

**Informed Consent and Practice Policies**

Thank you for choosing counseling with me. Our work together aims to bring positive change to your life

**Counseling Process** - Counseling is teamwork where we build trust and discuss concerns. Feelings may intensify before improving. Sessions needed vary, and you're in control to end whenever. There are guidelines for respectful communication.

**Fees** - *Charges are $200 for individuals. Couples/business coaching charges may vary*, payable in cash or app transfer. Other services have separate fees, e.g., records, reports, court testimony. **Payment is due before each session.** *Cancellation within 24 hours* is charged in full, insurance doesn't cover it. A *$1500 retainer* will be needed if litigation is to occur. Failure to keep your account current may result in legal action or collection agency intervention. **Initial \_\_\_\_\_\_**

**Insurance** - Fill out Insurance Authorization. You're responsible for uncovered costs, like deductibles or missed appointments.

**Emergency Care** - Call 911 or crisis line for emergencies. No backup when I'm out of town.

**Communication** - Emails/texts are insecure. You may limit it to scheduling. By initialing, you agree to responses in the same format. \_\_\_\_\_\_\_\_ initial

**Telehealth** - Virtual sessions have risks, like hacking. \_\_\_\_\_\_\_\_\_initial

**\*If having Physical Abuse issues you** need to seek another therapist.  **Initial\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*No Profanities or Yelling at the Therapist is permitted. If this occurs you need to seek another therapist. Initial \_\_\_\_\_\_\_\_\_\_\_\_**

**Consultation** - Privacy is vital. Confidentiality may be broken if it’s a life-or-death situation. Child therapy info stays private. Sharing details with other professionals requires consent.

**Complaints** - Address issues with me first. If unresolved, contact the Texas State Board of Examiners of Professional Counselors.

By signing below, you confirm your consent and understanding of these policies.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_