

Seeking family counseling of 2 or more people

When families seek counseling services we will identify one member of the family as the “identified patient” whose name the file will be under. This allows for us to bill for services with that person’s insurance plan. That person will be the person to complete the documents in our Electronic Health Record (EHR) called TherapyNotes. Depending on the makeup of the family (ex: ages of children, multiple adults, etc.), we may also e-mail forms to other family members to complete and e-mail back to be added into the file.

Here are the forms to complete and how we use this information:

- Client information form- This includes basic demographic information about the main person seeking counseling and will be the basis of the clinical file. Please include the full legal names and include how you would like to be addressed in the Preferred Name section (ex: by a nickname).
- Emergency & Other Contacts Form- This is where you will list the other family members who will be part of the counseling process, including their legal names and other contact information. In this section you will also identify who is financially responsible for counseling services, as well as list emergency contacts that will be used in case of emergency for any members of the family during an in-person or telehealth session. You may add others to this list, including additional emergency contacts for specific family members as well as physicians or psychiatrists. If more information is needed by your therapist from someone you list, a separate Release of Information form will be filled out by you to detail the information that can be shared.
- Consent For Services Form - This form helps you understand clients’ rights, your counselor’s rights and responsibilities, and an overview of the psychotherapy treatment process, and policies of our practice.
- Privacy Practices/ HIPAA form- this spells out your right to privacy and confidentiality, as well as limits to confidentiality. Please note that seeking counseling services with other people may impact who has access to a record.
- Payment Authorization Form & Insurance Release- this form details payment through insurance, self-pay or another method, and lists the costs of treatment.
- Client History Form- This form allows you to share information about what brings you to counseling at this time, as well as relevant history that will provide your therapist with a comprehensive understanding of important factors and allow for your best care. Please complete this as fully as possible, or write in if you desire to discuss certain sections with your counselor during your session.

Often the above information is also sent to other family members as well (ex: other adults participating in counseling treatment) to fill out and send back to be added into the file, including the Consent for Services Form & Privacy Practices/ HIPAA form. If appropriate, the front desk or your therapist may ask for these additional forms to be completed.

If you run into any questions while completing your paperwork, please give us a call at the front office by calling (407) 644-4692. We would be happy to walk you through what is needed or check to make sure that everything is uploaded properly.

What happens next? Once we see that all of your paperwork above is complete, we will call you to schedule your first session.

Want to learn more about LCS?

- Check out our staff here: <https://lcsfl.com/who-we-are/staff.html>
- Check out our story before you share yours: <https://lcsfl.com/who-we-are/>
- Check out a list of resources for a variety of topics and populations: <https://lcsfl.com/news-resources/resources.html>