



# My Counseling Connections

Making Powerful Connections For Clarity, Healing and Transformation

817 S University Drive Suite #121, Plantation, FL 33324

CELL: (954) 839-0106 FAX: (954) 374-6274

[tammy@mycounselingconnections.com](mailto:tammy@mycounselingconnections.com)

[www.mycounselingconnections.com](http://www.mycounselingconnections.com)

## New Client Information

DATE: \_\_\_\_\_  
NAME of Client: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
GUARDIAN NAME IF CLIENT IS UNDER AGE 18: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
CLIENT ADDRESS: \_\_\_\_\_  
HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_ WORK PHONE#: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
REFERRED BY: \_\_\_\_\_

### PERSONAL INFORMATION:

OCCUPATION: \_\_\_\_\_ PLACE OF EMPLOYMENT/SCHOOL: \_\_\_\_\_  
WORK/SCHOOL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
MARITAL STATUS: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_ Other

EMERGENCY CONTACT: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

### SPOUSE INFORMATION:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ PLACE OF EMPLOYMENT/SCHOOL: \_\_\_\_\_  
WORK/SCHOOL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
INSURANCE NAME: \_\_\_\_\_ ID# \_\_\_\_\_ GROUP# \_\_\_\_\_  
INSURANCE PHONE # LISTED ON CARD: \_\_\_\_\_ ARE YOU THE PRIMARY CARD HOLDER? Y/N  
PRIMARY CARD HOLDER NAME: \_\_\_\_\_ PRIMARY CARD HOLDER'S DOB: \_\_\_\_\_  
PRIMARY CARD HOLDER'S ADDRESS: STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PRIMARY CARD HOLDER'S EMPLOYER/SCHOOL NAME: \_\_\_\_\_  
PRIMARY CARD HOLDER'S EMPLOYER/SCHOOL PHONE NUMBER: \_\_\_\_\_

I am allowing Tammy Berman, LMHC, NCC , to provide counseling services to (circle one): ME / MY CHILD

\_\_\_\_\_  
Client/Guardian Signature Date

\_\_\_\_\_  
Witness Signature Date

I have read and received a **copy** of the **"Welcome Letter,"** in order to understand the circumstances under which My Counseling Connections Inc. is required to disclose protected information and in order to know the other policies and procedures of working with My Counseling Connections Inc. before we begin.

\_\_\_\_\_  
Client/Guardian Signature Date

\_\_\_\_\_  
Witness Signature Date



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## MEDICAL INFORMATION

PRIMARY CARE PHYSICIAN NAME: \_\_\_\_\_ DATE OF LAST VISIT: \_\_\_\_\_

PRIMARY CARE PHYSICIAN PHONE #: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

Do you have any medical conditions?: \_\_\_\_\_

Are you taking medication? If so, what and prescribed by whom? \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

Have you every had any adverse reactions to medications? \_\_\_\_\_

### OTHERS LIVING IN THE HOME:

NAME: \_\_\_\_\_ age: \_\_\_\_\_ Relationship: \_\_\_\_\_

NAME: \_\_\_\_\_ age: \_\_\_\_\_ Relationship: \_\_\_\_\_

NAME: \_\_\_\_\_ age: \_\_\_\_\_ Relationship: \_\_\_\_\_

NAME: \_\_\_\_\_ age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you seen any mental health professionals (counselor's, psychologists, or psychiatrists etc), in your past? If yes, who:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ # Sessions: \_\_\_\_\_ Year of service: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ # Sessions: \_\_\_\_\_ Year of service: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ # Sessions: \_\_\_\_\_ Year of service: \_\_\_\_\_

Have you ever had any suicidal/homicidal thoughts? If yes, please explain

\_\_\_\_\_

Have you every been admitted to a psychiatric unit? YES \_\_\_\_ NO \_\_\_\_ If yes: how many times? \_\_\_\_\_

Dates? \_\_\_\_\_ Hospital? \_\_\_\_\_ Reason? \_\_\_\_\_

Dates? \_\_\_\_\_ Hospital? \_\_\_\_\_ Reason? \_\_\_\_\_

Dates? \_\_\_\_\_ Hospital? \_\_\_\_\_ Reason? \_\_\_\_\_

What brings you in for therapy today?: \_\_\_\_\_

How long has this/these problems existed?

