuing education seminars, vacations, family emergencies and illness. If you want to meet with a therapist during my absence, arrangements may be made in advance or by calling the office at 941-926-2959. I will attempt to give you adequate advanced notice when possible. Please remember if an emergency arises to dial 911 or go to your nearest hospital emergency room.

**Complaint Procedures**

If you are dissatisfied with any aspect of my work, please let me know immediately. I want to provide you with the best possible counseling services. If you think you have been treated unfairly or unethically, by me or any other counselor, and cannot resolve the problem with me, you may contact Rev. Rick Howell, Executive Director of the Samaritan Counseling Services of the Gulf Coast at 941-926-2959, 3224 Bee Ridge Road, Sarasota, Florida 34239. You can submit a complaint or receive clarification of your rights from Rev. Howell.