**Client Information and Consent**

Welcome! We hope to ensure that your participation in counseling is productive and satisfying. In order to facilitate the therapeutic relationship, We have set forth certain information that will enable you to make an informed decision as you enter into the therapeutic relationship. This document contains important information about our professional and business policies. Please read it carefully, and note any questions you might have. Once you sign this consent form, it will constitute an agreement between you and Transitions Therapeutic Services.

# Qualifications

All therapists in the practice are licensed in the state of Texas. All hold a minimum of a Masters Degree in a counseling or related field.

# Mental Health Services

While it may not be easy to seek help from a mental health professional, it is hoped that through therapy you will change in the following ways: 1) gain greater insight into your situation and feelings; 2) develop expanded awareness of your life, relationships, circumstances, and future; 3) move toward resolving your concerns; and 4) develop a life plan that promotes greater realization of your human potential, happiness, and success.

As we work towards your own healing, it is important to be aware that therapy has 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, improved relationships, better problem-solving and coping skills, and resolutions of specific problems.

# Appointments and Cancellations

Initial appointments are made by calling our main line at (469) 712-5481 or submitting an email through our website at www.northtexascounselor.com At Transitions Therapeutic Services, we value our counselors time and ask them to also be consistent and reliable to our clients. For this reason, we require that you call/email/notify with at least 24 hour notice of any need to cancel an appointment to allow our counselors to see other clients in need.

Failure to do so within this time frame will result in you being charged for the missed appointment. The charge for the first late notice cancellation or no show appointment is $75. Each additional no show/late cancellation is $100. We do accept cancellations through phone call, voicemail, or email at tjones@northtexascounselor.com Please note-if you are scheduled for a recurring appointment time, and miss two appointments in a row, we may remove you from the recurring time slot. If this occurs, you will need to contact our front office to get back on the schedule. If you experience a life-threatening emergency, please go to your nearest ER or call 911. Otherwise, you may leave a non-urgent message on any therapist’s voicemail, and your call will be returned at a suitable time.

# Number of Visits

Therapy generally involves a large commitment of time, money, and energy, so it is your right to be careful about the therapist you select. If you have questions or concerns after, prior to, or following the initiation of therapy, please do not hesitate to discuss these with your therapist. If needed, appropriate referrals will be given.

If you decide to seek services with Transitions Therapeutic Services, the number of sessions needed depends on many factors. One 45-55 minute session per week at a mutually agreed upon time is typical. The overall length of therapy is generally difficult to predict, but is something that can be discussed during the initial session.

# Fee-related Issues

Fees for individual sessions range from $75-$150 USD. This fee includes any telephone conversations lasting less than 10 minutes. Any additional phone conversations, meetings, or consultations that you have requested with other professionals, etc, may require additional fees. In unusual circumstances, you may become involved in litigation wherein you request or require the participation of your therapist. You will be expected to pay for such professional time even if your therapist is compelled to testify by another party. You will be expected to pay for each session at the time that it is held. Payment schedules for other professional services will be agreed to when these services are requested. In circumstances of unusual financial hardship, you may negotiate a fee adjustment or installment payment plan. Once your standing appointment hour is scheduled, you will be expected to pay for it (even if it is missed) unless you provide 24-hour advance notice of cancellation. If you have any questions or concerns regarding your account, please be advised your counselor will not be able to assist with these concerns. Please contact our front office at 469-712-5481 or email tjones@northtexascounselor.com if you have questions or concerns.

To enable realistic treatment goals and priorities to be set, it is important to evaluate what resources are available to pay for your treatment. If you have a health benefits policy, it will usually provide some coverage for mental health treatment when a licensed professional provides such treatment. Transitions Therapeutic Services will provide you with whatever assistance possible to facilitate your receipt of the benefits to which you are entitled, including completing insurance forms as appropriate. However, you (not your insurance company) are responsible for full payment of the fee.

**EAP VISITS**

If you plan to use Employee Assistance Program benefits- 1) You must get authorization from your EAP provider for the specific counselor in the practice prior to the first visit 2) You must provide the EAP authorization number and session number covered to our front office (not your counselor) prior to your first visit 3) EAP usage is subject to availability

# Confidentiality

All information disclosed within the sessions is kept confidential and are not revealed to anyone without written permission. The exception to this is where disclosure of a reasonable suspicion of abuse of children or elderly persons, where the client presents a serious danger of violence to others, or where the client is likely to harm him or herself unless protective measures are taken.

*Signature page to follow*

# Client Consent to Psychotherapy

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand. I understand the limits to confidentiality required by law. I consent to the use of a diagnosis, if relevant, and to release of that information if needed to complete the billing process. I agree to pay the fee of $75-150 per session. I understand my rights and responsibilities as a client, and my therapist’s responsibilities to me. I agree to undertake therapy with Transitions Therapeutic Services. I know I can end therapy at any time I wish, and that I can refuse any requests or suggestions during treatment.

Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Signature (if client under 18 years of age)

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I consent for the therapist to communicate with me by mail, by email, and by phone at the following addresses and phone numbers, and I will immediately advise in the event of any change:

Address:

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Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_