

## **Client Agreement and Informed Consent Form**

Welcome to Friendswood Counseling Services, LLC! I am so glad that you have decided to take that important first step in reaching out for support. I appreciate you giving me the opportunity to work with you. This document is intended to provide you with information about my qualifications, treatment approach and methods and services offered as well as to hopefully answer any other questions you have about what to expect and the nature of the counseling process.

I am a Licensed Professional Counselor (LPC) with the state of Texas, a National Certified Counselor (NCC) and a member of the American Counseling Association (ACA). I received my Bachelor's degree in Psychology from Texas A&M University and received my Master's Degree in Counseling from the University of Arkansas, Fayetteville. The treatment approach I primarily use is Cognitive Behavior Therapy (CBT) to assist individuals in recognizing how their thoughts and feelings can influence their behavior. Through the use of CBT, individuals learn how to identify and change destructive or disturbing thought patterns that have a negative influence on behavior enabling them to feel more satisfied with their lives. I also tend to use a strength-based perspective; that means working together to find past and present successes and using these to address the challenges currently being faced.

### **Therapy:**

Therapy is a place to identify and build on current strengths, learn problem-solving strategies, develop or enhance coping skills, learn more effective ways to communicate with others and receive support and feedback. The counseling relationship is designed to be one that will facilitate change and growth. My belief is that the therapist and the client both have active roles. My goal is to provide a comfortable and supportive environment conducive to insight, healing and personal growth. Your role will be to identify goals that you would like to achieve during the course of therapy and be willing to examine any potential obstacles and strengths that will either hinder or help you move toward obtaining your desired goals.

During our first session (intake session), I will gather information about your history, current strengths, struggles/areas of concern and your goals for treatment. This will be a time for you to ask any questions that you may have and to determine if you wish to proceed with ongoing therapy. I strongly believe that individuals should feel comfortable with the therapist that they choose and, hopeful about therapy. In the next several sessions you will have the opportunity to share your thoughts, feelings and perceptions and request assistance with certain situations/issues that arise between sessions as we also collaboratively work toward achieving the agreed upon treatment goals established during the intake session. An important part of therapy will be to practice new skills and monitor certain behaviors/thoughts. There may be times you are asked to do some "homework" in between sessions that may consist of reading and completing handouts, keeping records or practicing a specific skill. The length and frequency of our therapy together will be determined by your specific needs and goals. We will periodically evaluate your satisfaction and progress. If at any time you have questions or concerns regarding fees, services, or the direction of our sessions, please do not hesitate to address them with me. I welcome any questions and feedback. In the later stage of therapy, we will meet less frequently in preparation for termination. Although you may terminate your therapy whenever you wish, it is very helpful to have at least one session together to summarize your progress, define the work that remains and to say good-bye.

Counseling can have benefits and risks and it is important to consider both when making any treatment decisions. Since therapy involves discussing unpleasant aspects of your life, there is a risk that you may experience temporary uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. Counseling has also been shown to have many benefits including improved relationships, a significant reduction in feelings of distress and resolutions of specific problems. I am unable to make any guarantees about how the therapy process will be for you, specifically.

### **Minor clients:**

If you are the parent or guardian and are requesting services for your child/adolescent under the age of 18, I will need your permission to provide counseling services to him/her. Keep in mind while you have the right to question and understand the nature of your child/adolescent's sessions, treatment is usually more effective if your child/adolescent has some privacy. It is therapeutically important that your child/adolescent develops a level of trust with me so if you agree, I will only provide you with a general overview of each session along with your child's level of participation and progress. However, there are limits to confidentiality (listed under "**Confidentiality**").

## **Office Policies, Procedures and Fees**

### **Fees/Payment:**

- The fee for each therapy appointment is \$120 and due at the time of service.
- **Sessions will be 50 minutes long.**
- I will file with your insurance company as a courtesy to you.
- If I am working "in network" the fee is reduced based on my contract with your insurance company. In such cases, your insurance company will pay a portion of the cost of your therapy per session and the remainder (co-pay) will be due and collected at the time of service.
- Agreed upon payment is due at the time of service. Your insurance company will be billed for the services; however, **you are ultimately responsible for the full payment of my fees.**
- Accepted forms of payment include cash, check, Visa, MC, and Discover.
  - There will be a \$25 charge for any returned checks.

