

**Christie Castner, LMFT**  
**Beaches Counseling & Therapy, LLC.**  
**2380 3<sup>rd</sup> Street South Suite #2, Jacksonville Beach, FL 32250**  
**904.853.3300**

## **Treatment Agreement**

Welcome to Beaches Counseling & Therapy. This document contains important information about my professional services and policies. This document is intended to clarify in writing some of the issues we may have already discussed verbally that need to be brought to your attention regarding our professional relationship. Please read it carefully and jot down any questions you might have so that we can discuss them. When you sign this document, it will represent an agreement between us.

In my work I have found that it is best to specify as well as possible the form and content of our relationship by making a mutual agreement that you may receive the service you desire. It is my assurance that I am aware and respectful of your basic rights as a consumer and that I will respond to your needs in the most highly ethical manner, according to the standards of care for my profession, marriage/family counseling. By clarifying the services I have to offer, as the person to be treated, you may best judge whether you desire or are satisfied with them. I remain personally and professionally committed to providing you with the highest quality of services.

## **Client Rights**

1. To participate voluntarily in treatment with your therapist and to terminate at any time without penalty.
2. To understand that “treatment” could include individual, conjoint, family therapy for up to 50 minutes (a therapy hour), conducted by your licensed therapist with no absolute guarantee of your desired results by your therapist.
3. To participate with your therapist in exploring your goals as a client and developing a treatment plan, which will include the benefits and risks associated with the particular approach to therapy.
4. To have information available to you regarding your therapist’s professional license and credentials as well as access to the ethical guidelines or “Standards of Practice” in Marriage and Family Therapy. Your therapist is licensed under Florida Statue 491 of the Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling of the Agency for Health Care Administration in Tallahassee, Florida.
5. To be aware that your therapist works as an independent contractor who rents space from other licensed professionals at 4400 Marsh Landing Blvd, Ponte Vedra Beach.
6. To understand that your therapist may at times seek clinical supervision from other qualified psychotherapists, and you are guaranteed that only the facts involving your case will be discussed.
7. To have all records and other information concerning our involvement with this office held in strict confidence and all communication with your therapist privileged, which means that no information is ever to be released to a third party without your written permission. Certain exceptions are explained in the “Confidentiality in Therapy” section, and are; clear and imminent danger to yourself and others; in child abuse elder abuse and neglect cases;

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therapist's subpoena or court order, if you carry an infectious or communicable disease (e.g. AIDS); insurance/third party billing, or if there is a medical emergency.

## **Confidentiality in Therapy**

I will treat what you tell me with great care. My professional ethics and the laws of this state, Health Insurance Portability and Accountability Act (HIPAA) prevent me from telling anyone else what you tell me unless you give me written permission. But I cannot promise that everything you tell me will never be revealed to someone else. There are some times when the law requires me to tell things to others. These are the exceptions to confidentiality:

- 1) **When you are other persons are in physical danger**, the law requires me to tell others about it. Specifically:
  - a) If I come to believe that you are threatening serious harm to another person, I am required to protect that person. I may have to tell the person and the police, or perhaps try to have you put into a hospital.
  - b) If you seriously threaten to act in a way that is very likely to harm yourself, I may have to call on family members or others who can help protect you, seek a hospital for you, or for police assistance to transport you to a hospital.
  - c) In an emergency where your life or health is in danger, and I cannot get your consent, I may give another professional some information to protect your life. I will try to get your permission first, and I will discuss this with you as soon as possible afterwards.
  - d) If I believe or suspect that you are abusing a child, an elderly person, or a disabled person I must file a report with the State Abuse Registry. To "abuse" means to neglect, hurt, or sexually molest another person. I must also file a report with the state, if a child states that he/she is being hurt.
  - e) In any of these situations, I would reveal only information that is needed to protect you or the other person. I would not tell everything you have told me.
  
- 2) In general, **if you become involved in a court case proceeding**, you can prevent me from testifying in court about what you have told me. However, there are some situations where a judge or court may require me to testify:
  - a) In a child custody or adoption proceedings, where your fitness as a parent is in question or doubt.
  - b) In cases where your emotional or mental condition is important information for a court's decision.
  - c) During a malpractice case or an investigation of me or another therapist by a professional group.
  - d) In a civil commitment hearing to decide if you will be admitted to or continued in a psychiatric hospital.
  - e) When you are seeing me for court-ordered evaluations.

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- 3) There are a few other things you must know about confidentiality and your treatment:
  - a) I may occasionally find it helpful to consult with other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential.
  - b) I am required to keep records of your treatment, such as the notes I take when we meet. You have the right to review these records with me. If something in the record might seriously upset you, I may leave it out, but I will fully explain my reasons to you.
  
- 4) Children and families create some special confidentially questions:
  - a) If you are under the age of eighteen, your parents may have a legal right to see your treatment records. Under most circumstances I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. Before giving parents information, I will discuss the matter with you if possible, addressing any objections you may have.
  - b) If you and your spouse have a custody dispute, or a court custody hearing is coming up, I will need to know about it. My professional ethics prevent me from doing both therapy and custody evaluations.
  - c) If you are seeing me for marriage counseling, you must agree at the start of treatment that if you eventually decide to divorce, you will not request my testimony for either side.

## **Contacting Me**

I am often not immediately available by telephone. You may leave a confidential voicemail message at any time. I will make every effort to return your phone call in a timely manner, however let it be noted that I do not make or accept phone calls and/or texts outside of business hours, weekends or holidays. My office is NOT listed as a Crisis Center and does NOT have a 24-hour answering service. If an emergency arises and immediate treatment is needed you are advised to go to your nearest emergency room or dial 911 from your telephone.

Phone calls made during business hours are only dedicated to scheduling/cancelling appointments. If you feel that you need to speak to me about an issue and it cannot wait until your scheduled appointment time, phone calls can be scheduled based on schedule availability and at a fee per every 15 minutes.

## **Client Responsibilities**

As a client/consumer, I have carefully read over and signed all of the policies regarding financial responsibilities, making, keeping and cancelling appointments with this therapist and this agreement.

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## **Consent and Authorization for Treatment**

I consent to and authorize the assessment and/or treatment I will receive as a client of Christie Castner, LMFT, Beaches Counseling & Therapy. I have read the policies of this office and received a copy of them. I understand these rules and policies and agree to follow them.

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Signature of client (or guardian of client)

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Date

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Signature of therapist

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Date