Have you consulted with other professionals regarding this matter?

What was the outcome?

How will you know when/if this process has been useful for you? What do you hope will be different?



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**Check any of the following items that apply to you:**

- |                                                   |                                                                |                                                 |
|---------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Thoughts of suicide      | <input type="checkbox"/> Thoughts of harming others            | <input type="checkbox"/> Phobias                |
| <input type="checkbox"/> Trouble getting to sleep | <input type="checkbox"/> History of attempts to kill yourself  | <input type="checkbox"/> Panic attacks          |
| <input type="checkbox"/> Waking during the night  | <input type="checkbox"/> Cutting or otherwise hurting yourself | <input type="checkbox"/> Excessive guilt        |
| <input type="checkbox"/> Waking early every day   | <input type="checkbox"/> Feelings of hopelessness              | <input type="checkbox"/> Forgetfulness          |
| <input type="checkbox"/> Financial problems       | <input type="checkbox"/> Inability to make decisions           | <input type="checkbox"/> Mood swings            |
| <input type="checkbox"/> Loss of appetite         | <input type="checkbox"/> Trouble controlling your temper       | <input type="checkbox"/> Health problems        |
| <input type="checkbox"/> Hearing voices           | <input type="checkbox"/> Large weight gain or loss             | <input type="checkbox"/> Family problems        |
| <input type="checkbox"/> Problems at work         | <input type="checkbox"/> Seeing things others don't            | <input type="checkbox"/> Violence toward others |
| <input type="checkbox"/> Trouble concentrating    | <input type="checkbox"/> History of physical abuse             | <input type="checkbox"/> Tingling or numbness   |
| <input type="checkbox"/> Racing thoughts          | <input type="checkbox"/> History of sexual abuse               | <input type="checkbox"/> Depressed mood         |
| <input type="checkbox"/> Legal problems           |                                                                |                                                 |

## Drug and Alcohol Information

List all of the prescription and over-the-counter drugs you are taking

Check substances you use <u>in any amount at all</u>	How much do you use per				
	Age first used	Weekday	Weekend	Month	Last used
<input type="checkbox"/> Beer	_____	_____	_____	_____	_____
<input type="checkbox"/> Liquor	_____	_____	_____	_____	_____
<input type="checkbox"/> Wine	_____	_____	_____	_____	_____
<input type="checkbox"/> Marijuana	_____	_____	_____	_____	_____
<input type="checkbox"/> Cocaine/Crack	_____	_____	_____	_____	_____
<input type="checkbox"/> Methamphetamine/Crystal	_____	_____	_____	_____	_____
<input type="checkbox"/> Heroin	_____	_____	_____	_____	_____
<input type="checkbox"/> Barbiturates (downers)	_____	_____	_____	_____	_____
<input type="checkbox"/> PCP, LSD (Hallucinogens)	_____	_____	_____	_____	_____
<input type="checkbox"/> Tobacco (in any form)	_____	_____	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____	_____	_____

### To be completed by adults (18 yrs and older)

- Have you ever felt like you should cut down on your drug or alcohol use?  yes  no
- Has a friend or relative expressed concerns about your use?  yes  no
- Have you ever felt guilty about your drinking or drug use?  yes  no
- Have you ever had to take a drink or use a drug the next day to steady your nerves?  yes  no
- Are you a recovering alcoholic or a recovering drug addict?  yes  no
- Is there a history of problems with drug or alcohol use in your family?  yes  no

### To be completed by adolescents (12 yrs to 17 yrs)

- Have you ever used alcohol or drugs before or during school?  yes  no
- Have you ever missed school (or been truant) because of use or just to use?  yes  no
- Have you ever avoided non-users?  yes  no
- How often do you get drunk/high? \_\_\_\_\_
- About how often do you use more than one drug when you get high? \_\_\_\_\_
- Is there a history of problems with drug or alcohol use in your family?  yes  no

Therapist \_\_\_\_\_

Date \_\_\_\_\_

Client signature \_\_\_\_\_

Date \_\_\_\_\_



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## **Fee Agreement**

Thank you for choosing me as your health care provider.

