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Licensed Marriage and Family Therapist & Licensed Clinical Social Worker

INFORMED CONSENT AND AUTHORIZATION FOR PSYCHOTHERAPY

Life is about relationships, and marriage and family therapists specialize in helping people with relational issues. There are many different types of therapy, and I tend to use an eclectic and systems-based approach which takes into consideration where a person has been in their life and the many factors which are feeding into where they are right now.

Should you choose to proceed, a positive outcome then becomes our mutual responsibility. This begins with your trust in and commitment to the treatment process, and my commitment to address your questions and concerns as they come up during sessions. It also involves my commitment to you as your therapist, helping you to find healing and wholeness in your thoughts, feelings, behaviors and personal values, while you discover more rewarding ways of relating.

In addition to being a clinical process, therapy involves a professional arrangement, regulated by laws, ethics, your rights as a client, and my standard business practices. Before therapy can begin however, your agreement to the business practices described herein is required by initials at (6) specified places and your signature on Page 4.

If you are now or have been meeting with another therapist and our work together would duplicate the work you are doing with that therapist, you must first formally terminate treatment with that therapist before I can begin providing services. Your signature on page 4 warrants that you are not in a similar therapy elsewhere at this time.

PAYMENT OF FEES

Paying for therapy is often a very sensitive topic, and we can discuss your concerns about payment as needed. This section clarifies all fees, and defines your financial responsibilities.

1. (SELF PAY ONLY) Your fee is _____ (please fill in and initial amount) per (50) minute session, payable each session and beginning at your first appointment. A \$30.00 returned-check fee will be assessed.
2. Canceling appointments requires **a (24) hour notice by phone (including text message)** to avoid paying for that missed session. If we can reschedule during the week, there will be no cancellation fee charged. Please note that you will be

responsible for the entirety of the cost of the session, which includes any insurance reimbursement plus your co-pay or co-insurance. Please also note that insurance cannot be billed for missed sessions.

3. Please note that I give each client one “freebie” (no cancellation penalty) for one emergency with less than a 24-hour notice.
4. Written reports requiring more than 15 minutes to prepare and complete are billed to you proportionally at \$125.00/hr.
5. Telephone conversations between us, for any reason, in excess of (15) minutes per day may be billed proportional to your hourly fee.
6. Authorized telephone consultation(s) with anyone concerning your therapy will be billed to you proportionally at \$125.00/ hr. This service is generally not covered by insurance.
7. Appearing at meeting(s) or legal proceedings on your behalf is not covered by insurance, and is billable to you at \$125.00/hr. for the entire time spent away from the office.

Your initials here agreeing to the ‘Payment of Fees’: _____

CONFIDENTIALITY LIMITS AND EXCEPTIONS

1. Normally, everything we discuss will be held confidential. Unless you provide a signed authorization, I will not speak to or correspond with anyone about you.
2. If you choose to break confidentiality in any way (i.e., sending me an e-mail, applying for insurance reimbursement, telling anyone about your therapy), I cannot control or be held liable for the outcome.
3. Texas law and professional ethics either mandate or permit therapists to break client confidentiality under certain circumstances. Some ‘exceptions to confidentiality’ include situations in which there is reasonable suspicion that any of the following has ever occurred or is occurring now:
 - you or your child present a danger to self or others;
 - a child or dependent adult is the victim of emotional, sexual or physical abuse, neglect or unjustified mental suffering;
 - a dependent adult or any person over the age of 65 years is the victim of physical abuse, emotional abuse, abandonment, forced isolation, fiduciary abuse, or neglect.

Note that the preceding is a sample, and not a complete list of exceptions to confidentiality.

Your initials here agreeing to ‘Confidentiality Limits & Exceptions’: _____

MEDICAL, PSYCHIATRIC and PSYCHOLOGICAL EVALUATIONS

1. If medical, psychiatric and/or psychological evaluation seems warranted, we will discuss the nature of these evaluations and appropriate referrals will be provided. If the need for evaluation(s) by other professionals is established and you do not follow these recommendations, it may be necessary to suspend or terminate your therapy.
2. Certain medications that ease emotional suffering may be prescribed by another medical professional before and/or during the course of treatment. If you are already taking prescribed medications when therapy begins or you begin medication during the course of this therapy, your medication compliance will be a condition of treatment.

