

Linda Piantieri, MA, NCC
Licensed Mental Health Counselor Licensed Marriage & Family Therapist
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Counseling Agreement

You have made an important decision. In an effort to promote a trusted and productive counseling relationship, the following information is provided for your understanding and consent.

Counseling is sometimes an intense but rewarding experience. Clients are in charge of their own experience and are encouraged to work in a collaborative relationship towards the resolution of mutually agreed upon goals. Clients will work with this provider to determine the best setting to address the identified areas of concern (via individual, marital or family therapy sessions).

Confidentiality

Your care and all counseling sessions are completely confidential. This has been deemed so essential to the counseling relationship that a breach of your right to confidentiality by a therapist is both unethical and illegal. Your private information will not be discussed with anyone unless all the parties involved in the counseling sessions agree in writing to such disclosures. There are a few circumstances when I am required to breach your confidence. They are as follows:

1. If I believe you or another person is in imminent danger I may need to take action to protect an individual's life that I feel may be in danger. This may include contacting law enforcement, a hospital, family member or the intended victim.
2. If abuse or neglect of a child, elderly person, or disabled person is suspected, I am required by law to report any pertinent information to the appropriate division of law enforcement or children and family services.
3. If I receive a legally binding Court order for records, deposition or testimony, I am required to comply.

In addition, if you are using your insurance as a form of payment or reimbursement I am required to provide them with information they may need to make decisions about continued care or payment.

In order to ensure the best possible care is provided, it is common practice and my policy to consult with other mental health professionals. In these instances, identifying information is kept to a minimum and confidentiality extends to other professionals collaterally consulted.

Fees

My fees are as follows;

90791: Initial assessment (50 minutes*) \$175.00

90834: Individual Therapy (50 minutes*) \$125.00; 90837: (70 minutes) \$175.00

90846/47: Family Therapy (50 minutes*) \$150.00; 70 minutes \$210.00

* All times are plus or minus 7 minutes.

