JUTTA MORRIS

Licensed Mental Health Counselor

Credit Card Payment Authorization Form

Sign and complete this form to authorize Jutta Morris to make debit(s) to your credit card listed below.

By signing this form you give us permission to debit your account for the amount owed for sessions provided and in the event of a missed session with less than 24 hours notice.

Please complete the information below:

I_____authorize Jutta Morris to charge my credit card
(full name)
account indicated below for the fee owed _____ for a 60 minute session.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: ☐ VISA ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name: _____

Account Number: _____

Expiration Date: _____

CW2 (3 digit number on back of Visa/MC. 4 digits on from of AMEX):_____

Signature: _____ Date: _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

CONFIDENTIAL

PATIENT INFORMATION

LAST NAME: _____

FIRST NAME: _____

DATE OF BIRTH: _____

CONTACT NUMBERS: HOME: _____

WORK: _____

CELL: _____

PHYSICAL ADDRESS: _____

_____

_____

_____

MAILING ADDRESS: (if different): _____

_____

_____

_____

MARITAL STATUS: SINGLE: _____

MARRIED: _____

DIVORCED: _____

WIDOWED: _____

NUMBER OF DEPENDANTS: _____

NAME / AGE / RELATIONSHIP

_____

_____

_____

OCCUPATION: _____

CLOSE RELATIVE OR FRIEND TO CONTACT IN CASE OF EMERGENCY

LAST NAME: _____

FIRST NAME: _____

PHYSICAL ADDRESS: _____

_____

_____

JUTTA MORRIS, LMHC

Statement of Disclosure

Thank you for selecting me as your therapist. This document is designed to inform you about my background and to ensure you understand our professional relationship.

PROFESSIONAL QUALIFICATIONS:

I hold a Master's degree in Counseling Psychology. I graduated 'summa cum laude' from the University of Natal, a prestigious, internationally acclaimed university in South Africa, renowned for it's rigorous training in Clinical Psychology. I have also received extensive post graduate training in the field of trauma and grief counseling.

I am a licensed Mental Health Counselor in the state of Florida.
My license number is MH 9199 and expires in March 2021.
I have also retained my registration as a Counseling Psychologist in South Africa.

THEORETICAL APPROACH:

I am trained in the psychoanalytic tradition, a school of Psychology steeped in a long history that has stood the test of time. I was fortunate to receive instruction from well known and highly respected psychoanalysts who hold lengthy qualifications above and beyond graduate school.

Whilst the psychoanalytic interpretation of the client's life history allows the client to gain valuable insight into previously unconscious conflicts with immediate cathartic relief, time and financial restraints may demand incorporation of solution focused and time limited therapies to ensure that psychoanalytic insight is coupled with adaptive behavior change.

Therefore my theoretical framework encompasses a combination of psychoanalytic, person oriented and solution focused theories. Therapy models that emanate from these theories are often used in combination to deal with the complexities of presenting problems. Clients can make informed decisions if they understand how these approaches can be of benefit. Here are some aspects of counseling and therapy as I see and practice it:

1. A positive outcome in therapy depends on the quality of the relationship formed between client and therapist. Client- therapist fit is the single most important predictor of therapeutic success. I, therefore, place great emphasis on forming a relationship characterized by trust and mutual commitment. I value your feedback at all times. I am fully committed to my work as a therapist and deem my involvement in the psychological lives of my clients as a privilege.

2. Counseling involves the active participation of clients. Whilst a psychodynamic approach relies heavily on client sharing and therapist interpretation, clients will benefit from activities between sessions such as journaling, specialized diary entries, and dream notation.

3. I take an educative approach to therapy and encourage clients to learn about aspects of therapy as well as mental health and psychotropic medication. Psycho education empowers clients and demystifies the workings of the human psyche. I may recommend readings from time to time to complement our work.

4. In collaboration with the client, I will specify goals, methods, risks and benefits of the treatment. Other parameters that will be agreed upon include cost of treatment, time commitment, and cancellations or rescheduling requirements of the appointments. Periodic reviews of the counseling process will take place and if necessary, restructuring of the treatment plan, goals, and methods will take place.

5. Family systems work will be incorporated in the treatment of individuals and adolescents where discussed and assessed as helpful to the successful outcome of the treatment.

6. Group-work, when available is offered from both a psychoanalytic and psycho educational perspective.

7. To maintain a holistic intervention, there may be cause for referral to interdisciplinary colleagues such as psychiatrists, physicians, dieticians, specialist psychologists, occupational therapists, pastoral counselors to name a few.

