

PARENT/GUARDIAN CONSENT FOR COUNSELING

Your son or daughter is coming in for counseling/therapy services at the Center for Physician Wellbeing (CPW). Because (s)he is under 18 years of age, parent/guardian consent is necessary for her/him to receive counseling/therapy. The purpose of this form is to provide you with information about the process and your child's rights and responsibilities regarding clinical services.

CPW Mission:

To nourish a culture of wellbeing for AdventHealth physicians, advanced practice providers, and their families through personal counseling, professional coaching, and educational programs. The CPW provides evidence-based, confidential clinical services including, assessment, treatment recommendations, counseling, coaching, and/or referrals.

Fees:

Six (6) sessions with a CPW therapist are offered at no direct cost to the physician and/or physician's family member. If more than 6 sessions are needed, a client may choose to continue with the CPW therapist for a fee of \$125 per session. Payment is due at the time of service. We accept cash, checks payable to The Center for Physician Wellbeing.

Scheduling:

Services are provided by appointment only. Therapy sessions are approximately 50 minutes. The first meeting will be an initial assessment. During the initial assessment, the therapist will help clarify the client's concerns and discuss services that are most likely to be helpful. Ongoing sessions will be scheduled based on treatment recommendations made during the initial visit.

Canceling or Rescheduling Appointments:

If you wish to cancel or reschedule an appointment for your child, we ask that you give 24 hours prior notice to avoid incurring the charge for the session. Arriving 15 minutes or more after a scheduled appointment time may necessitate rescheduling the appointment. Therefore, please call the office (407-303-9674) if you cannot arrive at your appointment time.

Childcare:

The AdventHealth CPW does not offer childcare services and we request that childcare arrangements be made prior to your appointment.

CONFIDENTIALITY

The CPW staff adhere to strict confidentiality standards in accordance with Florida Law. While your child is a minor, you have rights to discuss your child's counseling with her/his counselor. After your child becomes 18, you can have her/him give the counselor written permission to allow two-way communication between you and the counselor. If your child does not sign such a release at that time, you can communicate information to the counselor, but the counselor will not be able to confirm whether or not your child is continuing in counseling or talk to you about your child's counseling experience.

Please note that although you have rights to your child's counseling information until they become 18, it is often in the best interest of the client if their parent/guardian is only involved when requested by the client and/or counselor.

You should be aware that CPW staff may be required to disclose client information, even without consent, in the following situations:

- *When doing so is necessary to protect your child or someone else from imminent physical and/or life-threatening harm.*
- *When a client lacks the capacity or refuses to care for him/herself and such lack of self-care presents substantial threat to his or her well-being.*
- *Florida Statutes (Abuse Laws): If CPW staff knows or has reasonable cause to suspect abuse or neglect of a child, dependent adult, or elder person, a report to the appropriate authorities is required by law.*
- *When a client pursues civil or criminal legal action against the CPW or its staff or when a client makes a complaint to a Professional Board about a counselor.*
- *When a client is involved in a legal proceeding and there is a court order for the release of the client's records.*
- *Release of Information: CPW will not discuss a client's personal problems with, or release any information to, the referring individual, or anyone else, except as required or permitted by law, or as needed for professional clinical consultations without expressed written consent. Information concerning the use of CPW will not be given to anyone outside of CPW except as required by law or as described herein. Client records or information will not be made a part of the physician's personal medical staff record (except for Mandatory Referrals or Fitness for Duty evaluations).*

BENEFITS AND RISKS

Counseling has both benefits and risks. It is an active and cooperative effort involving both the client and the therapist. Counseling may result in better emotional and mental health and positive changes in behaviors and coping ability. However, through the normal process of discussing your child's personal concerns, they may experience greater emotional distress at times. Your child also may find that the positive changes that (s)he makes may result in changes in the relationships in life (e.g., developing new relationships, becoming closer or distant in relationships, or ending/losing relationships). If you or your child has any concerns about progress or the results of counseling, we encourage you or your child to discuss them with the therapist at any time.

Please sign below to indicate agreement with the following. I am the parent or legal guardian of

Minor Client's Name

Age

I have received a copy of the Center for Physician Wellbeing Parent/Guardian Consent for Counseling form. I have read and fully understand the information contained in this form. I release and agree to hold harmless the company, CPW and their staff and agents, from any action or liability arising out of participation in CPW services. I hereby give my permission to the professional staff of the CPW to engage in counseling with my daughter/son.

Name of Parent/Legal Guardian

Signature of Parent/ Date