It is important that you understand and sign your acknowledgment of my office policies prior to commencing services.

### **OFFICE POLICIES:**

\_\_\_\_\_  
(initial) *My Counseling Connections Inc.* accepts cash, check and credit cards. *My Counseling Connections Inc.* uses the Square and **Ivy Pay Inc.** to process all credit cards payments and I understand that this service will keep my credit card information on file and is encrypted to protect my privacy and credit card security.

\_\_\_\_\_  
(initial) I understand that I am paying for my counselor's time and will be prompted at the end of the first hour for the option to continue in session and that if I agree, I am paying at a an hourly rate of the fee agreed upon and will be pro-rated to the nearest 15 minute increment.

\_\_\_\_\_  
(initial) When I book an appointment, I am confirming that I will attend unless I otherwise notify *My Counseling Connections Inc.* at least 24 hours in advance. Getting a text is a courtesy of *My Counseling Connections Inc.* but not a requirement for me to know my appointment is set.

\_\_\_\_\_  
(initial) I understand that *My Counseling Connections Inc.* has a 24 hour cancelation policy, which means that I must contact *My Counseling Connections Inc.* at least 24 hours in advance to cancel or reschedule my appointment. I understand that I am financially responsible for appointments that are canceled by me in less than 24 hours of my scheduled appointment. The fee for cancelling within 24 hours of my scheduled appointment is **\$85.00 for the first two appointments missed and \$165.00 thereafter.**

\_\_\_\_\_  
(initial) When necessary, telephone communication may be used for unusual circumstances and that the *standard hourly office fee applies and will be pro-rated to the nearest 15 minutes.* I understand that response via text, phone or e-mail may not be immediate and that confidentiality using these methods cannot be guaranteed.

\_\_\_\_\_  
(initial) Balances which have not been paid in full after 60 days will be charged to my credit card on file unless I make alternative arrangements with *My Counseling Connections Inc.*

\_\_\_\_\_  
(initial) Payment is due at the time of service unless otherwise arranged with *My Counseling Connections Inc.*

\_\_\_\_\_  
(initial) There is no receptionist and I understand I will need to wait in the waiting area until greeted by Tammy.

\_\_\_\_\_  
(initial) I understand that counseling is a positive and helpful service and that I will keep the confidentiality of others that I may know who attend this office for visits.

\_\_\_\_\_  
(initial) I understand that in **emergency situations**, I can call the Henderson Crisis Team at 954-463-0911, or First Call For Help at (954) 537-0211, or 911.

I have read and agree to the office policies of *My Counseling Connections Inc.*

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Client Signature

---

Date



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### **Health Insurance Portability Accountability Act (HIPAA) Client Rights & Therapist Duties**

This document contains important information about federal law, the Health Insurance Portability and Accountability Act (HIPAA), that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your PHI in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this. If you have any questions, it is your right and obligation to ask so we can have a further discussion prior to signing this document. When you sign this document, it will also represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding unless I have taken action in reliance on it.

#### **LIMITS ON CONFIDENTIALITY**

The law protects the privacy of all communication between a patient and a therapist. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are some situations where I am permitted or required to disclose information without either your consent or authorization. If such a situation arises, I will limit my disclosure to what is necessary. Reasons I may have to release your information without authorization:

1. If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your (or your legal representative's) written authorization, or a court order, or if I receive a subpoena of which you have been properly notified and you have failed to inform me that you oppose the subpoena. If you are involved in or contemplating litigation, you should consult with an attorney to determine whether a court would be likely to order me to disclose information.
2. If a government agency is requesting the information for health oversight activities, within its appropriate legal authority, I may be required to provide it for them.
3. If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
4. If a patient files a worker's compensation claim, and I am providing necessary treatment related to that claim, I must, upon appropriate request, submit treatment reports to the appropriate parties, including the patient's employer, the insurance carrier or an authorized qualified rehabilitation provider.
5. I may disclose the minimum necessary health information to my business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. My business associates sign agreements to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.





