

**LOVING THERAPY**

**LISA LOVING, LMHC, P.A.**

Licensed Mental Health Counselor

FL # MH16028

(954) 906-7540

**CONFIDENTIALITY**

This agreement of treatment is and always will be HIPPA compliant. All information discussed between the client and counselor will be confidential. Confidentiality applies to all information with the exception of disclosure of imminent danger to self or others. Such danger falls under the disclosure of suicidal intent or action, homicidal intent or action, child abuse, abuse of one incapable of defending self such as the elderly and disabled. Imminent danger is left to the counselors professional determination and discretion. Lastly, confidentiality may be breached in the event of disclosure of information pertinent to a current and ongoing legal investigation.

**AGREEMENT TO TREATMENT AND SERVICES**

The individual/client who has sought out the services from Lisa Loving, LMHC agrees to receive counseling services to include professional mental health counseling, that which includes a diagnostic assessment, treatment plan, and various types of interventions including crisis intervention all falling under the evidenced based orientation of Cognitive Behavioral Therapy appropriate to fit the needs of the individual. Based convenience and appropriate needs for the client, he or she agrees to receive therapy via phone sessions, face-time sessions (skype, what's app, video call, or a guaranteed HIPPA compliant tele-counseling app) regardless of confidentiality risk, as counselor agrees to ensure privacy and confidentiality within her control.

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Therapist signature & Date. Printed Name

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Client's Signature & Date. Printed Name

If client is a minor: Parent or Guardian's Signature \_\_\_\_\_