



Informed Consent for Counseling

1. Counseling is a collaborative process between you and a counselor to work on areas of dissatisfaction in your life and assist you with life goals. For counseling to be most effective, it is important that you take an active role in the process. Counseling activities are governed by the Texas State Board of Examiners for Professional Counselors. We do not take on clients we do not think we can help. Therefore, we will enter the relationship with optimism about the progress.
2. Time Parameters: Full sessions are scheduled for 55-minute segments and half sessions are scheduled for 25 minute segments.
3. Office Hours: office hours are Monday – Thursday from 9:00am – 4:00pm
4. Confidentiality: As a Licensed Professional Counselor in the State of Texas, we are bound by the Texas Administrative Code, Chapter 681 and the Health and Safety Code, Chapter 611. In accordance with these rules: information obtained in the counseling session or in written form will not be disclosed to any outside person(s) or agency without your written permission except when such disclosure is necessary to “protect you or someone else from imminent harm” or is otherwise legally required and/or allowed by law (such as abuse of a child, elder, or disabled person or court order). If you are under 18, your parents or legal guardian(s) may have access to your records and may authorize release to other parties. Furthermore, if you want your EAP or insurance to pay for all or part of your treatment, we must be able to discuss your diagnosis and treatment with their representative.
5. Risks: Counseling has both benefits and risks. Possible risks include the experience of uncomfortable feelings (such as sadness, guilt, anxiety, anger, frustration, loneliness, or helplessness) or the recall of unpleasant events in your life. Potential benefits include significant

reduction in feelings of distress, better relationships, better problem-solving and coping skills, and resolutions of specific problems. Given the nature of counseling, it is difficult to predict what exactly will happen, but we will do our best to make sure you will be able to handle the risks and experience at least some of the benefits. However, counseling remains and inexact science and no guarantees can be made regarding outcomes.

6. **Electronic Transmission:** we cannot ensure the confidentiality of any form of communication through electronic media. You are advised that any email sent to us via a computer in a workplace environment is legally accessible by an employer.
7. **Records:** we are required by law to maintain records of each time we meet or talk on the phone. These records include a brief synopsis of the conversation along with any observations or plans for the next meeting. A judge can subpoena your records for a variety of reasons, and if this happens, we must comply. We can be called to testify about the contents of the records and we must comply. Also, in order to file for insurance reimbursement, we have to assign you a diagnosis. If you have any questions about this, please let us know. We will share any information with you that we provide to an insurance provider.
8. **Consultation:** Information about you may be discussed in confidence, without revealing your identity, with other counseling professionals for the purpose of consultation and providing you the best possible service.
9. **Fees and Payment will be collected at the time of service. Our fee for individual, marriage, family, play therapy is dependent upon your counselor's fees.** We are considered out of network with all insurance companies, however, if you belong to an insurance company and wish to file, we will provide you with an itemized statement so that you can file it with your insurance company in order to have them reimburse you directly. It is our policy to keep a credit card on file at all times. We will not charge your credit card unless you have given us permission in order to pay for services rendered, fail to cancel a session within 24 hours or fail to show up for a scheduled appointment. It is also our policy to turn delinquent accounts over to collection after 90 days. If it becomes necessary to do this, there will be an additional 10% charge to the outstanding balance. The fee for any returned checks is \$35 on top of the fee for services.
10. **Cancellation:** If you find it necessary to cancel an appointment, please contact us at 832-600-3356 at least 24 hours in advance.

Cancellations with less than 24 hours advance notice will be charged at full fee. Note that if you fail to cancel with greater than 24 hour notice or you fail to show for a scheduled appointment, your credit card will be charged the full fee.

11. Emergencies: If an emergency situation for which you feel immediate attention is necessary, please contact emergency services (911) immediately or go to your nearest hospital emergency room. We will follow those emergency services with standard counseling and are available to be paged at 832-600-3356 – please indicate when a call is urgent as calls are returned during normal business hours.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on March 1, 2021 Acknowledgement of Receipt of Privacy Notice.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPPA Notice of Privacy Practices.

Parent Signature

Date

Parent Signature

Date