



MENTAL HEALTH AGREEMENT

To make it easier for you to access and benefit from therapy, please read the following information below and then sign on the last page agreeing to the terms and return upon intake.

PHILOSOPHY

My philosophy of counseling is holistic (involving mind, body, and spirit) and incorporates various therapeutic approaches geared to the needs of the client. I believe that clients have the right to therapeutic choice and self-determination. This means that clients get to decide for themselves what goals they will pursue in counseling. If I am not the best counselor to support a client's goals, I will make every effort to provide multiple referrals to assist a client in finding help. Ultimately, I believe that most people want to experience joy and peace in their lives and relationships. This belief permeates all counseling & consulting approaches.

I think of myself and the counseling process as a GPS navigation system. Essentially, you have an idea of the address you wish to take. As the counselor, I am not here to offer advice. What I am here to do is provide observations as well as pose questions that will guide and assist you in finding the best possible direction. The foundation from which I work is an integrative strengths-based solution-focused approach.

PROFESSIONAL DISCLOSURE STATEMENT

I am licensed by the state of Missouri as a Licensed Professional Counselor (LPC), 2021018465, and board-approved clinical supervisor. I am licensed by the state of Kentucky and Ohio as a Licensed Professional Clinical Counselor Supervisor (LPCC-S), E.2102450-SUPV, 280714. I am licensed by the state of Texas as a Licensed Professional Counselor, 89126. I am a National Certified Counselor (NCC), 834751, as well as a Board Certified-TeleMental Health Provider, BC-TMH-3907, and hold a Doctorate in Philosophy in Counselor Education and Supervision from the University of Cincinnati as well as a Master's degree in Clinical and Mental Health Counseling from the University of Dayton. My counseling practice is limited to individual counseling serving teens, adolescents, young adults, and adults ranging in age from 16-45 years of age. This includes but is not limited to high school, collegiate, and professional athletes, coaches, teams, and adults. My areas of competence are holistic (bio, psycho, social, environmental), diagnosis and treatment of mental and emotional disorders, anxiety, performance anxiety, depression, grief, transition in and out of sport, adjustment, identity, career counseling, sports counseling, multicultural and multiracial counseling, and telemental health counseling.



CONFIDENTIALITY

I take the issue of confidentiality very seriously. As mandated by the American Counseling Association (ACA) Code of Ethics, it is your right as a client, and my responsibility as a professional counselor, that anything discussed in our sessions be kept private. Your record is confidential, and no information about you or the services that you receive will be released without your written permission. Developing Me! Counseling & Consulting and Dr. Brittany L. Collins, Ph.D., LPCC-S (KY, OH) LPC-S (MO), LPC (TX), BC-TMH, NCC may release certain information without your authorization under the following circumstances:

1. **Upon receipt of a court order;**
2. **In the event of a valid emergency or threat of bodily harm to self and/or others;**
3. **If there is evidence to suggest that abuse/neglect of a child or an elderly person has occurred.**
4. **I need to consult with a colleague or supervisor regarding diagnosis, treatment, or ethical issues.**

You may release me, in writing through an **Authorization of Release**, to exchange information with a third party.

In these instances, only the minimal information necessary will be shared, and “Counselors protect the confidential information of prospective and current clients. Counselors disclose information only with appropriate consent or with sound legal or ethical justification,” as stated in the American Counseling Association Code of Ethics (B.1.c).

All confidential client information and files are kept in a secure location.

Emails and texts are not guaranteed confidential methods of communication. If you choose to email or text me, please limit the details to appointment issues. For reasons of confidentiality and ethical considerations, **it is my policy to not use or accept social media requests to connect or communicate with clients.**

PHONE CALLS

Phone calls are acceptable yet should be used as a last resort and not as a means of dealing with a crisis. For crisis situations, clients are encouraged to go to the nearest hospital, call 9-1-1, call 9-8-8, or the local crisis care hotline (see crisis situations below)



E-MAIL

To protect your confidentiality, we should use e-mail sparingly (such as changing appointments, etc.). Occasionally, clients feel it's helpful to put their thoughts and feelings in writing to share their experiences outside of sessions. Because e-mail confidentiality cannot be fully guaranteed, I encourage clients to journal and bring those written thoughts into their sessions (if they feel comfortable doing so). I prefer not to engage in a therapeutic discussion over e-mail.

