



Crystal F. Crawford, MS, LPC
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INFORMED CONSENT

My name is Crystal F. Crawford, MS, LPC and I am the counselor you will be seeing today. My office address is 215 Walnut Street, Suite 1, Gadsden, AL 35901, and phone number is 256.459.4829. Today's appointment will take about 60-90 minutes. I know that that starting counseling is a big decision and you may have many questions. I will do my best to answer any questions or concerns. This form explains information about me, my policies, State and Federal Laws and your rights about counseling. My formal education includes a Bachelor of Science Degree in Psychology and a Master's Degree in Counselor Education from the University of Jacksonville State University. I have been providing therapy practices people for over 10 years. In counseling, I talk with people about how sometimes talk therapy, a faith-based approach, and other counseling approaches can be used depending on the person or condition to help improve quality of life. Counseling practices, philosophy, and plans, limitations and risks will be discussed with you today.

CONFIDENTIALITY AND EMERGENCY SITUATIONS:

What we talk about and my notes are not shared with anyone without your written permission except for: 1. Diagnosis and dates of service shared with your insurance company to process your claims if applicable, 2. Information you tell me about physical, sexual or elder abuse; then, by Alabama State Law, I have to report this to the Department of Children and Family Services, 3. Where you sign a release of information to have specific information shared 4. If you tell me you are in danger of harming yourself or others 5. Information shared with my supervisor or consultant and 6. When required by law.

If you need to contact me between counseling sessions please call my office. E-mail, text messages and social networking sites are NOT CONFIDENTIAL and I may not be able to respond. If an emergency situation would happen you can call my office. If no call is received within 15 minutes or you can't wait call 911.

Signature _____ **Date:** _____

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