Your initials here agreeing to ‘Medical, Psychiatric & Psychological’ conditions:

LIMITS OF COMMUNICATION

1. Every effort will be made to assist you, especially during crisis. However, there may be times when my contacting you won't be possible. Therefore, you must agree to *first* call 911 or go to the nearest hospital Emergency Room for assistance, any time you suspect you are in crisis.
2. As a standard business practice, each appointment ends 50 minutes from the scheduled start of the appointment, regardless of your arrival time. I am not able to extend sessions since appointments begin on the hour. 50 Minutes is what is known as a standard therapeutic hour, as I use the other 10 minutes to write the progress notes and treatment plans required by my state licensing boards, and to handle managed care duties, if applicable.
3. Correspondence sent to this office is retrieved at random, and several days may go by before mail is retrieved. My office hours vary randomly from day to day, and normally no one is available to sign for deliveries.
4. I retrieve messages from my voice mail at (254) 458-5018 several times during the day (M-F) at random intervals. Calls made after 5:00 p.m. and on weekends will not be returned until the next business day.
5. If our initial contact was made by e-mail, please note that e-mail and fax machines are not confidential methods of communicating and are not used without your signed consent. Please note that I will not discuss clinical material via e-mail or text message for reasons of protecting you. In addition, it violates your confidentiality to communicate with me via any form of an on-line social network such as Facebook, so please be advised that I cannot accept friend requests from you.

Your initials here agreeing to ‘Limits of Communications’: _____

TREATMENT TERMINATION

1. If at any time during the course of your treatment I determine I cannot continue, I will terminate treatment and explain why this is necessary. Ideally, therapy ends when we agree your treatment goals have been achieved. Additional conditions of termination include:
 - You have the right to stop treatment at any time. If you make this choice, referrals to other therapists can be provided and you will be asked to attend a final 'termination' session.
 - Professional ethics mandate that treatment continues only if it is reasonably clear you are receiving benefit. If you are meeting with another therapist, you must first terminate treatment with that therapist before I can begin providing services. If you remain in therapy with someone else and this becomes apparent after we begin, I am ethically required to terminate your treatment.
 - Other legal or ethical circumstances may arise and compel me to terminate treatment. In these cases appropriate referral(s) will be offered. Also, I do not diagnose, treat, or advise on problems outside the recognized boundaries of my competencies.
 - Other situations that warrant termination include: regularly becoming enraged or threatening during session; persistent drug abuse; arriving under the influence of drugs or alcohol; disclosing illegal intentions or actions.

Your initials here agreeing with 'Treatment Termination' conditions: _____

RISKS ASSOCIATED WITH PSYCHOTHERAPY

Like many things in life, psychotherapy has inherent risks. Some of these risks to you are:

- disruptions in your daily life that can occur because of therapeutic changes;
- emotional pain due to exploring personal issues and family history;
- experiencing emotional pain within your current relationships;
- although therapy begins with the hope that your life and relationship(s) improve, there is no guarantee that this will occur.

Your initials here acknowledging 'Risks Associated with Psychotherapy': _____

AUTHORIZATION TO COMMENCE PSYCHOTHERAPY

Your signature below will verify that you have read (or that I have read to you) the information in this authorization and that you asked questions about anything you have not understood up to this point. By signing, you freely acknowledge your

willingness to undergo treatment using psychotherapy methods, as I deem appropriate and in accordance with this 'Informed Consent.'

You also agree to enter into a professional business arrangement according to all business practices outlined in this agreement. You accept total financial responsibility for payment of all fees and services as described, regardless of insurance coverage or any other 'third-party' payers.

You will also be releasing me of any liability that directly or indirectly results from disclosure or exchange of any information covered in this agreement. At your request, a copy of this and any other document in your record that bears your signature will be provided.

Signature

Today's Date

Printed Name

Today's Date

IN ADDITION TO PLACING YOUR INITIALS IN THE SPACE PROVIDED AFTER EACH SECTION, PLEASE INITIAL THE BOTTOM RIGHT CORNER OF EACH PRECEDING PAGE AS WELL. THANK YOU.