

### **Background**

I am pleased that you have considered coming to me for individual coaching and counseling. Counseling is an intensive professional relationship, in which often very personal information is shared between two individuals. Such a relationship should not be entered into lightly. The following information is to help you to know me and to know what you can expect from our work together.

My highest degree is a Ph.D. in Counseling Psychology from the University of Florida. I have an M.A.Ed. in Counseling and a B.A. in Psychology from Wake Forest University. I am currently licensed as a psychologist in the state of Florida (#PY5214), and I am a certified hypnotherapist. I am a member of the American Psychological Association, a member of the Society of Counseling Psychology, and of WPATH (World Professional Association for Transgender Health). In my private practice, I do counseling with individuals and do consulting work with organizations. I work with individuals and groups to help them enhance their performance and to improve the quality of their personal and professional lives.

I have worked as a counselor in community, university, and hospital settings and have provided consultation services in all of those arenas. My specialty areas include: career planning and transitions, midlife concerns, issues of meaning and purpose, work and home life balance, psychological type, and integrating personal development with spiritual development/practices. I have also had significant experience working with issues of gender identity and expression, sexual orientation, depression, anxiety, and stress and trauma.

My background includes considerable experience providing coaching and consultation services in business settings, working with a wide variety of professionals and business people. I typically help coaching clients with career planning and development, while supporting them in identifying and meeting their personal and professional goals.

### **Approach**

I prefer to tailor my approach to the needs of the individual, but there are some elements I commonly bring into all work that I do with clients.

My general approach is integral. That is, I draw on personal and transpersonal perspectives in my work with clients as a way of supporting their individual, social and career development. My goal is to help clients learn to draw on their many resources (e.g., physical, emotional, social, cognitive and spiritual) to help them feel empowered to address the needs of their daily lives.

In addition, I believe we have learned much of how we think, feel, and behave from our history and from our environment. At various points in our lives, it becomes clear that what we are thinking, feeling, and doing is just not working well for us anymore, or is keeping us from achieving our goals. In our lives, we usually make the best choices we can based on our experiences and beliefs. However, some of the beliefs and behaviors we have acquired serve us well while others do not. In our work together, you can gain new experiences, try out new behaviors, receive feedback and support, and develop new empowering beliefs about yourself.

The work we do during sessions will be most effective as you apply your developing insights and skills outside of our meetings. In between sessions, I may ask you do specific activities (e.g., write something, read a specific book, try out a behavior) to help you in your work.

### **Helpful Hints for Your Sessions**

- For your first sessions, you are interviewing me when I am interviewing you.
- Make a list of any ideas you want to talk about, and don't be afraid to ask me questions.
- When you have thoughts/feelings, express them even if it is a bit uncomfortable. This is how I can really get to know you and help you.
- If you feel you want something different than what you are getting from counseling, tell me. We may need to make some adjustments in what we are doing.

### **Fees**

My fee for individual counseling is \$150.00 per session (each session is 50 minutes long), payable in full at each visit, including the first visit, unless we have made other firm arrangements in advance. Many insurance providers do provide reimbursement for out-of-network behavioral health services, including psychotherapy. I am happy to give you a receipt with appropriate codes for you to submit for reimbursement from you insurance company. Please understand that you are responsible for payment of services rendered regardless of whether these services are covered by an insurance policy or not. If cost is a concern for you, I do have a sliding scale for a limited number of client hours. If you are having a hard time paying for counseling, please discuss it with me. I have a percentage of slots available on a sliding scale, and if one of those is open, I would make it available. Or, we may meet less frequently. If your financial circumstances improve, please let me know so that I could make that sliding scale slot available to someone else.

### **Confidentiality**

With the exception of certain specific exceptions outlined below, you have the right to the absolute confidentiality of your therapy. I cannot and will not tell anyone else of the things that you have told me, or even that you are in therapy with me.

To release any information about you, I would need your written permission. You may ask me to share information about you with anyone you choose and you may revoke this permission at any time. Even when I have your written consent to release information, I will still protect your privacy and use my best judgment in sharing only information relevant to that person or that request. There are times that I may consult with professional colleagues to gain greater insight about my work with you. When I do this, I will not share your name or any other information that might identify you.

There are rare circumstances in which there are legal exceptions to your right to confidentiality, and I would inform you of any time when I think I will have to put these into effect. Specifically, (1) If I have good reason to believe that you are abusing or neglecting a child or a disabled or elderly adult, or if you give me information about someone else who is, I am required by law to report this to the Department of Health and Rehabilitative Services. (2) If I have good reason to believe that you are intending to harm another person, I am legally allowed to take actions that I deem appropriate to protect/warn that person (i.e., call the police, inform the victim). (3) If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and inform those whom I believe could be of assistance to you (i.e., a family member, Alachua County Crisis Center). I will explore all other options with you before doing this, and (4) If you are involved in a lawsuit or legal complaint and you bring up the question of your mental health, it is very likely that your attorney or opposing attorney will want access to your records. I will not release them without your written consent or unless I am issued a court order to do so. Please

let me know if you are in this kind of situation so that we can discuss how to best maintain your privacy. Your name and any insurance information are accessible to my accounting and billing specialists, who do not otherwise have access to notes or content of our sessions. I have formal business associate contracts with these people, in which they agree to maintain the confidentiality of this data.

**Broken or Missed Appointments**

Due to the time commitment I make to you, if you fail to show without having given at least 24 hours notice, you will be charged half of the hourly fee, due at the next session. I have a messaging service that takes my calls when I am not available, and I check it regularly. Please let me know as far in advance as possible if an appointment must be broken (352-375-7756).

**Client Consent to Counseling**

I have read this statement and have had the chance to ask any questions that I needed to, and I understand it. I agree to undertake counseling with Charles R. Martin, Ph.D. I know I can end counseling at any time I wish and that I can refuse any requests or suggestions made by Dr. Martin.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_