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There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm, and I may have to reveal some information about a patient's treatment:

1. If I know, or have reason to suspect, that a child under 18 has been abused, abandoned, exposed to domestic violence in the home, or neglected by a parent, legal custodian, caregiver, or any other person responsible for the child's welfare, the law requires that I file a report with the FLORIDA Abuse Hotline. Once such a report is filed, I may be required to provide additional information.
2. If I know or have reasonable cause to suspect, that a vulnerable adult has been abused, neglected, or exploited, the law requires that I file a report with the FLORIDA Abuse Hotline. Once such a report is filed, I may be required to provide additional information.
3. If I believe that there is a clear and immediate probability of physical harm to the patient, to other individuals, or to society, I may be required to disclose information to take protective action, including communicating the information to the potential victim, and/or appropriate family member, and/or the police or to seek hospitalization of the patient.

## CLIENT RIGHTS AND THERAPIST DUTIES

### Use and Disclosure of Protected Health Information:

- For Treatment - We use and disclose your health information internally in the course of your treatment. If we wish to provide information outside of our practice for your treatment by another health care provider, we will have you sign an authorization for release of information. Furthermore, an authorization is required for most uses and disclosures of psychotherapy notes.
- For Payment - We may use and disclose your health information to obtain payment for services we provide to you as delineated in the Therapy Agreement.
- For Operations - We may use and disclose your health information within My Counseling Connections Inc. as part of our internal operations. For example, this could mean a review of records to assure quality. We may also use your information to tell you about services, educational activities, and programs that we feel might be of interest to you.

### Patient's Rights:

- Right to Confidentiality - You have the right to have your health care information protected. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will agree to such unless a law requires us to share that information.



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- Right to Request Restrictions - You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations - You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations.
- Right to Inspect and Copy - You have the right to inspect or obtain a copy (or both) of PHI. Records must be requested in writing and release of information must be completed. Furthermore, there is a copying fee charge of \$1.00 per page. Please make your request well in advanced and allow 2 weeks to receive the copies. If I refuse your request for access to your records, you have a right of review, which I will discuss with you upon request.
- Right to Amend - If you believe the information in your records is incorrect and/or missing important information, you can ask us to make certain changes, also known as amending, to your health information. You have to make this request in writing. You must tell us the reasons you want to make these changes, and we will decide if it is and if we refuse to do so, we will tell you why within 60 days.
- Right to a copy of this notice - If you received the paperwork electronically, you have a copy in your email. If you completed this paperwork in the office at your first session a copy will be provided to you per your request or at any time.
- Right to an Accounting - You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, I will discuss with you the details of the accounting process.
- Right to choose someone to act for you - If someone is your legal guardian, that person can exercise your rights and make choices about your health information; we will make sure the person has this authority and can act for you before we take any action.
- Right to Choose - You have the right to decide not to receive services with me. If you wish, I will provide you with names of other qualified professionals.
- Right to Terminate - You have the right to terminate therapeutic services with me at any time without any legal or financial obligations other than those already accrued. I ask that you discuss your decision with me in session before terminating or at least contact me by phone letting me know you are terminating services.
- Right to Release Information with Written Consent - With your written consent, any part of your record can be released to any person or agency you designate. We will discuss whether or not I think releasing the information in question to that person or agency might be harmful to you.

### Therapist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am



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required to abide by the terms currently in effect. If I revise my policies and procedures, I will provide you with a revised notice in office during our session.

