



**Jill Hamilton Buss**  
Coaching and Counseling

**Jill Hamilton Buss**

Licensed Mental Health Counselor, Lic. #MH9269

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## **WELCOME AND INFORMED CONSENT** **FOR COUNSELING/COACHING**

Welcome to my counseling/coaching practice. In an effort to promote a trusted and productive relationship, the following information is provided for your understanding and signed consent.

### **COUNSELING / COACHING (CC)**

Counseling and coaching always involve change. Some people seek counseling or coaching because they are ready to make significant changes in their lives and want to work with a knowledgeable, trusted and objective professional who can help them explore options for change. They see CC as a way to help them make changes more thoughtfully and more rapidly. Other people enter counseling because change has been thrust upon them. They seek comfort and guidance for trauma, loss or other painful events, and as a way to rebuild and recover. Regardless of your motivation for seeking CC, I welcome you and will always offer the best professional assistance I can provide – without judgment – and with kindness.

There can never be any absolute guarantees in CC. However, I have found that it is most productive when it is an active, working collaboration between client and counselor.

As your counselor/coach, I am responsible to provide you with the highest level of professional skills commensurate with my training and experience. I will help you think through the issues, challenges or events that motivated you to seek assistance. There are many different methods we may use to address your issues. For coaching/therapy to be most successful, you will have a very active role to play both during our sessions and at home between sessions (AKA homework, outside reading, etc.).

As a client, you are responsible for being as open and honest as possible. Change usually involves letting go of things that are familiar in order for new possibilities to emerge. Effort and risk will be required. You may have to battle uncomfortable feelings like sadness, guilt, anger, frustration, or helplessness.

In exchange for any emotional discomfort, coaching and/or psychotherapy has been shown to have many tangible benefits, often leading to better relationships, release of guilt or pain, solutions to problems, insights, growth and/or reductions in feelings of distress, anxiety or depression. Again, there are no guarantees and much depends on the effort you put forth. *(But I am ever hopeful.)*

## **CONFIDENTIALITY**

Normally information disclosed by you and/or your child during counseling will be kept strictly confidential and will not be revealed to anyone for any reason without your permission. It is important for you to know that there are some exceptions to confidentiality. If an exception should arise, I will make every effort to inform you, before doing so, of the necessity to break confidentiality.

### Exceptions to Confidentiality:

1. If you threaten harm or death to yourself or another person, I am legally, ethically and morally required to take action to protect you/the threatened person. Actions could include: notifying the potential victim, alerting law enforcement, seeking hospitalization for the client, or contacting family members or others who can help provide support and protection.
2. If abuse or neglect of a child, aged person or disabled person is known or suspected, I am required by Florida Law to report my concerns to the Department of Children and Families.
3. If I were to receive a legally binding Court Order for your counseling records or for my deposition or court testimony, I would be required by law to comply.
4. If you or your child are in counseling or are being evaluated by Order of the Court or as a condition of continued employment, I may be required to provide the Court or the Employer with reports, documents or testimony, as required by federal or state law.
5. If the client is a minor child, I will continue to communicate with and work closely with the parent and inform them of issues that I deem to be dangerous to the health and well-being of the child. The child remains the responsibility of the parent and they therefore have the right to important information to make better parenting and family choices. We can discuss issues and concerns in person.

## **LICENSING AND ETHICAL INFORMATION**

I am licensed by the State of Florida as a LICENSED MENTAL HEALTH COUNSELOR, License #MH9269. Any complaint or questions about my counseling services that cannot be resolved between us should be directed to the Agency for Health Care Administration in Tallahassee. As a professional member of the American Counseling Association, I adhere to the ethical principles of this organization. If you request a copy of the ethical guidelines, I'll happily provide it.

## **EMERGENCIES / CRISIS / CONTACT**

I check my voice mail several times per day and will return your call at my earliest opportunity. If you are unable to reach me or if you have a life-threatening emergency, immediately call 911 or go to a hospital emergency room. Your safety is my primary concern; I will be in touch as soon as possible.

I do recognize that some non-emergency situations cannot wait until our next scheduled appointment, and an occasional phone consultation may be necessary. If the consultation requires more than 15 minutes, you will be billed on a prorated basis. I will always discuss this with you.

You can also email me. However, emails might risk breaches of privacy.

**FEES / PAYMENT / INSURANCE**

My hourly fee is \$140.00 per 60-minute session and \$195 for 90 minutes. In circumstances of financial hardship, I may be willing to negotiate a fee adjustment. Let's discuss in person.

Payment is due at the time of service and can be made with cash, Venmo or check.  
@Jill-Buss-1

I provide all the necessary paperwork for my clients to be reimbursed by their insurance provider. The majority of my clients receive some form of reimbursement from their insurance. Please call your insurance provider to determine your coverage.

**NO SHOWS – LAST-MINUTE CANCELLATIONS**

I understand that emergencies or illnesses occasionally arise. Please let me know in advance if possible. But if you are ill, I will understand. A total no show/no-call for a scheduled appointment, will result in a \$75 fee. A call or text solves this. (I send reminders for each appointment.)

**CLIENT CONSENT TO COUNSELING / COACHING / WALKING-TALKING**

I have read and understand the information contained in this form and voluntarily agree to participate in counseling/coaching and/or consent to the participation of my child in counseling/coaching. Likewise, I accept responsibility for any risk that may be involved in walking or meeting outdoors, should I choose to do that.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Name/Relationship/Cell # - Emergency Contact: \_\_\_\_\_

\_\_\_\_\_

Parent/Caregiver if Minor Child: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

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