

Passionately Ever After

Counseling Center

3550 Parkwood Blvd., A-201

Frisco, TX 75034

214.618.8202

CLIENT INFORMATION & OFFICE POLICY STATEMENT INFORMED CONSENT

New Client: Welcome!

Thank you for choosing to enter treatment with us. We know you had a choice. We will make every effort to honor your trust. This is an opportunity to acquaint you with information relevant to treatment, confidentiality and office policies. Should you have any questions, please ask.

Aims and Goals:

One of the major goals of therapy is to help you identify and cope more effectively with problems in daily living and to deal with inner conflicts which may disrupt your ability to function effectively. This is accomplished by:

1. Increasing personal awareness.
2. Increasing personal responsibility and acceptance to make changes necessary to attain your goals.
3. Identifying personal treatment goals.
4. Promoting wholeness through psychological therapy, medical and/or psychiatric care (as needed) with spiritual healing and growth.

You are responsible for providing necessary information to facilitate effective treatment. You are expected to play an active role in your treatment, including working with your therapist to outline your treatment goals and assess your progress. There may be negative consequences if you do not follow through with recommended treatment(s). You may be asked to complete questionnaires or do homework assignments. Your progress in therapy often depends much more on what you do between sessions than on what happens in the session.

Appointments:

Appointments are usually scheduled for 50 minutes. Appointments are available Monday – Thursday beginning at 8:00 a.m., on the hour, with the last appointment at 8:00 p.m. and on Saturdays beginning at 8:00 a.m., on the hour, with the last appointment at 3:00 p.m. Clients are generally seen weekly, but may be scheduled more/less frequently as individual needs dictate. You may discontinue therapy at any time, but please discuss any decisions with me beforehand. Abruptly stopping therapy can put you at risk. We can be reached 24/7 at the office telephone number above. You may leave a voice message and telephone number where you can be reached. We will return your call as soon as possible. **Should you require immediate assistance, call 911, your primary care physician or the crisis hotline (214) 828-1000 or (800) SUICIDE (24-hour assistance).**

Confidentiality/HIPPA:

Issues discussed in therapy are important and are generally legally protected as both confidential and “privileged.” However, there are limits to the privilege of confidentiality. These situations include: 1) suspected abuse of a child, elderly or disabled person, 2) suspected suicidal or homicidal ideation or you are unable to care for yourself, 3) court order to release information and/or records, 4) necessary information to submit insurance claims (if utilized) and coordinate care with a care manager of your insurance company, 5) natural disasters whereby your records may become exposed and 6) when a crime is committed in my presence. This information is discussed in greater detail in the tri-fold HIPPA notification form attached to this consent. Please ask your therapist any unanswered questions regarding confidentiality and your rights.

Relationship:

Our discussions often become intimate psychologically and emotionally. It is important for you to understand that we will have a professional relationship and not a personal one. Please do not invite us to social gatherings or expect that in any other way we will relate with each other outside our office. To protect this professional relationship and your confidentiality, should our daily activities coincide and we meet in public, you will not be acknowledged unless you initiate such contact. Gifts, bartering and trading services are not appropriate and should not be shared between you and your counselor.

Risks of Therapy:

Therapy is a Greek word for change. You may learn things about yourself that you do not like. Often growth cannot occur until you experience and confront issues that induce you to feel sadness, sorrow, anxiety or pain. The success of our work will depend on the quality of the efforts on both our parts and the realization that you are responsible for any and all lifestyle choices/changes that may result from therapy. Specifically, one risk of marital therapy is the possibility of exercising the divorce option.

Record Keeping:

A clinical chart is maintained describing your condition, treatment and progress, dates and fees for sessions and notes regarding each therapy session. Your records will not be released without your written consent, unless in those situations as outlined in the previous section. Records are secured in a locked cabinet.

Fees:

Fee for the initial visit is \$150. Each 45-50 minute session thereafter is \$110.

Payments:

Payment is due at the beginning of each session (cash, check or MC/Visa), unless other arrangements have been made in advance. We will file your insurance claim, but you are responsible for deductibles, co-insurance and co-payments. It is your responsibility to be familiar with your insurance benefits.

Cancellations and Missed Appointments:

Your therapy is a priority! If it is absolutely necessary that you cancel or reschedule an existing appointment, you are expected to give at least a 24 hour advance notice. A message may be left 24x7 at the office number above. Failure to give adequate notice will result in a \$40 administrative fee payable on or before your next scheduled appointment. (Insurance companies generally do not reimburse for failed appointments.)

Complaints:

You have the right to have your complaints heard and resolved in a timely manner. If you have a complaint about your treatment, therapist or any office policy, please inform me immediately and we will discuss the situation. If you do not feel the complaint has been resolved, you may also inform your insurance carrier or call the Texas Board of Examiners of Licensed Professional Counselors at 1.800.942.5540.

Consent for Treatment:

Your signature on the *New Client Registration* form acknowledging receipt of this information is your signature to consent to treatment with *Passionately Ever After Counseling Center*.