### COMPLAINTS

If you are concerned that I have violated your privacy rights, or you disagree with a decision I made about access to your records, you may contact me, the State of Florida Department of Health, or the Secretary of the U.S. Department of Health and Human Services.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

\_\_\_\_\_  
Client/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Client/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
NAME, Credentials

\_\_\_\_\_  
Date





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## Welcome,

I am happy you are here! My mission is to help you achieve your goals. And therefore, my mission is your mission! People are motivated to begin therapy for many different reasons. Whatever has brought you here I promise to match your commitment. I will do my best to determine my role in being effective to help you achieve your goals. I am committed to your healing and to being supportive, perceptive, attentive and mindful as is possible. Furthermore, it is my goal to make you feel comfortable and safe, after all we are talking about personal matters.

My role as a counselor is to shed light in your world. We go wherever you need and want to go. Your role is to determine the direction that is right for you to take. There are times where clients may need tools they do not have. I am here to offer you those tools that may be useful to you. Ultimately it is up to you to use them. At times I will combine traditional psychotherapy and counseling with life coaching. My support is reality based. I want to be of assistance efficiently and effectively. And my goal is to put myself "out of business" with each person who visits as quickly as possible.

I am here to support those endeavors you choose to take on, point out areas that may be beneficial to pursue, and to help you identify and overcome barriers that get in your way. I believe growing is a continual process and continually integrate new techniques, principles and information into our work in order to support your evolution/growth.

The following will let you know what to expect and to ensure that we enjoy a clear and open communication from the onset. If you have any questions please do not hesitate to ask. Please review the attached material and sign the form reflecting that you understand these issues. You may also want to check out my website at [www.mycounselingconnections.com](http://www.mycounselingconnections.com). Know that whether we meet for just our visit today, a few or many, I wish you health, balance and comfort in all your life spaces.

## About Tammy Berman, LMHC, NCC

Born and raised in Toronto, Canada, I completed my Bachelors degree at the University of Western Ontario with an Honors BA in Psychology. I moved to Florida in 2001 and completed a Masters of Science degree in Mental Health Counseling at Nova Southeastern University in 2003.

Since entering the field of counseling and psychology I have worked in a variety of settings and with various populations including: community mental health, providing counseling to children, teens and adults who suffer from a variety of issues including *depression, bipolar disorder, various anxiety disorders, relationship and other life issues*. In the last 6 years I have devoted my attention to helping people through the divorce process in a variety of ways and as a result have become a **Collaboratively Trained Divorce Facilitator**, a **certified Family Mediator**, and a **Parenting Coordinator**. I have engaged in ongoing, and extensive trainings (see my "About Me" page on my website for all the trainings, and certifications I have completed) since the beginning of my career and believe that continual learning of skills and techniques can only improve my potential to provide exceptional service, for which I strive to achieve. I really enjoy helping my clients and especially enjoy the challenge of a complex or demanding situation. I will do my very best to provide you with the highest quality of assistance. If for some reason your issues or situation demands something outside of my area of competency, I will help you find the right source of help.



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## Your Initial Visit

Our meeting today is for us to get to know each other, identify problem areas and determine if our working together in psychotherapy, counseling, family mediation, collaborative facilitation, parenting coordination, or coaching can be of value to you. In addition, I will identify additional sources of assistance as well as alternatives.

## When Working With Your Child

I have an "open-door" policy when working with your child. I typically like to include parents in the first session we have so that parents have the opportunity to identify their view and concerns regarding their child. Depending on the identified issues, I may suggest that I meet with your child individually or in family counseling with parents or other family members. Please know that **when we see someone individually in counseling, what is said is strictly confidential** as this is the only way we can provide a sense of trust, safety, and comfort to allow my client/your child to speak freely and process any and all issues going on. When there are issues that I see would benefit from being addressed in family counseling, I will encourage your child to bring this information forth or ask their permission to bring it up in a family meeting. Through the course of my work with children I frequently ask that parents come in for a few minutes here and there to provide their input, observations, and perspectives on progress and for me to keep them apprised of my focus and work in counseling with their child. I encourage parents to call/email/text with any concerns regarding their child and /or the focus of our work together. **Please make sure to inform me of any custody arrangements or legal guardianship issues that I should be aware of pertaining to the minor I am seeing that is in question. Please note that parents who are divorced or not legally married no longer need to provide me with written consent from both parents/legal guardians in order for me to provide counseling, however I encourage your cooperation in obtaining consent and coordination of care.**

