

INFORMED CONSENT & PROFESSIONAL DISCLOSURE FORM

This document is to provide you with information about me as your therapist, as well as the therapeutic process and business practices. Please ensure that you have read this document carefully, if you have any questions we can discuss those at our first meeting. Your signature on this document ensures both your understanding and agreement to the information.

CLIENT/THERAPIST RELATIONSHIP: Sessions may be very intimate psychologically as we work together to reach your goals of therapy, however it is extremely important to understand that we (your therapist and you) have a strictly professional relationship and only involves the therapeutic aspect. I can best serve you by limiting contact with you, other than chance meetings, to therapeutic appointments and avoiding all social contact. Gifts are not appropriate, neither is any sort of trade of service for service.

YOUR THERAPIST: I received my Master's degree in Counseling from The University of St. Thomas in May 2014. I also have a Bachelor of Science degree in Family and Consumer Science from Colorado State University. I am a high school counselor as well as a Licensed Professional Counselor.

Areas of competence and techniques: My areas of competence include individual counseling, crisis counseling, as well as marriage and family counseling. It is my firm belief that each person has the ability to both make their own decisions as well as resolve their own concerns; my job as a therapist is to facilitate each person in this journey. Your own self-awareness, self-worth, independence, and overall mental health and wellbeing is the goal of therapy.

The techniques I use in therapy is a combination of person-centered therapy and solution-focused therapy. Occasionally I may use other techniques and forms of therapy as determined to be appropriate for clients.

THERAPUTIC PROCESS: It is important during the therapeutic process that both therapist and client work well together to achieve the client's goals. During your first few visits, we will evaluate your various concerns, needs, and goals. From that, I will develop a treatment plan. For you to get the most out of our work, you will need to actively participate in our sessions as well as continue to work towards change between sessions. If you feel the need to alter the goals, or you have concerns about the plan or my approach, you are welcome to voice those concerns during our sessions.

RISKS AND BENEFITS: Many studies have shown that counseling can be beneficial to help with an overall sense of wellbeing for people. Therapy and counseling can often lead to improved relationships, reduction in negative emotions and distress as well as help with specific problem solving. However, as with many forms of treatments there are some risks. During our sessions, we may end up discussing things that bring uncomfortable emotions such as guilt, fear, shame, and sadness, as well as bring back various painful memories. It is important for you, the client, to allow this to be part of the therapeutic process, to endure, and to overcome these moments.

CONFIDENTIALITY: Discussions between a therapist and a client are confidential. It is extremely important to maintain a sense of safety and confidentiality so that the client feels most comfortable sharing their inner most thoughts and feelings. It is important for me to protect your information – both the content of our sessions as well as your identity as a client.

I will not release information without your written consent unless mandated by the law. However, I may also be required to break confidentiality in some instances without your permission. Some of these instances include; if I believe you are going to harm yourself or someone else, I gain knowledge of elderly, disables or child abuse (even if it occurred years ago or in a different state), knowledge of sexual exploitation of a previous therapist, and other reasons as specified by the laws of this country and state.

In accordance with state laws, I will maintain a written record of our counseling sessions for 10 years after treatment (adult) or 10 years after reaching the age of majority. You are entitled to a copy of these records.

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FEES AND PAYMENT: Credit card payment will be collected prior to the start of each session. I will not accept cash, or checks.

Type of Service	Fee
Initial Consultation	\$ 120
Individual Therapy Adults (55 minutes) Children (45-50 minutes)	\$ 90
Couples (55 minutes)	\$ 125

Type of Service	Fee
Family Therapy (75 minutes)	\$ 125
Group Therapy - 3-6 adults/children	\$ 80 per person
Consultation with other professionals (30 minutes)	\$ 40

CANCELATIONS: Please provide at least 24 hour notice if you need to cancel or reschedule an appointment. You will be charged \$90 on your account for not canceling your appointment within 24 hours.

CONTACTING ME: You are welcome to call and/or text me to schedule, reschedule, or cancel appointments. However, I may not always be available to answer the phone or contact you back right away, but will make every effort to return your call within one business day. If you urgently need to speak with someone because you feel you are in danger of hurting yourself or someone else, please call 911 or go to the nearest emergency room. 24-hour psychiatric emergency services can be reached at (713) 970-7000.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during treatment.

Client printed name

Client/Parent/Guardian Signature

Date

Client printed name

Client/Parent/Guardian Signature

Date

M. Kirstine Benoit, LPC

Date