

INFORMED CONSENT

This form provides information about the counseling relationship between the client and the therapist (provider of counseling services), procedures involved and your authorized consent treatment.

Typical Length of Session: 50 minutes, 25 minutes.

Fees and Fee Structure: Client *is financially responsible for payment of fees, which will be collected at the time of service.* 50-minute sessions are charged at \$185 for marriage, couples and family sessions, \$180 for individual (adult, teen, child). 25-minute sessions will be half the cost of corresponding sessions listed above. Clients may be charged additional fees for reports, letters and paperwork requested by the client, and for emergency phone calls exceeding 15 minutes. Therapists will discuss with clients such fees on a case-by-case basis. Additional costs may also be incurred for the use of assessment instruments.

Your therapist DOES NOT work with any health insurance company, nor does he get involved in any dealings between the client's insurance company and the client. However, if the client requests, the therapist may provide an appropriate insurance statement that the client can file directly with their insurance company.

Cancellations: Your session time is reserved for you and is taken seriously. *Except for emergencies, cancellations must be made 24 hours in advance to avoid being charged the FULL FEE of the session.*

Confidentiality: Communication between a licensee and client and the client's records, however created or stored, are confidential under the provisions of the Texas Health and Safety Code Chapter 611 and other state or federal statutes or rules where such statutes or rules apply to a licensee's practice.

A licensee must not disclose any communication, record, or identity of a client except with the written consent of the client or client's lawful guardian or as provided in Texas Health and Safety Code Chapter 611 or other state or federal statutes or rules.

A licensee must comply with the Texas Health and Safety Code, Chapters 181 and 611, concerning access to mental health records and confidential information. A licensee must report information as required by Council §§882.36 (relating to Compliance with State and Federal Law) and 884.32 (relating to Reportable Legal Action and Discipline) and the following statutes: Texas Family Code Chapter 261, Subchapter B, **concerning report of abuse or neglect of minors**; Texas Human Resources Code Chapter 48, Subchapter B, **concerning reports of abuse, neglect, or exploitation of elderly or disabled persons**; Texas Health and Safety Code Chapter 161, Subchapter L, **concerning abuse, neglect, and unprofessional or unethical conduct in health care facilities**; Texas Civil Practice and Remedies Code, §81.006, **concerning duty to report sexual exploitation by a mental health provider**; and A licensee must comply with Texas Occupations Code §109.051 **relating to the release of treatment information concerning the treatment of a sex offender**

Additionally, other exceptions to confidentiality include testimony required by a judge through a court subpoena, imminent personal danger to self or an identifiable victim, appropriate information provided

to parents if the client is a minor and advise solicited from professional peers in regard to your case, w/o revealing your identity.

Client Privacy: Recent laws have been enacted for client privacy. It is important to know that emails and mobile phone conversations are not secure or guaranteed of privacy because they can be potentially intercepted. Therefore, by signing this document you understand that if we have correspondence by email or mobile phone there is a potential for confidentiality to be compromised.

Counseling Purpose, Goals and Techniques: Your therapist has an eclectic approach to therapy and is trained in various modalities, theories and techniques to help clients determine and achieve therapy goals (Discussed in the initial therapy sessions), and to aid clients achieve the desired outcome to therapy. Although regular attendance will produce the maximum benefits, no therapist can ethically guarantee achievement of goals. The client is encouraged to ask questions about the process during therapy and is free to discontinue therapy at any time. The client is held responsible for his/her emotions, thinking and behavior, progress of therapy goals and completion of 'Homework assignments and tasks' in between therapy sessions. Depending on the therapy issues, various family members may be requested to attend counseling sessions. Because of the nature of the counseling process, the client may experience emotional discomfort and stress, decide on difficult life changes affecting various aspects of life. Attempt will be made to mediate some of these issues.

Limitations of Practice. The use of specific methods, techniques, or modalities within the practice of professional counseling is limited to professional counselors appropriately trained and competent in the use of such methods, techniques, or modalities. Additionally, in accordance with the §503.003(b)(1) of the Act, the use of standardized projective techniques is prohibited. This prohibition includes, but is not limited to, the Rorschach Inkblot Test, the Holtzman Inkblot Test, the Thematic Apperception Test, the Children's Apperception Test, and the Senior Apperception Test.

Information Related to Complaints:

Texas Behavioral Health Executive Council
George H.W. Bush State Office Building
1801 Congress Ave., Ste. 7.300
Austin, Texas 78701
Main Line (512) 305-7700, Investigations/Complaints 24-hour, toll-free system (800) 821-3205

The signature below confirms that the information has been read and discussed with the therapist, and I _____ accept the policies listed above. I hereby give fully informed consent to therapist, _____ to enter into a psychotherapy relationship with me.

Client Signature

Date