## Frequency of Appointments

The frequency of appointments varies according to the problems and discomforts with which you are dealing and to practical considerations such as your schedule, finances, and distance from my office, etc. I will do my best to work out a schedule that fits your emotional and practical needs. More important than the frequency of our visits is the continuity. People benefit most from the process when there is some continuity. When it is random and scattered with frequent changes, it is diluted to a point where it serves more of a symbolic than actual value. Personal growth and habit modification demand a commitment to the process. I encourage you to make that commitment for yourself, so that you can experience the maximum benefit. Furthermore, I can provide phone and video sessions if that is helpful.

## Fees

Individual and Family sessions are **\$165.00 for a 60-minute office visit or phone session**. Because you are paying for my time, we are able to schedule a 90-minute, 120-minute, or longer timed sessions. Feel free to discuss this with me. Furthermore, when in session, I will prompt you at the end of the hour if you want to continue if my schedule allows and you will be pro-rated for my time every 15 minutes. My preference is that you pay with cash or check for your visits but do accept credit card payments. I do not offer sliding scale however I do offer discounted packages from time to time and will let you know when these are available.

Therapy has proven over and over to be very worthwhile, paying a variety of dividends to the majority of people who participate. In situations requiring **written documents**, such as a letter to support and educational or legal need, you will be charged for our time in preparing these for you (at a rate of \$165.00/hr). I am here to help so please be clear about your needs so that I can accommodate you as best as I can. When requesting



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letters it is my policy that we meet in person to discuss this matter so that I can effectively and appropriately respond to your needs.

## Scheduling Appointments and Cancellations Policy

I will do my best to accommodate your scheduling needs in any way I can. **If you need to reschedule or cancel an appointment: please call me at least 24 hours before your scheduled appointment** and preferably as soon as you become aware of this need. Furthermore, I prefer to work for our scheduled sessions and unlike other health care practitioners, I only schedule one person at a time. Therefore: If you do not give 24 hours notice to cancel our appointment **you will be charged a fee of \$65.00. After the second missed appointment you will be charged my full fee.** My hope is that we never have to deal with that.

## Emergencies

There may be times where you may benefit and/or need emergency counseling over the phone. I do my best to be available during these times, however if there is an emergency and you need to speak to someone right away you can call **(954) 463-0911 (Henderson Mental Health Adult Crisis Unit), (954) 677-3113 (Henderson Youth Emergency Services Team), or 911.** Please note that you will be charged at a rate of \$165.00 per hour and pro-rated for our time used. Another option available to you is to engage in free counseling for crisis and support on the phone by calling **(954) 537-0211 ("First Call For Help.")**.

## Telephone, Website/Email and Emergencies

You can reach Tammy Berman, LMHC, NCC by cell **(954) 839-0106**, or by email at [tammy@mycounselingconnections.com](mailto:tammy@mycounselingconnections.com). My website has some interesting information, which you may want to check out. Although you may not reach me immediately, please leave a message and I will respond as quickly as I can. If I miss you we will call again later. Text messaging is discouraged. Be aware that cell phone, text or e-mail is not a guaranteed secure method of communication and your confidentiality could be compromised. **If you utilize these methods of communication you are agreeing to potentially waive your confidentiality.**

## Confidentiality, Public Settings and Our Ethics

Chances are you are coming here because you were referred to me by a friend or another professional. I want you to know that I trust the confidentiality of our relationship and will never disclose any information of our work back to the person who referred you. Its also very likely that you will refer others to me and I want you to know that I will maintain the confidentiality of those relationships as well.

