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Informed Consent and Service Contract

1. I am voluntarily seeking mental health counseling for myself and/or my minor child. Counseling is expected to be beneficial and effective, but there is no guarantee. The first few sessions will involve gathering information, assessing, identifying problems, and setting goals. Future sessions will address attaining goals and issues that arise between sessions.
2. **Appointments & Fees**
 - A. Sessions are scheduled for 45 minutes by appointment.
 - B. **Service charge for appointments missed or canceled with less than 24-hour notice: \$60**
 - C. Professional services not covered by insurance (i.e. reports or summaries of treatment, consultation with other professionals, school observations, lengthy email / phone communications): \$120/hour.
 - D. Legal proceedings (professional time, preparation, transportation), even if therapist is called to testify for another party: \$250 per hour, 4-hour minimum, plus therapist's legal fees if legal counsel is deemed necessary.
 - E. **I am responsible for ALL charges incurred.** If a third party is needed for collection, name and demographic information may be disclosed, but health information will remain confidential.
 - F. **Credit card information is to be provided on ADDENDUM form.**
3. **Method of Payment:**
 - A. **Self-pay** \$120/session
Requires no mental health diagnosis
Highest level of confidentiality
 - B. **Health Insurance**
Requires a mental health diagnosis that will become part of my medical record
Creates a permanent record of treatment
May require financial responsibility in the form of deductible, copay, coinsurance
Confidentiality extends to third party payer
 - C. **EAP** #of sessions _____
Benefit provided by the employer
No financial responsibility
Limited number of sessions for assessment/referral and/or short-term problem resolution
May require mental health diagnosis
Confidentiality extends to third party payer
 - D. I authorize the therapist to provide the insurance company with all information needed to process claims.
 - E. I am responsible for ALL charges incurred, including charges not covered by insurance.
 - F. Payment is due at time of service.
4. The therapist does not accept cases that involve disability or "return to duty" status.
5. **Social Media:** Therapist maintains professional boundaries by not accepting "connection" requests.

