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FOR YOUR INFORMATION AND CONSENT

I am pleased you have selected me as your counselor. This document is designed to inform you about my background and to ensure that you understand our professional relationship. I am licensed by the State of Texas as a Licensed Professional Counselor and a Licensed Marriage and Family Therapist. I have a general practice dealing with a wide range of issues. I do have special interest in the area of adjustments to stress and trauma, depression recovery, anxiety management, marital therapy, and helping families manage Attention Deficit Disorder with Hyperactivity. I hold a Doctor of Philosophy (PhD) in Pastoral Counseling from the School of Theology at the Southwestern Baptist Theological Seminary. I attended Texas Christian University's Brite Divinity School, taking coursework and working in their Pastoral Care and Training Center. I also did post-graduate work in the Doctor of Education program of the School of Religious Education program of the School of Religious Education of Southwestern Seminary in the areas of psychology and counseling. I also had post-graduate course work in the Clinical Psychology Program at the University of North Texas. I am also a graduate of the Multidisciplinary Institute in Child Sexual Abuse Investigation and Treatment offered by the Tarrant County College Police Academy.

I have been a professional counselor and marriage and family therapist since 1981. I only accept clients in my practice who I believe have a capacity to resolve their own problems with my assistance. I believe that as people become more accepting of themselves, they are more capable of finding happiness and contentment in their lives. However, self-awareness and self-acceptance are goals that sometimes take a long time to achieve. Some clients need only a few counseling sessions to achieve these goals, while others may require months or even years of counseling. As a client, you are in complete control, and may end our counseling relationship at any point. I will be supportive of that decision. If counseling is successful, you should feel that you are able to face life's challenges in the future without my support or intervention.

Although our sessions may be very intimate psychologically, it is important for you to realize that we have a professional relationship rather than a social one. Our contact will be limited to sessions you will arrange with me. Please do not invite me to social gatherings, offer me gifts, or ask me to relate to you in any other way other than in the professional context of our counseling sessions. You will be best served while I am seeing you for counseling if our relationship stays strictly professional and if your sessions concentrate exclusively on your concerns. You will learn a great deal about me as we work together during your counseling experience. However, it is important for you to remember that you are experiencing me in my professional role.

I will keep confidential anything you say to me, with the following exceptions: a) you direct me to tell someone else, b) I determine you are in danger to yourself or others, c) I am ordered by a court to disclose information, d) you disclose knowledge of physical or sexual abuse to a minor, or, e) you disclose sexual contact with another health professional. I assure you that my services will be rendered in a professional manner, consistent with accepted ethical standards. Sessions are 45 minutes in duration. The American Medical Association has set 45 minutes standard for a psychotherapy session's length. Please note that it is impossible to guarantee any specific results regarding your counseling goals. However, together we will work to achieve the best possible results for you.

If you are part of a benefit plan that has a contract with me at a special rate, you are responsible for paying any deductible and/or co-payment established by the contract and the full fee for any missed sessions without 24 hour notice. Otherwise, in return for a fee of \$175 for the initial consultation, \$125 per individual or family session and \$50 per 90 minute group session, I agree to provide counseling services to you. (A sliding scale fee schedule is available based upon your ability to pay.) If you require forms filled out or letters or reports written, this cost is not covered by insurance. The fee for such service is \$50 per form or hour, whichever is less. The fee for each session will be due and must be paid at the conclusion of each session. Cash or personal checks, and Mastercard/Visa are accepted for payment. A receipt is available for all fees paid. In the event you will not be able to keep an appointment, you must notify me **24 HOURS IN ADVANCE**. If I do not receive such advanced notice, you will be responsible for paying for the session you missed.

If legal actions occur in which I am requested or subpoenaed to provide testimony, (**even if the subpoena is sent from the opposing side of the case**), you will be responsible to provide the following: 1) Travel expenses; 2) Hourly, or per diem fees, based on my hourly rate for initial consultations, from the time I leave my office until I return. At least 50% of the anticipated cost will be expected prior to the court appearance.

If you choose my office to do so, we will submit claims to your insurance company. In the event that you request any services other than what your insurance considers “covered services”, you will be responsible for paying for these services. My office will do its best to clarify for you what is a covered expense or what expense is not covered by your insurance. However, you are still responsible for payment of any and all services in the event your insurance company denies reimbursement to me for any reason. Please do not assign any payments to me unless we have made a prior arrangement. Health insurance companies often require that I diagnose your emotional conditions and indicate that you have an “illness” before they agree to pay treatment costs. In the event a diagnosis is required, I will inform you of the diagnosis I plan to render before I submit it to the health insurance company. Any diagnosis made will become a part of your permanent insurance records.

All clients must understand the limits of confidentiality regarding electronic communication such as email, video conferencing, file storage and text messaging. Reasonable efforts are made to ensure safety of information through any electronic media.

If you have any questions, feel free to ask. Please sign and date this form. Your signature indicates you have read and understand this statement and that you have the legal capacity to consent to this treatment for yourself and/or for those under your legal guardianship.

Client’s and/or Guardian’s Signature

Date

Counselor’s Signature

Date