

Informed Consent

Counseling Services: Your therapist will provide primarily individual and group therapy for individuals seeking personal growth and awareness. Your therapist reserves the right to deny services to individuals whose concerns are beyond my scope of competence as well as to any individual that abuses or misuses services in any manner, e.g. non-compliance with treatment, frequent missed appointments, delinquent payment, etc. If your therapist is unable to offer you services for your specified needs, she/he will discuss other local treatment options and possible referrals with you. Initials _____

The Counseling Process: The counseling process is a partnership between you and the therapist to work on areas of concern or dissatisfaction in your life, and develop growth and insight, and help you achieve your desired goals and improve your overall well-being. In order for therapy to be effective, it is necessary for both of us to take an active role in this process. Participation involves being open to the therapist's thoughts and ideas, being honest with your therapist, discussing concerns about the process with your therapist, completing outside assignments when appropriate, and providing on-going feedback to the therapist about the process. While counseling is often beneficial for many people, some people may not find therapy helpful. The counseling process can also evoke strong feelings and sometimes produce unanticipated change in one's behaviors, thoughts, and feelings. In order for you to maximize your experience, it is helpful to discuss with your therapist any questions or discomfort you may experience during therapeutic process. Your therapist will work to help you to understand the experience and/or use different methods or techniques that may be lead you towards the growth you desire. Initials _____

Confidentiality: Your therapist recognizes that confidentiality is essential to effective counseling. In order for therapy to work best, you must feel safe about sharing your personal information with your therapist. Your therapist will maintain this information ethically and legally confidential and will be released to other parties only with your expressed written consent.

Under most circumstances, all information about you, in written or verbal form, obtained in the counseling process (including your identity as a client) will be kept ethically and legally confidential. Information will not be disclosed to any outside person(s) or agency without your written permission except in certain situations, which include, but are not limited to:

- a. If you are determined to be in imminent danger of harming yourself or someone else
- b. If you disclose abuse or neglect of children, the elderly, or a disabled person(s).
- c. If you disclose sexual misconduct by a mental health professional
- d. To qualified personnel for certain kinds of audits or evaluations
- e. In a criminal court proceeding
- f. In legal or regulatory actions against a professional
- g. In proceedings in which a claim is made about one's physical, emotional, or mental condition
- h. When disclosure is relevant to any suit affecting the parent-child relationship, which includes divorce and child custody deliberations.
- i. Where otherwise legally required.
- j. Any information that you also share outside of therapy, willingly and publicly, will not be considered protected or confidential by a court.

The above is considered a summary. If you have questions about specific situations or any aspects of confidentiality, please feel free to discuss your concerns with your therapist. You may also contact American Psychological Association at www.apa.org or the Texas State Board of Examiners of Psychologists at (512) 305-7700 or <http://www.tsbep.state.tx.us/>. Initials _____

Access to Records: Upon request, you may review your counseling records. You will be asked to arrange an appointment with your therapist to review the information. You reserve to right to request the therapist to make corrections or additions to your records. You may be charged a full or partial session fee for administrative costs/time related to getting copies of your records. Counseling records are maintained for 10 years after you last contact with your therapist. Initials _____

Therapist Qualifications: Your therapist is either a licensed psychologist or is being supervised by a licensed psychologist. If you would like more information about your therapist, or you would like to file a formal complaint against your therapist, please contact the Texas State Board of Examiners of Psychologists at (512) 305-7700 or <http://www.tsbep.state.tx.us/>. Initials _____

Counseling Process: You have the right to decide not to enter therapy with your therapist. If you feel that you are not making progress towards your goals, you may terminate the therapeutic relationship at any time. Your therapist will provide with a list of referrals for therapists in the community. In effort to help you transition, your therapist may request one last formalized session, so you can provide your therapist feedback and consider your next steps. You will be responsible for any outstanding payments for services received.

Your therapist will respect you as an individual and will convey this respect by maintaining appointments with you or by contacting you if a change in times is necessary. Your therapist will also give you her complete attention during sessions. You have the right to ask any questions, at any time, about what occurs during therapy, and to receive answers that satisfy you. If you wish, your therapist will explain her style to you. You have the right not to refuse the use of any therapy technique. If your therapist plans to use any unusual technique, the therapist will inform you and discuss the benefits and risks.

