

## CONSENT FOR THERAPY

**Welcome!** This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our first meeting. When you sign this document, it will represent an agreement between us for therapy services.

**Therapy process.** Therapy is a professional relationship during which the therapist and the client work together to achieve the client's treatment goals. The nature of therapy varies depending on the personalities of the therapist and client, and the particular problems at hand. Our first few sessions will involve an evaluation of your needs and we will develop treatment goals. There are many different methods we may use to help you achieve your treatment goals. In order for you to get the most benefit from our work together, you will need to actively participate in sessions and continue to work toward change between sessions. If you have questions or concerns about my approach, please voice them when they arise. Therapy is a voluntary, collaborative process.

**Risks and benefits.** Psychotherapy can have both benefits and risks. Research has shown that therapy may have benefits for a wide variety of problems, for both children and adults. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Sometimes suicidal or homicidal feelings surface during treatment. It is important that you communicate with me about any urges to harm yourself or others so we can make a plan to ensure your safety or that of others.

**Fees.** I offer 45-minute (children), 60-minute (adult), and 120-minute sessions (couples). The length of the session will be determined when scheduled with the client. **It is important that you pay the agreed-upon fee at each session by cash, check or credit card. Fees are subject to change without notice.** \_\_\_\_\_ Initial here

In addition to weekly appointments, I charge the full session rate for other professional services including, telephone conversations lasting longer than 30 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other (non court-related) service you may request of me. My involvement with legal proceedings are evaluated on a case by case basis. It is your responsibility to communicate active legal proceedings to me. We will schedule a time to discuss your case to determine if my involvement is needed. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time, even if I am called to testify by another party. I charge \$300 per hour for preparation and attendance at any legal proceeding.

**Cancellations.** I realize that circumstances frequently arise that may cause you to miss a scheduled appointment and I try to be flexible in accommodating changes in clients' schedules. Please provide at least 24 hours notice if you need to cancel or reschedule your appointment. **If you are unable to provide notice for missing a scheduled appointment the day prior you will be charged the full session fee.**

**Termination of services.** There are several ways services can be terminated. The client could progress to the point where services are no longer needed, and a last session is agreed upon by client and therapist. Services can also be terminated when a client communicates that they no longer want to receive services. Upon this request services are terminated immediately. Clients can also stop making appointments without any notice. In this case if an appointment is not made within 6 months of the last appointment, services will automatically be terminated. If the client wishes to return at a later date, scheduling will be discussed at that time. If the client schedules 3 appointments in a row and no shows or cancels several times in a row the therapist can terminate services without notice. The therapist has a right to terminate services at any time with a client.

**Minors.** If you are under eighteen years of age, please be aware that the law may provide your parent(s) or legal guardian(s) the right to examine your treatment records. To maintain your privacy, it is my policy to request an agreement from guardians that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best

to handle any objections you may have with what I have prepared to discuss.

**Confidentiality.** It is extremely important to me to maintain your privacy and to protect your personal information. This is not only a legal obligation, but also an ethical and moral responsibility. Part of the power of therapy lies in clients feeling safe enough to share their innermost selves with another person. It is important to me to create that safe environment by diligently protecting your information – not only the contents of your treatment, but even the fact that you are a client. **Under no circumstances can sessions be recorded without the consent of all parties involved.** \_\_\_\_\_ Initial here

There are some cases in which your information may be shared with another party. The most common reason for this is when you give your written permission for information to be shared with another person, treating doctor or agency. However, I will always inform you of this circumstance prior to providing information to a third party.

There are also some instances in which it may be necessary for me to provide information to others without your permission. Most of these involve the physical safety of you or someone else. We may be required to break confidentiality in the following circumstances:

- If I believe that you may kill yourself or someone else
- If you inform me about child abuse, even if it occurred long ago or in another state
- If I am informed of the abuse of someone elderly or disabled
- If I learn of sexual abuse by a mental health professional
- If I am served with a court order
- Under the Patriot Act, the FBI may obtain access to your mental health records without your permission or your knowledge
- For administrative or record-keeping purposes (for example, in response to a complaint brought against me or legal action taken, such as a malpractice suit)
- Texas law also authorizes me to provide information to a collection agency if other efforts to collect payment have failed.

**Professional records.** The laws and standards of my profession requires that I keep your treatment records for 7 years after treatment is terminated for both adults and minors. You are entitled to receive a copy of your records. After 7 years the record will be deleted and no longer available.

**Complaints.** If you have a concern about your treatment, I hope that you would feel comfortable addressing it with me directly. You have a right to complain to the Texas State Board of Examiners of Professional Counselors if you have serious concerns. The TSBEPCC can be reached at (512) 834-6658.

**Contacting me.** I am often not immediately available by telephone. While I am usually in my office between 9 AM and 5 PM, I will not answer the phone when I am with a client. I will make every effort to return your call within one business day. Please state your full name and phone number clearly on my confidential voicemail when you leave a message and let me know when might be a good time to call you back.

**Emergencies.** Although I frequently check my voicemail, I may not be available if you urgently need to speak with someone. If an emergency arises and you feel you are in danger or harming yourself or someone else or being harmed by someone – please dial 9-1-1 or go to the nearest emergency room. In addition, Psychiatric Emergency Services (PES) offers 24-hour confidential crisis counseling over the telephone as well as in person. They can be reached at 713-970-7070.

**Your signature below indicates that you have read the information in this document and agree to abide by its terms during treatment.**

\_\_\_\_\_

Client Name

\_\_\_\_\_

Client Signature/Legal Guardian

\_\_\_\_\_

Date