

# The Mind of Christ Counseling Center

## Informed Consent

**The Process:** Counseling therapy is designed to facilitate healing through a process of genuine dialogue. It is a collaborative effort by both the therapist and the client with the purpose of producing change in the client as needed for healing. Counseling encourages a personal awareness that could cause pain and anxiety. Changes sometimes produce disruption and turmoil. Appropriate and varying therapeutic techniques will be used to lead to a knowledge and awareness that results in healing. This process may be short term or long term depending upon individual needs.

**Qualifications:** Counselors have received the required Master degree and are licensed by the State of Texas as either a Licensed Professional Counselor or Licensed Professional Counselor Intern.

**Your Rights:** Entering into a counseling relationship is voluntary and you may terminate it at any time. You are an active participant in your therapy with the freedom to make and change goals, to question what options are available, to understand the consequences of different choices, to be informed of the risks of counseling, and to discuss counseling approaches openly and honestly. The law requires that treatment records be kept for at least 7 years. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when releasing such information might be harmful in any way. Upon your request, information will be released to any agency/person you specify unless releasing such information could cause harm. When more than one client is involved in treatment, such as in cases of couple and family therapy, records will be released only with signed authorizations from all the adults involved in the treatment.

**Your Confidentiality:** Because trust and openness are essential for effective counseling, all communication is confidential and will not be disclosed to anyone without your permission. Disclosure may be required by law when there is a reasonable suspicion of child, elder/incapacitated adult abuse or neglect; where a client presents a danger to self, to others, or to property; or when a family member communicates that the client presents a danger to others. Disclosures may also be required by the courts. Records will not be released to any third party unless the therapist is authorized to do so by all adult parties who were part of the family therapy, couple therapy or group therapy.

**Therapist's Rights:** The therapist's goal is to focus on your individualized need. If at any time, the therapist believes that the counseling relationship is not in your best interest, the therapist reserves the right to terminate the relationship in a safe way for your mental health. Arrangements will be made to refer you to another therapist. When additional support is needed, the therapist may confer with colleagues for a private consultation while protecting your confidentiality. Your active and honest participation in the therapy process is essential and expected. A therapist cannot guarantee results from counseling that will fulfill all wishes or goals of the client. You have the right to terminate therapy at any time.

**Financial Policies:**

1. Payment is required prior to each session at an agreed cost of \$135 per session which will last 50 minutes (An additional 10 minutes will be spent on notes and assessments).
2. Twenty-four hour notice is required for the cancellation of an appointment. Appointments canceled with less than 24 hour notice will be charged the full fee. Appointments missed because of inclement weather will not be charged.
3. Failure to pay fees promptly will result in cessation of counseling services, and you will be notified in writing of the cessation of services and the ending of the counseling relationship.
4. Counseling sessions which do not begin on time due to the late arrival of a client will end at the required time based on the appointment time.

**Court Testimony:** The goal of psychotherapy is the reduction of stress and interpersonal conflict. By starting treatment, you are agreeing not to involve your therapist in legal proceedings or attempt to obtain treatment records for legal or court proceedings. In the event that it is legally required to provide treatment records or testimony in any legal proceeding, the fee is \$150 per hour for any preparation time spent getting ready to appear or turn over documents. For a court appearance, the fee is \$750 per 4-hour block of time that is spent being “on call” to testify, traveling to and from court/deposition, waiting to appear, and/or testifying. The minimum charge will be 4 hours of time and subsequent time will be billed in 4-hour blocks. The initial \$750 is due in full one week prior to any scheduled court appearance/depositions. This is a standard fee for a professional counseling office.

**Insurance Policy:** Disclosure of confidential information may be required by your health insurance carrier or other third-party payer in order to process the claims. Only the minimum necessary information will be communicated to the carrier. We are an Out of Network provider for insurance companies and will provide you with billing forms if you want to file for yourself. To file for Out of Network benefits with your insurance: (1) Call the number on your card (2) Confirm Out of Network benefits for mental health (3) If so, then ask what the deductible amount is to be met, what percentage of the visits is paid for, and the address to mail your receipt. Mail them the receipt you are given, and they will refund your visit accordingly.

**Required Policies:**

1. Clients will not exhibit abusive, threatening or assaulting behavior.
2. Clients will not be under the influence of chemicals during counseling services.
3. If there is an emergency during therapy or after therapy that creates concern for your personal safety, the possibility of your injuring someone else, or about your receiving proper care, the therapist will act within the limits of the law to prevent you from injuring yourself or others and to ensure that you receive any necessary

medical services. For this purpose, the emergency name that you have provided may be contacted.

**Email Communication:** Confidentiality cannot be guaranteed in email communication. For this reason, therapy will not be provided through an email format. Should you wish to provide your therapist with information through an email, you may do so, however, you are notified that your confidentiality may be at risk. Please do not expect an email response from your therapist other than for logistical information. With your permission, necessary paperwork for your counseling appointment will be sent to you via email.

**Complaints:** An individual who wishes to file a complaint against a Licensed Professional Counselor may write to: Complaints Management and Investigative Section, P.O. Box 141369, Austin, Texas 78714-1369.

**Records:** Client records are held according to Texas State Board of Examiners Professional Counselors – code of Ethics Subchapter C. (§681.41)

**Emergencies:** If you have an emergency outside of office hours, you may attempt to contact your therapist personally. If your therapist is unavailable, please call 911 or go to your nearest hospital.

**I have read (or have had read to me) this Informed Consent as indicated by my signature on the The Mind of Christ Counseling Center Agreement Form.**