TEXTING

Like email, texts can potentially be read by a third party, and confidentiality cannot be guaranteed. If you are running late to an appointment or need to change an appointment, texting is an acceptable means of getting in touch with me.

CRISIS SITUATIONS

Given the nature of private practice counseling, I may not be available to you in the case of a crisis. I encourage you to contact either Crisis Care at (937) 224-4646 (Ohio), 888-761-4357 (Missouri), 888-239-5775 (Teens-Texas), Call for Resources at 972-525-8181 (Texas), or in the case of an extreme emergency, please dial 911 or 988 for mental health emergencies. Mental health crisis, please call Lifeline at 1-800-273-TALK (8255).

This information is required by the Counselor, Social Worker, & Marriage, and Family Therapist Board, which regulates all licensed and registered counselors and social workers.

The Kentucky Board of Licensed Professional Counselors, PO BOX 1360 Phone: (502) 564-3296
Frankfort, KY 40601

The Missouri Counselors Board, 3605 Missouri Blvd, Jefferson City, MO 65109

The Ohio Counselor, Social Worker & Marriage and Family Therapist Board, 77 South High Street, 24th Floor, Room
2468, Columbus, Ohio 43215-6171

Texas Behavioral Health Executive Council, 333 Guadalupe St., Ste. 3-900, Austin, Texas 78701, (512) 305-7700
Investigations/Complaints 24-hour. toll-free system (800) 821-3205

Consent to Treatment/Mental Health Agreement, page 3 of 5



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— counseling & consulting —

RATES AND PAYMENT INFORMATION

Initial Assessment (First Appointment):	\$200.00 (typically 60-90 minutes session)
Traditional Individual 50-minute session:	\$150.00 per standard session
15–30-minute session:	\$75.00
60–90-minute session:	\$200.00
Individual Athlete, Parent, Coach, Professional Consultation session 60-minute session:	\$200.00
Team Talk group session: 1-hour session (10-12 participants)	\$500.00
Supervision:	\$80 for individual \$120.00 per hour for group (2-3)

Payment must be made at the time of service.

*If this rate does not fit in your budget, a **Sliding Fee Scale** is available and may be provided upon request.*

Rates are reviewed each year and are subject to increase with 30 days' notice.

PAYMENT RESPONSIBILITY

It will be your responsibility to pay for services at each session. Cash, all major credit cards, and HSA cards are accepted for payment. Payment is typically made at the end of each session. Your therapist will discuss payment and explain the payment process in your initial session. Monthly payment options are available for individuals paying in advance. Please contact us at any time if you have questions about payment or would like to make alternative payment arrangements.

All clients are required to keep a credit card and signature on file authorizing charges for services rendered and/or late cancellation fees as agreed upon in this document. **Please see the Financial Agreement and Credit Card Authorization Form.**



CANCELLATION

You may find that you need to cancel an appointment due to unforeseen circumstances. **We ask that you cancel or reschedule your appointment at least 24 hours in advance** of your scheduled start time to avoid being charged the fee for that appointment. **No-shows and same-day cancellations will be charged FULL FEE.**

DIAGNOSIS

Some clients come to counseling for common problems in life and difficulty working through a transition, while others struggle with diagnosable conditions such as depression and anxiety disorders. Receiving a diagnosis can be helpful for clients since it can give a name to what they are experiencing, but it can also be concerning or confusing. If you receive a diagnosis from me, I will make every effort to provide education and resources so that you feel empowered throughout the treatment process. **Insurance companies require a diagnosis prior to reimbursement.**

QUESTIONS ABOUT INSURANCE?

We do not accept insurance. However, we will provide the information you need to submit claims yourself. Please let your therapist know if you need documentation to file an insurance claim before the start of services.

Thank you for choosing me and Developing ME! to work with you during this important time in your life.

I have read and agree to the above statements and give my consent to treatment by signature below.

Signature of Client: _____

Client's Printed Name: _____

Date: _____