



INFORMATION AND CONSENT FOR ASSESSMENT AND TREATMENT

Name _____

Date of Birth _____

OFFICE COPY

Services Provided

The type and extent of services that you will receive at Magna's Haven, Inc. will be determined following an initial assessment and thorough discussion with your counselor. The goal of the assessment process is to determine the best course of treatment for you. The assessment will be conducted by a licensed professional. You have the right to obtain license information for verification purposes.

Upon review of the assessment, a treatment plan will be designed with you in order to measure the best outcome possible. During sessions, you may receive varied therapeutic approaches. Psychotherapy can have both risks and benefits. Psychotherapy may elicit uncomfortable thoughts and feelings. However, psychotherapy can also lead to better interpersonal relationships, improved academic performance, solutions to specific problems and reductions in your feelings of distress. There is no assurance of these benefits.

Notice of Privacy Practices

In keeping with ethical standards of our professional staff as well as state and federal law, all services provided by Magna's Haven, Inc. and all information shared with the clinician(s) is confidential. No information will be released without your consent. Access to client records by selected providers and vice versa is done only on a need to know basis for purposes of collaborative care (e.g., referral for medication, evaluations for eating disorders, etc.). In all other circumstances, consent to release information is given through written authorization by you or your legal representative. Verbal consent for limited release of information may be necessary in special circumstances. There are specific and limited exceptions to this confidentiality which include the following:

- When there is risk of imminent danger to you, myself or to another person, the clinician is ethically bound to take necessary steps to prevent such danger.
- When there is suspicion that a child or elder is being sexually or physically abused or neglected or is at risk of such abuse/neglect, the clinician is legally required to take steps to protect the child, and to inform the proper authorities.
- When a valid court order is issued for medical records, the clinician and the agency are bound by law to comply with such requests.
- If you consent to participate in **telehealth** counseling, the same information will be required of you just as a face to face onsite session. Identifying information includes your name, e-mail address and telephone number.
- You will be required to download an application as it is a HIPAA compliant application that will allow you to participate in a confidential video conference. An invitation link will be provided to you prior to your session. If the application is not compatible with your device, other options will be discussed in order to continue your counseling.

Appointment Accountability

Magna's Haven, Inc. utilizes a text messaging appointment reminder service as well as an email confirmation. This is a generic message that you have an appointment and to acknowledge that you will be keeping the appointment or

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need to cancel. You must have text service to receive this message. If you wish to opt out, you'll need to respond "stop" to the text message.

Please arrive on time for your appointments. Missed appointments reduce our capacity to provide services to you and other clients. If you are unable to keep your appointment, please call to cancel as far in advance as possible. No-showing or canceling appointments with less than 24 hours' notice more than two times may result in a \$15 incurred fee. In the event of a cancellation or no-show, you are responsible for confirming or scheduling your next appointment.

Disability Accommodation Assistance

Please advise your clinician prior to appointment if disability accommodations are needed. Magna's Haven, Inc. will make appropriate arrangements to try and accommodate you as best as possible.

If you have any questions regarding this consent form or about the services offered at Magna's Haven, Inc., you may discuss them with your therapist.

I have read and understand the above information, including the notice of privacy practices. I consent to participate in a comprehensive initial assessment which will result in an individualized treatment plan. This may include referral to group therapy, case management, workshops, brief individual therapy, referral to community agencies and more. I understand that I may stop treatment at any time.

PRINT NAME of Individual or Legal Representative

SIGNATURE of Individual or Legal Representative

DATE

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