It is important for clients to understand that with change, come some risks as well as benefits. The risks may show up within relationships with family, friends, and colleagues. When clients begin to gain insight into the dynamics present in their relationships and make consequential changes, the way they choose to conduct themselves in relationships will change. This may cause some disturbance. The benefits of positive change are personal growth, a willingness to explore new, more adaptive behaviors and accomplishing goals noted on the treatment plan.

COUNSELING EXPERIENCE:

My counseling experience over the past twenty five years encompasses a wide array of life issues that vary from sexual, physical and emotional abuse in both children and adults, substance abuse, post traumatic stress, eating disorders, personality disorders with extensive experience in the treatment of Borderline Personality Disorder, depression, anxiety, adjustment disorders, psychiatric disorders, grief counseling, and counseling families as a unit. Relationship counseling has always ranked as a priority in my practice.

I have worked in psychiatric and general medical hospitals, prisons for forensic evaluations, shelters for abused women and children, clinics catering for policemen and women suffering from PTSD, orphanages catering for street children, hospices nursing terminally ill AIDS patients and private practice.

I gained extensive experience and training in feminist psychotherapy whilst conducting research at the Women's Therapy Centre in London, to further a special interest in the empowerment and liberation of women presenting with 'victim complexes', trapped in domestic situations of subservience and abuse.

JUTTA MORRIS, LMHC

Statement of Disclosure

My aim is to apply the aforementioned training and experience to assist clients in my Palm Beach practice to heal and grow as they embark on a therapeutic journey, surefooted in the knowledge that I will do my professional best to be present, empathic and share my insight to provide a meaningful intervention.

CONFIDENTIALITY:

The privacy and confidentiality of our sessions and my records is a privilege of yours and is protected by state law and my profession's ethical principles, with the following exceptions: 1) When an assessment is made that the client intends to be harmful to self or others, 2) court orders to release information, 3) client provides written release consents, and 4) reporting of child or elder abuse or neglect. Attached please find and peruse 'notice regarding privacy of personal health information'. This covers how your health information may be used and disclosed by this practice to provide the best treatment, obtain payment from insurers and conduct healthcare operations.

EXPLANATION OF DUAL RELATIONSHIPS:

Although our sessions may be very intimate psychologically, it is important for you to realize that we have a professional relationship rather than a social one. Our contact will be limited to the sessions you arrange with me. You will be best served while I am seeing you for counseling and therapy if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. You will learn a great deal about me as we work together during your counseling experience, however, it is important for you to remember that you are experiencing me in my professional role.

RECORD MAINTENANCE:

Your records will be kept on electronic or archived storage under private coding for the next seven years. After the seven year period, a discharge statement will be noted on the electronic notes and will be kept for 12 years from the date of discharge. Group work is kept on hard copy and filed in a locked cabinet on site.

LENGTH OF SESSIONS AND PAYMENT:

You will be assured that my services will be rendered in a professional manner consistent with accepted ethical standards of my profession. Individual Counseling sessions range from 50 to 60 minutes. The fee for each individual session is $_____. Groups run between 60 and 90 minutes. The fee for each group session is $_____. It is preferred that payment be made in cash or check or credit card and is rendered at the beginning of the session to avoid any issues with collections for services rendered.

JUTTA MORRIS, LMHC

Statement of Disclosure

A receipt for services rendered will be supplied upon request rendering the diagnosis if you desire to submit it for insurance purposes. If you are unable to keep an appointment, please call to cancel or reschedule at least 24 hours in advance, if possible. If I do not receive advance notice, you may be responsible for paying for the session that you missed. Please note that it is impossible to guarantee any specific result regarding your counseling goals, however, together we will work to achieve the best possible results for you.

COMPLAINT PROCEDURES:

If you are dissatisfied with an aspect of my work, please inform me immediately. This will make our work together more efficient and effective. If you feel you have been treated unfairly or unethically, by me or any other LMHC, and cannot resolve this problem with me, you can contact the Licensure Board in the State of Florida at 850-245-4461. You may also retain copies of ethical standards and expectations from my professional organization's website: http://www.counseling.org/resources/ethics.htm.

If you have any questions, feel free to ask me. Please sign and date both copies of this form. A copy for your records will be returned to you. I will retain a copy for my confidential records.

I have read and acknowledge the above statement of disclosure.

_____ _____

Therapist Signature/Date Client's Signature/Date

_____

Client's Parent/Legal Guardian Signature
(If client is under 18)