

Caring Counseling Services L.L.C.
6306 Kenwood Avenue
Dallas, Texas, 75214

CLIENT CONSENT FORM

THERAPIST

The undersigned self-employed therapist in private practice is a Licensed Professional Counselor engaged in private practice providing mental health care services to clients directly and as an independent contractor/provider for various managed care entities. Although, the undersigned therapist utilizes office space provided by St. Thomas Aquinas Church and receives client referrals from the Church, this therapist is not an employee or agent of the Church.

MENTAL HEALTH SERVICES

While it may not be easy to seek help from a mental health professional, it is hoped that you will be better able to understand your situation and feelings and move toward resolving your difficulties when you choose to talk to a counselor. The therapist using her knowledge of development and human behavior will make observations about the situations as well as suggestions for new ways to approach them. It will be important for you to explore your own feelings and thoughts and to try new approaches in order for change to occur. You may bring other family members to a therapy session if you feel it would be helpful or if this is recommended by your therapist. You and the therapist will discuss and agree upon goals, purpose and techniques for your therapy.

APPOINTMENTS

Appointments are made by calling (214) 821-3360 Ext. 242 or (214) 502-8678, Monday through Friday, between the hours of 9:00 a.m. and 5:00 p.m. Please call to cancel, or reschedule, at least 24 hours in advance.

LENGTH OF VISITS

Therapy sessions are 45 minutes in length but may take longer according to client's needs and will be charged accordingly.

RELATIONSHIP

Your relationship with a therapist is a professional and therapeutic relationship. In order to preserve this, it is imperative that the therapist not have any other type of relationship with you. Therapy never involves any dual relationship that would impair the therapist's objectivity and clinical judgment. Personal and or business relationships undermine the effectiveness of the therapeutic relationship. It is your responsibility to advise your therapist if any dual or multiple relationships becomes uncomfortable for you in any way. He/she will listen carefully and respond to your feedback and will discontinue the dual relationship if you find that it is, or may interfere with the effectiveness of the therapy or your welfare.

The therapist cares about helping you but is not in a position to be your friend or to have a social and personal relationship with you. However, it is important to note that sometimes dual or multiple relationships can be unavoidable. If this occurs, the therapist will never publicly acknowledge working with you without your written permission.

The therapeutic relationship cannot be exploitative in nature. Gifts are not appropriate and should not be shared between you and the therapist.

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FINANCIAL POLICY AND MISSED APPOINTMENT POLICY

FINANCIAL POLICY

Please read carefully the financial and missed appointment policy. If you have questions feel free to ask your therapist prior to signing your consent for treatment.

Fees: Counseling sessions are 45 minutes long. The fee for private pay for a 45 minute session, either face-to-face or by phone, is \$160 for an initial session. The fee for follow-up sessions is \$120. A first time patient is charged \$65 by credit card to hold their appointment time. This fee is non-refundable but it is credited to your account toward your future co-pays or any deductible that may apply once benefits are verified. Benefits are not verified in advance as many insurance plans require a diagnosis to quote specific mental health benefits. Payment is collected at the first of the session. We also ask you to place a credit card on file for future billing.

There will be a \$30.00 charge on all returned checks.

Insurance Patients: If you have health insurance Caring Counseling Services or its authorized billing agent is happy to call your insurance company and verify your insurance benefits. They will also file your insurance for you. If your insurance covers a portion of your therapy we will be happy to wait for 60 days for your insurance to pay their portion. You will, however, be responsible for your deductible and co-pay or co-insurance. That portion of your care will be due at the time of your appointment. You will be responsible for all allowable charges not covered by your insurance company. Please make certain to bring your Driver's License and Insurance card to your first session.

Self-Pay Patients: Patients with extremely high deductibles or no mental health coverage may elect a Self-Pay option instead of filing to their insurance. Self-Pay rate is to be discussed with your Therapist, and payment is expected at the time the service is rendered.

Methods of Payment: Caring Counseling Services accepts cash, checks, and major credit cards.

Payment in Advance: If your therapist suggests more than ten visits, you may pay for them in advance and receive a discount of 10%. Payment for multiple visits must be made by the third visit.

MISSED APPOINTMENT POLICY

Twenty-four hour notice is required for the cancellation of an appointment. You are responsible for calling to reschedule your appointment. Appointments canceled with less than 24 hours' notice will be charged your full fee. Your charge will be applied to your credit card on file.

I have read and agree to the above conditions.

