

# iCTherapy, LLC.

14 EAST WASHINGTON STREET #200  
ORLANDO, FLORIDA 32801  
WWW.ICTHERAPY.NET  
[[elange@ictherapy.net](mailto:elange@ictherapy.net)]  
407-489-5513

## Informed Consent

*Please Read Carefully*

### Benefits

Counseling can have many benefits. It can help you learn to communicate better in your relationships, feel more connected to the important people in your life, create a sense of hope and direction in your life, relieve feelings of frustration, depression, or anxiety. It can help give you the tools to change your thinking, behavior and feelings to create positive outcomes in your life. You determine the nature and amount of change you wish to make.

### Risks

In counseling, major life decisions are sometimes made, including decisions involving separation with families, development of other types of relationships, changing employment settings and changing lifestyles. The decisions are a legitimate outcome of the counseling experience due to an individual's calling into question many of their beliefs and values. Furthermore, symptoms may be intensified, and the emotional experience may be too intense to deal with at times. I will be available to discuss any of your assumptions or possible negative side effects in our work together.

### Records

iCTherapy, is required by law to maintain records of each session or phone conversation. These records include a brief synopsis of the conversation along with any observations or plans for the next meeting. A judge can subpoena your records for a variety of reasons, and if this happens, iCTherapy, must comply. Also, to file for insurance reimbursement, a diagnostic code must be assigned to you, should you have further questions please let us know.

### Confidentiality

With very few exceptions, the information discussed during your therapy session and all documentation (written or in any other medium) is kept private and confidential. **Some very important exceptions to this rule are: If there is a court order for the therapist to appear, or to produce the client's chart. If your insurance company is involved, some information will be given after you sign the release of information part off the insurance form. If the therapist learns that there exists a serious threat to any person, including yourself. If there is evidence or suspected child, dependent adult or elder abuse.**



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## Time

Sessions are booked in 60-minute intervals, starting on the hour or half-hour. You will be notified when there are 5 minutes left in the session. Please be advised that we will need to end on time because there are typically other appointments scheduled after your appointment.

Page | 2

## Methods of Contact

On occasion, there may be a need to have contact outside the normal 55-minute session. For your convenience, you can contact your therapist through email or phone. To protect confidentiality, IC Therapy, requests email only to be used to schedule or confirm appointments since it is not a secure way to communicate. If your therapist is not available to take your call, or if it is after hours, please leave a voicemail message and your therapist will get back to you within 24 hours. If you have an emergency, please call 911.

## Fees

iCTherapy, cash pay rates are as follows:

- Individual session: \$100.00
- Couple session: \$120.00
- Family session (more than two people): \$120.00

A 30-day notice will be given of any changes to fees.

If you are unable to afford these fees, please feel free to discuss the sliding scale.

Other fees you may be charged is your copay for insurance. Please contact your insurance provider for additional information regarding copays, deductibles, and out-of-pocket maximums as this will affect how much you are charged.

Note: all fees will be deducted from your card on file within 24 business hours of your session, or 24 business hours from response to claims made to insurance. You will not be notified prior to billing. These debits to your card on file will reference Grow Therapy as they are the billing partner for iCTherapy.

## Insurance

Currently, iCTherapy, accepts most insurance as payment. Please reference your booking link for additional information regarding current in-network insurance providers. However, if your insurance company is not listed and you are able to obtain reimbursement for out-of-network service, we will provide you with the necessary forms each month that you can submit to your insurance company. The amount of reimbursement and the amount of any co-pays or deductible depends on the requirements of your specific insurance plan. You should be aware that insurance plans generally



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limit coverage to certain diagnosable mental health conditions. You should also be aware that you are ultimately responsible for verifying and understanding the limits of your insurance coverage. Although iCTherapy, may be willing to assist your efforts to seek insurance reimbursement, we are unable to guarantee whether your insurance will provide payment for the services provided to you. Please know that for the sake of determining insurance coverage, the services rendered will be Outpatient Mental Health, and your therapist's license is an LMHC. Please discuss any questions or concerns that you may have about this with your therapist.

Page | 3

## Cancellation Policy

Please provide as much notice as possible if you cannot make your appointment. Voice mail is available 24 hours a day to receive messages. If you do not provide at least 24-hour notice of a cancellation, unless due to an emergency or illness, you agree to pay the cancellation fee (\$30.00).

## Ending Therapy

Your participation in therapy is voluntary and you have the right to end therapy whenever you want. However, if you decide to exercise this option, we encourage you to talk with your therapist about the reason for your decision in a counseling session. We ask that you allow for one final session for us to have an ending together, to review what we've done,

and to offer feedback to each other. Likewise, at our discretion, iCTherapy reserves the right to end our therapy work together. Should this happen you will be provided with appropriate referrals, for reasons including, but not limited to, failure to participate in therapy, conflicts of interest, untimely payment of fees, or an inappropriate fit between our services and your needs.



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## Signature Page

### Informed Consent Form

Page | 4

**I/we have read, understand and agree to the information and policies described in the Informed Consent Form.**

**I/we have read, understand and agree to the cancellation policy.** I/we understand that if I/we miss a scheduled session and I/we do not provide at least 24 hour notice or if the absence is not due to an emergency or illness, I/we agree to pay the cancellation fee.

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\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Elange Guerrelus LMHC,  
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