Online Counseling Solutions
Flexibility. Convenience. Privacy.
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Informed Consent and Limits of Confidentiality

Thank you for choosing Online Counseling Solutions! I consider it a privilege to work together to improve your life. It is not easy to make the decision to initiate counseling. I commend you for seeking out help. This document is designed to inform you about the counseling process, confidentiality, and my background.

I am a licensed Professional Counselor in the state of New Jersey and a Licensed Mental Health Counselor in the state of Florida. I hold a Master's degree in Counseling from Eastern University and have been in practice since 1999. My practice is limited to adolescent and adult individual and family counseling via online counseling. This means we will not meet in an office setting. More on this in the online counseling consent form.

My view of therapy is a collaborative one, meaning you and I will worked closely together to identify and solve problems to mutual satisfaction so that you experience relief of symptoms. My goal is for you to have tools and strategies that you can implement and utilize after every session. Which means there will be times that I will ask you to do homework in between appointments in order to create the kind of change that you desire. My expectation is that you give me feedback on the impact of the homework on your symptoms. That way we can assess if we are on the right track or need to course correct.

Some people may only need a few sessions other maybe months or years. Trust and rapport take time to build and we progress at your own pace. You are in control as to how long we work together. You may end your sessions at anytime and I will support your decision. A successful outcome to counseling is when you are able to face life's challenges without my intervention. That is to say, you will have all the tools you need for the future. With that said, there are no guarantees in counseling. I can't promise you that you will never experience distressing symptoms ever again. There might be times that you feel worse before you feel better and get better. This is a normal part of the process as often times feeling and beliefs are uncovered that we didn't realize were there or suppressed for many years.

The contents of a counseling session are considered to be confidential. Both verbal information and written records about a client can not be shared with another party without the written consent of the client or the client's legal guardian. It is the policy

of this practice not to release any information about a client without a signed release of information.

CONFIDENTIALITY AND EMERGENCY SITUATIONS: Your verbal communication and clinical records are strictly confidential except for:

- information you and your child report about physical or sexual abuse; then, by New Jersey and Florida State Law, I am obligated to report this information to the Department of Child Protective Services or Florida Department of Children and Families
- information shared with your insurance company to process your claims,
- when you sign a release to have specific information shared
- if you provide information that informs me that you are in danger of harming yourself or others
- if a court order mandates release of your information.

If an emergency arises for which the client or their guardian feels immediate attention is necessary, they understand they are to contact the emergency services in the community. Hilary Akman, LPC, LMHC will follow up those emergency services with standard counseling and support to the client or the client's family.

If this information is not provided to us (below), I will adhere to the following procedure when making phone calls: First I will ask to speak to the client (or guardian) without identifying my name. If the person answering the phone asks for more identifying information I will say that it is a personal call. I will not identify myself (to protect confidentiality).

___ HOME_____ _____
Phone number How should I identify myself?

___ CELL _____ _____
Phone number How should I identify myself?

X_____*I agree to the above informed consent and limits of confidentiality and understand their meanings and ramifications.*

***CONSENT FOR TREATMENT OF CHILDREN AND ADOLESCENTS*:**

I/We consent that_____ may be treated as a client by Hilary Akman,LPC, LMHC

Signature(s) _____ Date_____