Your privacy is of the utmost importance as it is the cornerstone upon which therapy and counseling is based. By law, ethic and personal belief I uphold that principal. Without your written permission I cannot reveal even that you have visited with us, let alone any of the specifics. However, there are a few exceptions to this rule that you need to be aware of with regard to confidentiality. **1) If I feel that you are in danger to yourself or to others I have a duty to warn of that. 2) If there is any suspicion of child or elderly abuse or if there is known domestic violence in the home of a minor or vulnerable adult, I am considered "mandated reporters," and have a duty to warn and protect children/vulnerable adults under my care. 3) Finally, in**



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**any legal proceedings in which you are included I can be commanded by a judge to release information.**

If a physician, or other mental health provider has referred you, it is good clinical practice and beneficial to try and coordinate care with that referral source. In this case, I will request your permission to let that source know we have made contact and begun working together. There may be instances where you want me to reveal some aspects of our meetings to another person. In this case as well, you will need to provide me signed authorization allowing us to release information. If you have any questions or concerns regarding this please let me know.

Out of respect for your privacy, **if we see each other in public settings I will never approach you or initiate greetings.** If you want to say hello, I will gladly respond. However, if it is awkward for you then pass on by and I will understand. For the same reason, I will typically refuse invitations to social events. The professional nature of our relationship and your privacy and confidentiality are guiding principles to all aspects of our interaction. In the same vein, it is not appropriate for me to accept gifts.

## Social Media and Communication

### Email

I prefer using email only to arrange or modify appointments. Please do not email me content related to your therapy sessions, as email is not completely secure or confidential, although I pay for a HIPAA protected email service called, Hushmail. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they may be, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal record.

### Texting

I prefer using text only to arrange or modify appointments. Please do not text me content related to your therapy sessions, as it is not completely secure or confidential. If you choose to communicate with me by text, be aware that there is a risk of your exposure. Should you want to use text as a way to communicate, I can offer you the option of using the app **pMD**, which is a HIPAA compliant platform for texting. After your first attempt at texting me clinically relevant information, I will attempt to respond with a prompt to communicate through this app and refrain from responding further through text so as to protect your privacy.

### Friending

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, Instagram, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

My primary concern is your privacy. If you share this concern, there are more private ways to follow me on Facebook or LinkedIn (such as using an RSS feed or a locked Twitter list or private Facebook



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account), which would eliminate your having a public link to my content. You are welcome to use your own discretion in choosing whether to follow me.

Note that I will not follow you back. I only follow other health professionals on Facebook and LinkedIn and I do not follow current or former clients on blogs or other social media platforms. My reasoning is that I believe casual viewing of clients' online content outside of the therapy hour can create confusion in regard to whether it's being done as a part of your treatment or to satisfy my personal curiosity. In addition, viewing your online activities without your consent and without our explicit arrangement towards a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share with me, please bring them into our sessions where we can view and explore them together, during the therapy hour.

### **Business Review Sites**

You may find my psychology practice on sites such as Psychology Today, Google, Healthgrades, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find my listing on any of these sites, please know that my listing is NOT a request for a testimonial, rating, or endorsement from you as my client. Of course, you have a right to express yourself on any site you wish. But due to confidentiality, I cannot respond to any review on any of these sites whether it is positive or negative. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. You should also be aware that if you are using these sites to communicate indirectly with me about your feelings about our work, there is a good possibility that I may never see it.

If we are working together, I hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide we are not a good fit. None of this is meant to keep you from sharing that you are in therapy with me wherever and with whomever you like. Confidentiality means that I cannot tell people that you are my client and my Ethics Code prohibits me from requesting testimonials. But you are more than welcome to tell anyone you wish that I'm your therapist or how you feel about the treatment I provided to you, in any forum of your choosing.

If you do choose to write something on a business review site, I hope you will keep in mind that you may be sharing personally revealing information in a public forum. I urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection.

### **Medication & Other Alternatives**

I believe that the selective use of medication can be helpful for some people. I am not an expert in this area and will do my best to obtain answers to your questions. Often it takes patience to find the right medication and the right dosage. Many people do benefit from these medications and they can also enhance our work together. If it is appropriate, I will be happy to recommend psychiatrists I know.



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## Duration of Therapy

Most people want to know how long it is going to take to accomplish the goals they have established. This is very difficult to predict and highly related to the amount of time a person has been dealing with these problems and how entrenched the problems have become, as well as the nature of the goals themselves. The answer to the question also relates to the nature of the person asking the question-their potential to make changes and the pace at which they live their lives. Sometimes goals shift as new issues emerge.