You and your therapist also will negotiate your frequency of sessions, number of sessions, goals, type of counseling (individual or group). Your therapist recommends meeting with you once/week for 50 minute sessions. You and your therapist may re-evaluate the frequency of your sessions as situations arise and/or as you move towards your goals. Your therapist will obtain your informed consent in writing if your therapist would like to audiotape/videotape a session. You have the right to refuse any such recording at any time.

Initials _____

Access to services: You may reach your therapist at the designated office phone number to schedule an appointment. If it is not an emergency, your therapist will attempt to follow-up with you within 48-72 hours. Please note that your therapist will not be available from 11 pm to 8 am. If you are experiencing an emergency, please contact 911 or you can contact MHMRA's 24 hour hotline at (713) 970-7000 or the crisis intervention of Houston Hotline at (713) 468-5463. You can also contact your therapist at the designated phone number, which will be provided you on your therapist's business card.

Initials _____

Counseling Appointments: Therapy also is more effective when an individual attends appointments in a consistent manner. It is expected that you will be prompt for your appointment. Sometimes emergencies come up. If I need to cancel or change an appointment time, I will give you more than 24 hours notice, as I know you will have reserved the time for the appointment. If for any reason I cannot give you more than 24 hours notice, I will provide our next session free of charge. *Likewise, I expect that you will give me more than 24 hours notice if you must cancel the appointment. If, for any reason, you cannot let me know more than 24 hours in advance you will be charged the regular fee for the time reserved with your payment information in your file. If your appointment is rescheduled for the same week without more than 24 hours notice, you will still be charged for the reserved time.*

Initials _____

Fees: Therapy is a personal investment in one's own growth and overall well-being. It is expected that you will pay for the therapeutic services provided. The fee for service is \$150.00 for a 50 minute session and payment must be rendered at the end of each session. Limited sliding scale fees are available for individuals demonstrating significant financial need and meet certain qualifications determined by the therapist. Sliding scale fees are subject to increase at any time and the discount will be terminated if the client is not consistent with appointments. Payment can be made with cash, credit card, or a personal check. If you have insurance coverage, your therapist will be glad to provide you with a receipt or statement satisfactory for filing your insurance claim at the end of each session. Therapy is a significant personal and financial commitment. Please do not hesitate to discuss financial matters with your therapist.

Initials _____

Phone calls: Your therapist recognizes situations may arise, and you may want to speak with your therapist via telephone in between sessions. You are welcome to contact your therapist, and your call will be answered when therapist is available. Please use crisis numbers if you need immediate attention. Please be aware that you will be billed in 15 minute increments after the first 15 minutes.

Initials _____

Email: Although e-mail has become a major means of communication between individuals, internet communication has significant limitations. Please note the following guidelines for use of e-mail as a form of communication with your therapist.

- Your therapist cannot provide personal counseling through solely through e-mail, but your therapist may offer limited support via email. *Please be aware that email communication is not a substitute for interpersonal therapy.*
- Your therapist cannot guarantee that your e-mail will remain confidential. Although your therapist may keep your e-mail message private, your therapist cannot ensure administrators of the system and experienced computer users may be able to access e-mail, so confidentiality cannot be ensured.
- Although e-mail may seem like a fast way to contact someone, your therapist may not have the ability to check e-mail as frequently and as consistently. Absence from the office, a busy schedule, unexpected illness, or difficulty getting online may mean that several days go by before a message is received. Please call your therapist on their designated phone line to ensure communication.

The laws and rules on confidentiality are complicated. Please bear in mind that your therapist is not able to give you legal advice. If you have special or unusual concerns, and so need special advice, it is recommended strongly you speak with a lawyer to protect your interests legally and to act in your best interests.

Initials _____

The signature below indicates that I have read, discussed, understand, and agree to abide by the points presented above.

Signature of client (or person acting for client)

Printed Name

Date