

Kiana Gaston, B.A., Practicum Student
Supervised by Debbie Edmunds, MA, LPC-S
www.H.O.P.E.PsychotherapyOfHouston.com
Consent for Services and Treatment

Thank you for choosing to receive your therapy services from me!

This contract is a reciprocal agreement with corresponding rights and responsibilities on both sides.

THE COUNSELING RELATIONSHIP

All Counselors (hereafter referred to as providers) are required to adhere to the Code of Ethics and Standards of Practice as put forth by the Texas State Board of Examiners of Professional Counselors. This code precludes dual relationships in order to protect the rights of the Patients and maintain the objectivity and professional judgment of the provider of services. In the event that a relationship outside the therapeutic relationship is unavoidable, the provider of services will discuss the situation with the Patient and resolve the issue with the Patient professionally and in a manner most suitable to the Patient's needs.

_____Initials

LIMITS OF CONFIDENTIALITY

While HIPAA and the Right to Privacy Act bind all providers of Mental Health Services, there are limitations. Some specific limitations of confidentiality are:

- When the Patient waives their right to privacy and gives written consent,
- When disclosure is required to prevent clear and imminent danger to the Patient or others,
- In matters affecting the welfare or abuse of children and elderly persons, and
- When ordered by an official of the court as required by law.

In the event of a treatment team, supervisory status, or peer review, the Patient will be informed prior to services being rendered, of every person who may have access to the file or information pertaining to the Patient. In the event of one of the above stated instances, the provider of services will disclose only what is essential information required by the given circumstance. I am working under the supervision of Debbie Edmunds, MA, LPC-S. She can be reached at 281-373-5200.

_____Initials

FINANCIAL ARRANGEMENTS

Patient appointments are \$30 and are due at the time services are rendered.

If for any reason you cannot make a scheduled appointment, please contact our office 24 hours prior to your appointment to avoid being charged a no call/no show/late cancellation fee.

_____ **Initials**

FOCUS OF SERVICES

All Patients have the right to be informed of the goals and purposes, techniques, procedures, limitations, possible risks, and the benefits of services to be performed. Goals of treatment and procedures to be used will be agreed upon by the Patient and the provider. This is usually done in the first or second session, after the provider has obtained an extensive psychosocial history from the Patient. This history enables the provider and the Patient to complete the most effective treatment plan and set appropriate goals for therapy. Patients are encouraged to ask questions about any of the aforementioned aspects of the services to be provided. Patients have the right to have such questions answered in terms clearly understood by the Patient.

Therapeutic treatment procedures may include, but are not limited to, homework assignments, role-playing, written assignments, assertiveness training, or social skills training. During the course of your individual therapy other recommendations may be suggested, such as participation in group therapy, 12-step recovery or other support groups. Should this happen, the provider will supply the information necessary to facilitate the recommendations. With some therapies there are possible side effects and some risks are involved. Therapy is often emotional and draining for the individual and things may appear to get worse before they get better. Anxiety may result from dealing with and facing emotional issues. Relationships may change as you make changes in your personal life and gain increased self-knowledge and understanding. As a result of your therapy sessions, your provider may recommend you go to a psychiatrist to evaluate the need for medication.

If for some reason you would like to terminate your therapy the provider will explore alternative choices with you and make appropriate recommendations if desired. Some alternatives to therapy may be 12 step recovery programs, support groups, services offered by churches or community centers in your area, inpatient treatment, or support of family and friends.

Appointment duration, times, and frequency will be determined based on the individual needs of the Patient. Generally, appointments will last 50 minutes and being late for an appointment by 20 minutes or more may require that you reschedule. The duration of therapy will be determined by Patient progress, the desired goals of the intervention, treatment type, and mutual agreement between the provider and the Patient. The provider and the Patient will decide when to terminate therapy based on the Patient's needs. In the event that a provider feels they are unable to assist a Patient, when it is clear the Patient is no longer benefiting, when services are no longer meeting the needs of the Patient, or the Patient is not willing to pay the agreed upon fees for services, therapy will be terminated. The provider may also terminate therapy in the event the Patient has missed three appointments without calling to cancel 24 hours prior to the

scheduled appointment. The Patient has the right to terminate therapy at any time for any reason.

Upon termination of therapy the provider will assist the Patient in finding other services or another therapist, when necessary. Closure is an important part of the therapeutic relationship for both the provider and the Patient. For this reason we encourage a termination appointment for all Patients that are ending individual therapy.

The provider does not use video or tape recording devices without prior consent of the Patient. Patients have the right to have access to and view their records at any time. However, these records are maintained and owned by the provider. Access to these records are limited to all other individuals unless given prior consent by the Patient, when

required by law, and in situations involving minors, under the age of 16.

_____ Initials

Kiana Gaston, BA, Practicum Student is working under the supervision of Debbie Edmunds, MA, LPC-S. She can be reached at 281-373-5200.

The terms and conditions of this contract can be renegotiated upon the request of the Patient and/or the provider (with Patient approval) at any time.

If at any time the Patient has a problem or complaint against the provider that cannot be resolved between the provider and the Patient, please contact the provider's supervisor, Debbie Edmunds, MA, LPC-S, at 281-373-5200. The general complaint line for Mental Health providers in Texas is 1-800-821-3205 or you may also contact the Texas State Board of Examiners of Professional Counselors, 1100 West 49th St., Austin, TX 78756-3183.

I _____ have read and

Patient Signature or Parent/Guardian signature if Patient is a minor

understand the above guidelines of the informed consent. I have been given the opportunity to ask questions and have been informed of the rights of confidentiality and my rights as a Patient. I understand that the contract for services portion of this contract can be renegotiated at any time by my request or consent. I agree to the treatment, procedures, and goals of therapy as discussed with the provider. I have received a copy of the informed consent and the contract for services.

Patient Name (please print)

Patient Signature or Parent/Guardian signature if Patient is a minor