In addition to weekly appointments, **I charge \$120 hourly for other professional services you may need**, although I will break down the hourly cost if I work for periods of less than one hour.

### **Other professional services include:**

- **report or letter writing to teachers, physicians, psychiatrists, etc.**
- **site visits**
- **travel time**
- **longer sessions**
- **telephone calls lasting longer than 15 minutes**
- **attendance at meetings or phone consultations with other professionals (that you have authorized)**
- **preparation of records or treatment summaries**

**None of these services are covered by your insurance plan. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs. Due to the complexity and difficulty of legal involvement, the fee is \$170 per hour.**

### **Cancellation Policy:**

If you need to reschedule or cancel an appointment, please contact me as soon as possible. Not doing so takes away the opportunity to give that appointment to another client. Your insurance company will not pay for missed appointments. I understand that emergencies happen and will be happy to work with you in those situations.

- Appointments cancelled/rescheduled at least 24 hours prior to the session time will not be charged.
- Appointments cancelled/rescheduled with less than 24 hours notice will be charged \$40.
- No shows will be charged \$40.
- Reminder texts/calls are only made when our times allows us to do so. Do NOT rely on this courtesy to keep from missing appointments
- One no show may be allowed; after the second occurrence, I may choose to refuse the scheduling of future appointments.
- Frequent cancelling/rescheduling will incur a charge and may also result in a refusal of future appointments.

## **Professional Records**

I keep a record of the counseling services I provide to each client. You may ask to see and/or copy your record by making an appointment specifically for that purpose or I can prepare a summary for you instead. You may also ask me to correct your record.

## **Contact Information**

The primary way to get in touch with me is by contacting me on my cell phone at (479) 200-6034. I do not answer phone calls during session so please leave a detailed message including reason for the call and the best number to reach you (daytime number and evening number). Voicemail messages are confidential and I will return calls as soon as possible or within 24 hours. If you are in crisis and need immediate assistance, please call 911 or go to your nearest emergency room.

## **Confidentiality**

Protecting your privacy is very important to me. The information in your record is confidential and will not be disclosed to anyone without your written consent, unless required by law. The exceptions to confidentiality include:

- If you tell me that you are going to harm or kill yourself or someone else, I am required by law to do whatever I can do to prevent that from happening and to ensure your safety and the safety of others. This may require notifying family members, parents, legal guardians, legal authorities and/or the potential victim.
- If you tell me about incidents of child abuse, or the abuse of a disabled person or the elderly, I am required to report this to the proper authorities.
- I am required to release your records if they are subpoenaed by a court of law.

In addition to the above, there are several other situations where confidentiality cannot be insured, including:

- If you provide me with a request to release your records.
- If you are in family counseling, I cannot guarantee confidentiality will be maintained by other family members.
- If you are a child (under 18 years of age) or unable to voluntarily consent, a guardian must give written consent and can access your records.
- If you choose to file insurance or work with a managed care company, information regarding your treatment, diagnosis, prognosis, and the specific issue for which you have come to treatment are available to the insurance or managed care company. I make every effort to release only the minimum information necessary for the purpose requested. Once this information is given to the insurance or managed care company, however, I have no control over how the information is used. You will be asked to sign a release of information if records are requested from me. You have the right to deny the release of information
- If there is payment owed to Friendswood Counseling Center, LLC you will receive a letter. If payment is not made within two weeks of the letter, your name, address and amount owed will be released to a third party for collections.

I am a Licensed Professional Counselor with the State of Texas and services provided will be in accordance with the Code of Conduct for LPC's as set forth by the LPC Licensing Board. If you have concerns about our counseling relationship, I encourage you to address them with me directly. For licensure and compliance information, you may call: (512) 837-6658, or write to Texas State Board of Examiners of Professional Counselors, 1100 W. 49<sup>th</sup> Street, Austin, TX 78756-3183.

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**I have read and fully understand this document. All questions that I had have been answered to my satisfaction and I recognize that I have the opportunity now and in the future to discuss any question I may have with my counselor. I agree to the policies, procedures and fees explained herein. I agree to accept counseling from you and am voluntarily signing this form.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

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If the client is a minor list the name of the minor child

\_\_\_\_\_  
Name of child

I declare that I am the legal guardian and/or managing conservator of the above-named child and grant permission for his/her psychological treatment.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_