Lifestyle Center for Counseling & Nutrition
Treatment Policies & Procedures

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Lifestyle Center for Counseling & Nutrition would like to welcome you!
"Treatment" means that you voluntarily agree to attend regularly scheduled treatment sessions at the Center living at your home and continuing with regular activities such as work or school. Our goal is to assist you in addressing your concerns in a professional and caring manner by offering a safe therapeutic environment. It is also our objective to provide a positive counseling experience to facilitate the change your need for achieving a higher level of functioning.

Types of Treatment

At the initial intake session and at different points in treatment, you and your therapist may discuss potential benefits of increasing or changing the type(s) of treatment you receive. The types of treatment offered at the Center include the following:

Individual Psychotherapy: regularly scheduled therapy sessions grounded in psychological theory to address your current distress or concerns, related mood and behaviors.

Family Psychotherapy: regularly scheduled sessions for you and your partner or family members to facilitate positive changes in how you and your family cope, communicate and relate with each other.

Group Psychotherapy: weekly therapy groups designed to lessen your sense of isolation and gain support to make positive changes.

Referrals for Nutrition Therapy: regularly scheduled sessions to develop skills for healthy eating and to improve your relationship with food.

Referrals for Psychiatric Consultation: regularly scheduled sessions for medication evaluation and medication treatment plans.

Referrals for Medical Examination, Care and Testing: Lifestyle Center for Counseling & Nutrition believes in the importance of physical health as well as emotional health. It is our policy that all clients are followed by a medical doctor as part of their treatment.

If my therapist recommends a physical evaluation or ongoing physical exams/lab work by my physician to rule-out possible medical problems and to ensure that I am in good physical health, I agree to comply with this recommendation. I also understand that non-compliance of the above recommendations may result in discontinuation of services or referral to a higher level of care outside of this outpatient setting.

Client Bill of Rights

1. You have the right to be treated with dignity and respect.
2. You have the right to make complaints and to have complaints heard and adjudicated promptly.
3. You have the right to practice the religion of your choice or to abstain from religious practices.
4. You have the right to participate in the development and review of your treatment plan.
5. You have the right to receive treatment in the least restrictive setting within the clinic or facility necessary to accomplish the treatment goals.
6. You have the right to be discharged from treatment as soon as you no longer need care or treatment.
7. You have the right not to be subjected to any harsh or unusual treatment.
8. You have the right to refuse medication.
9. You have the right to know about the training, education, and qualifications of your treatment Provider(s).

Confidentiality/HIPPA Rights (please read carefully)

All information provided by you is considered privileged unless you specifically sign a ***Release of Information Form.*** Information shared with your therapist will not be disclosed to anyone outside the Center's professional staff without your written permission, except when: 1) doing so might result in physical harm to yourself or others, 2) case records are subpoenaed by a court of law, or 3) child or elder abuse is suspected which must be reported as required by Florida law. In the event my therapist considers my behavior to be harmful, I understand the necessary steps for informing included telling the appropriate people involved (e.g. guardians for minors of potential victims) about my plans to assure that no one comes to harm. If I am under the age of 18 years, my parents may be informed about my treatment; which would involve communication about general information related to my progress in treatment.

Treatment Planning

I give my consent to treatment at Lifestyle Center for Counseling & Nutrition. I agree to participate in creating and maintaining my treatment goals and plan for care, and understand my treatment plan may be modified as my treatment progresses. I understand that it is difficult to predict the duration of therapy, and that treatment length for different issues and goals will become a part of my course for therapy, and may be adjusted depending on my current circumstances.

Payment Policy

I agree to pay fees at the time of service unless I have arranged a payment plan with the clinician. I understand treatment may be suspended until an outstanding balance is paid or an alternative payment plan is arranged if I do not pay for two consecutive sessions.

I agree to pay a $25 service fee for insufficient funds (returned check), and thereafter to pay all services by cash or money order. Therapists do not have change for cash payments. When paying cash, I will pay the exact amount. If I overpay, I may establish credit toward the next session.

Fees

$175 Individual Therapy Session- 1 hour
$195 Family or Couples Session- 1 hour
$50 Group Therapy Session- 1.5 hours per week as scheduled
$50 Report/Letter Request Writing- ($50 per report/letter)

Cancellation of Sessions

I understand that if I miss two or more appointments without cancelling 24 hours prior, the Centers' duty and obligation to me is cancelled. I understand if I cancel an appointment less than 24 hours prior, I will be billed the full session fee. I agree to pay in full for all appointments canceled with less than 24 hours' notice unless it is a legitimate emergency to be decided by my therapist. We do not have a 24 hour emergency answering service. Therefore, we will try our best to return non-emergency messages within 24 hours. In case of a true emergency, call 911.

Consent for Email Correspondence

As you know, email correspondence poses the risk, not only of your email address being visible on the Internet, but also the content of your message and the possibility of a computer virus. Also we cannot assure that your friends, family etc. are not reading the email correspondence you receive from our office, which is out of our control. We maintain anti-virus software on our computers and make every effort to keep your information confidential.

Additionally, this is not a crisis-oriented method of communication and we do not use email in an emergency. If you experience an emergency after hours; call 911 immediately. Once the situation is stabilized, please contact us during working hours. Thank you for your understanding.

By signing below, I acknowledge and agree to the above treatment policies and procedures as a participant of Lifestyle Center for Counseling & Nutrition services.

____ ______________________________
Signature of Client/Parent or Legal Guardian Date

____ ______________________________
Signature of Client (For couples, both need to sign) Date

____ ______________________________
Staff Signature Date