Most of the time it is a slower process than we would like. Some people do benefit from relatively short amounts of time in therapy (i.e. three to six visits). This however, in my experience is more the exception.

Although the field of mental health therapy is rapidly moving toward short-term treatment, therapy can take anywhere from a minimum of three to four months all the way on up to several years to truly make significant and substantial changes and modifications. This is especially true when we're dealing with long-standing and deep-seeded insecurities and anxieties, which require a great deal of shoring up and repeated support to make a difference.

Be aware that I am comfortable gearing our work to your schedule as long as we remain realistic about our goals.

## Concluding Therapy

Sometimes, people in therapy seem to disappear. They don't show for their appointment, or leave midnight messages that they're out of town or sick, and will call back to reschedule. They don't respond to phone calls or follow-up letters. Although this is certainly your right, it is not the ideal way to conclude therapy. Whether you visited just a few times or for a longer period of time, it is always best to discuss your feelings and needs face to face or at least over the telephone, or by email. Generally speaking, disappearing is not a healthy way to deal with issues, especially in terms of concluding an important professional relationship. This is especially true if that relationship has been ongoing. In those instances it is always better to conclude on a face-to-face basis, using the meeting to summarize what we've learned and what you can apply from what we've learned to your future.

Although awkwardness always exists when concluding human relationships, it is important to try to get past them for purposes of a healthy conclusion to a therapeutic relationship. I hope that you will feel comfortable to speak freely to me at any time about any issue. I would rather hear that you "no longer find our meetings helpful," "decided to visit with someone closer to your home, less costly, referred by a friend, or whatever" or that you felt you "had accomplished what you needed and felt comfortable concluding therapy" rather than you just disappearing. Even brief therapy requires closure. Typically, we will both know when our work is done and will begin to reduce the frequency of our meetings and then conclude. If, for some reason, I do not hear from you by any form of communication for three weeks, I will reach out to check in and see how you are doing and what your goals and interests are for therapy. If I don't hear from you, despite my attempts to connect, for six weeks or more, I will assume that you have decided to terminate therapy for the time being and close your file until I hear from you again.

## Resistance

Resistance factors are well known in all aspects of behavior modification and change. They can crop up early in therapy or sneak up late on down the line. Resistance represents the parts of us that avoid health and wellness and unwittingly sabotage our positive goals. Resistance takes many forms including thoughts and feelings that





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negate the therapy process such as, "this isn't working," "what's the use," "I don't have the time," "I can't afford this" etc. Important is that you be able to discuss these and any other feelings that might arise with regard to the therapy process or our work with us. I am never offended by such discussion and actually feel that they help to minimize the influence of resistance and help you to learn how to confront situations in an assertive manner.

Please do not worry about my feelings in any aspect of this work, as it is not about me the person, but me the facilitator and therapist. The important thing is that we have an open communication that can process our therapeutic relationship as well as your life experience and emotions.

Similarly, in therapy you are not obligated by traditional social norms and conventions. You need not be pleasant when you are angry or upset; you need not say, "everything is fine" when in fact its not, and you are free, within reasonable boundaries to be yourself without feeling the need to impress me. Typically, those needs for impressing others are well programmed within us and hopefully we'll be able to talk about those needs and feelings as they arise within you.

## Risk and Rewards of Therapy

I am biased toward believing that the rewards of therapy far outweigh the risks. Clearing 'cess' and strengthening your emotional dam are very helpful in enabling you to make healthier choices.

At risk, however, is the possibility that those choices will upset the status quo. Although I work to strengthen relationships in which you are involved, therapy and counseling can cause people to terminate unhealthy ones, change jobs, move, etc. Understand that you have come to visit us because you are upset and unhappy with important parts of you and your life. Resolution of these demands change and change implies risk.

## A Final Note

Be aware that I try to practice what I preach. I enjoy helping people help themselves and feel proud of our work. Once again I welcome you and look forward to being of assistance to you.