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## INFORMATION AND CONSENT

I am pleased you have selected me as your counselor. This document is designed to inform you about my background and to insure that you understand our professional relationship.

I have a PhD from the University of Florida, with a specialization in Mental Health Counseling, Department of Counselor Education. I also have a Masters degree and a Specialist degree in Education from the University of Florida, with a specialization in Mental Health Counseling, Department of Counselor Education. I have a Bachelors degree in Telecommunication from the University of Florida. I am I have training in child and adolescent counseling, assessment, diagnosis, family counseling, play therapy, and other mental health issues. I am the author of five books on adult ADHD. You may obtain my curriculum vitae upon request.

I am an American Mental Health Counselors Association Diplomate and Clinical Specialist in Child and Adolescent Counseling. I am licensed by the State of Florida as a Licensed Mental Health Counselor. In addition, I am certified by the National Board for Certified Counselors, a private national counselor certifying agency.

I only accept clients in my private practice who I believe have the capacity to resolve their own problems with my assistance. I believe that as people become more accepting of themselves, they are more capable of finding happiness and contentment in their lives. However, self-awareness and self-acceptance are goals that sometimes take a long time to achieve. Some clients need only a few counseling sessions to achieve these goals, while others may require months or even years of counseling. As a client you are in complete control and may end our counseling relationship at any point. I will be supportive of that decision. **If counseling is successful, you should feel that you are able to face life's challenges in the future without my support or intervention.**

Although our sessions may be very intimate psychologically, it is important for you to realize that we have a professional relationship rather than a personal one. Our contact will be limited to your sessions. You will be best served if our professional relationship concentrates exclusively on your concerns.

**I will keep confidential anything you say to me, with the following exceptions: (a) you direct me to tell someone else, which must be accompanied by a signed release, (b) I determine you are a danger to yourself and others, (c) someone is a danger to you, or, (d) I am ordered by a court to disclose information.**

If at any time for any reason you are dissatisfied with my services, please let me know. I will provide you with a referral. If I am not able to resolve your concerns, you may report your complaints to the American Counseling Association at (703) 823-9800.

**The fee for any session will be due and must be paid at the conclusion of the session.** Cash, personal checks, and credit cards are acceptable for payment. You solely will be responsible for payment. If payment is not received at the end of the session, you will not be able to schedule another appointment until this fee is paid. There is a 25 dollar fee for checks drawn on insufficient funds.

**In the event you will not be able to keep an appointment, you must notify me at least 24 hours in advance. If I do not receive such advance notice, you will be responsible for paying for the entire session you missed. You will not be able to schedule another appointment until that fee is paid.**

If any third-party consultations are conducted, with and without your direct request, you will be billed a minimum of 20 minutes at a prorated 250 dollars for 1 hour. When you contract for my care, it includes the following, which is charged to your account: all services for which you have asked directly, and services that are implied in the treatment contract. For example, if I feel that if my speaking to a third party, for which you have signed a release, is beneficial to your treatment, you will be billed accordingly. **Your account will be billed regardless of whether or not you request I call, or I called on my own accord.**

Many times clients are interested in having me write letters for Social Security, or letters to other providers outside of my initial evaluation. The fee for each letter of this type is 100 dollars, including any research time and time spent writing.

**During the course of counseling, If you have further questions or you feel you have left out some important information you can always e-mail me within the 24 hours for no additional charge.** In addition, If I feel I need further clarification or more information to provide you with a helpful response I will e-mail you within the 24 hour time period with my question.

I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards. Please note that it is impossible to guarantee any specific results regarding your counseling goals. However, together we will work to achieve that best possible results for you.

If you wish to seek reimbursement for my services from your health insurance company, I will be happy to complete a form for you to submit to the insurance company. **However, I must inform you that your insurance company will take any information and file it in the Medical Information Bureau, a national registry of all your medical procedures, including counseling, for which you filed an insurance claim.** If you decide to file with your insurance, because you will be paying me each session for my

services, any later reimbursement from the insurance company should be sent directly to you. Please do not assign any payments to me.

Be aware that some health insurance companies will reimburse clients for my counseling services and some will not. Those that do reimburse usually require that a standard amount be paid by you before reimbursement is allowed, and then usually only a percentage of my fee is reimbursable. **You should contact a company representative to determine whether your insurance company will reimburse you and about what schedule of reimbursement is used. I am not responsible for any denial of payments.**

Health insurance companies often require that I diagnose your mental condition and indicate that you have an “illness” before they will agree to reimburse you. In the event a diagnosis is required, I will inform you of the diagnosis I plan to render and place on your form you submit to your insurance company. **Be aware that some diagnoses may not qualify for reimbursement.** Any diagnosis submitted to insurance companies will become a part of your permanent records, and may be reviewed by insurance staff and the Medical Information Bureau at any time. Be aware that insurance records of mental health treatment may affect your chances of employment, obtaining security clearances, enlisting in the military, and belonging to some organizations.

If family or couples counseling is conducted, and you wish to bill your insurance company, I must identify one individual as the “patient” and provide a diagnosis of that person on your receipt.

In order to speak with anyone regarding your counseling, including family members, I need a release signed by you. **I cannot release information with only oral consent.** I will provide the release forms. You can withdraw your release, in writing, at any time. If you need to sign a release outside of office time, I will fax you a release. Please be aware that I have no control of or responsibility for confidentiality procedures employed by other parties.

I am in my office Tuesdays Wednesdays. My hours are from 10am to 6pm. If you need to contact me, you may call me at (561) 212-8595. I will return your call as soon as possible. You may also reach me by email at [stephanie@stephaniesarkis.com](mailto:stephanie@stephaniesarkis.com). Please be aware that email accounts may not be secure or private. Emails will also be returned in 24 hours.

Sometimes clients want to make an urgent appointment. If you need to make an unscheduled urgent appointment, the fee is 300 dollars an hour.

**If your call is an emergency, please call 911.**

If you have any questions at any time, please feel free to ask. Please sign and date both copies of this form.

**By signing this document, you agree to all professional policies, agree to meet all financial obligations, and acknowledge having read and understood all policies herein.**

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Stephanie Sarkis, PhD NCC LMHC

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Date

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date