Signature of Client

Date

Signature of Client

Date

Signature of Therapist

Date

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INFORMED CONSENT AND CONFIDENTIALITY

CONFIDENTIALITY

Everything you say in your counseling sessions and all written notes taken by your therapist are confidential and may not be released to anyone without your written permission except where disclosure is required by law. When more than one client is involved in treatment, such as in cases of couple and family therapy, records can only be released when all the adults involved in therapy have signed a release of information.

WHEN DISCLOSURE IS REQUIRED BY LAW

Disclosure is required or may be required by law when there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled; or when a client's family members communicate to the therapist that the client presents a danger to others. Disclosure may also be required by the courts in cases of criminal prosecutions, child custody suits, suits in which the mental health of a party is in issue, situations where the therapist has a duty to warn or disclose, fee disputes between the therapist and the client and in a negligence suit or a licensing board complaint brought by the client against the therapist.

In the event disclosure of your records or testimony is required by law, you will be responsible for, and shall pay, the costs involved in producing the records at the therapist's normal hourly rate for the time involved in preparing your records. Court or legal testimony will be charged at **\$ 300.00 per hour** including travel time. **All extra legal fees incurred will be paid by client.**

HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS

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.

By signing this information and consent form you are giving your consent to the undersigned therapist to share confidential information with all persons mandated by law, with the agency that referred you and the managed care company and/or insurance carrier responsible for providing your mental healthcare services and payment for those services. You are also releasing, and holding harmless, the undersigned therapist from any departure from your right of confidentiality that may result.

EMERGENCY

If there is an emergency during therapy or after therapy, and your therapist becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, your therapist will do whatever she/he can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive proper medical care.

In the event that the undersigned therapist reasonably believes that I am a danger, physically or emotionally, to myself-or another person, I specifically consent for the therapist to warn any person in a position to prevent harm to myself or another person, including the person in danger, and to contact the following persons in addition to medical and law enforcement personnel.

NAME(S)	RELATIONSHIP TO CLIENT	TELEPHONE NUMBER(S)
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RECORDS AND YOUR RIGHT TO REVIEW THEM

The law requires that records be kept for at least 6 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 your therapist feels that releasing such information might be harmful in any way. Upon your written request, your therapist will release information to any agency/person you specify unless your therapist believes that releasing such information might be harmful in any way.

THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE

Therapy's success depends upon the quality of your efforts and the realization that you are responsible for life style choices/changes that may result from therapy; a therapy that can affect you in many ways. It is important that you be open and honest with your therapist. You might have to talk about unpleasant events which might cause you discomfort and challenge some of your ways of thinking. You must also know that while change is expected, there is no promise that this therapy will yield a positive result. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. Your therapist will draw on various psychological approaches that may include, behavioral, cognitive, existential, family system, developmental, humanistic, spiritual or psycho-educational approaches. Your therapist does not prescribe drugs.

TELEPHONE & EMERGENCY PROCEDURES

Between appointments, your therapist can be reached at (214) 502-8678. If your therapist does not answer, he/she will return your call as soon as possible. A mental health professional or your therapist is NOT on call when your therapist's office is closed. If an emergency situation arises (urgent issues requiring immediate attention,) indicate it clearly in your message and if you need to talk to someone immediately call 911 or go to your nearest emergency room. You may also consider contacting one of the following:

Dallas Suicide & Crisis Center: (214) 828-1000
Contact Dallas: (972) 233-2233

TREATMENT PLANS

Your therapist will discuss with you his/her understanding of the problem, treatment plan, therapeutic objectives, and views of possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy or about the treatment plan, please ask and your therapist will explain it to you. You also have the right to ask about other treatments for your condition and their risks and benefits.

TERMINATION

After the first meeting, your therapist will assess if he/she can be of benefit to you. Your therapist will not accept clients who, in his/her opinion, he/she cannot help. In that a case, your therapist will give you a number of referrals whom you can contact. If at any point during therapy you are non-compliant, your therapist will terminate treatment and provide you a number of referrals that may be of help to you; upon your request, your therapist will provide your newly found therapist with the essential information needed. You have the right to terminate therapy at any time.

SOCIAL NETWORKING AND INTERNET SEARCHES

At times, your therapist may conduct a web search on clients before the beginning of therapy or during therapy. If you have concerns or questions regarding this practice, please discuss them with your therapist. The latter will not accept friend requests from current or former clients on social networking sites, such as Facebook since it will compromise their privacy and confidentiality. For this same reason, no communication will take place via any interactive or social networking web sites.