

Jason M. Adams, LPC, NCC

Licensed Professional Counselor • National Certified Counselor
www.JasonAdamsOnline.com

INFORMATION & CLIENT CONSENT

Client / Therapist Relationship – Therapy is most effective when the relationship between client and therapist remains strictly professional. You are paying for a professional service. Your therapist can best serve you by focusing solely on therapy and avoiding any type of social or business relationship.

Risks and Benefits – Counseling and psychotherapy offer many benefits; but as with other forms of treatment (medical, etc.), there are inherent risks. During counseling, you will disclose and discuss a variety of personal issues with your therapist. This might result in you feeling uncomfortable emotions such as anger, guilt, or sadness. However, the benefits of counseling can far outweigh any discomfort encountered during the process. Some of the potential benefits include improved personal relationships, increased productivity at work and at home, a reduction in feelings of emotional distress, and strategies or solutions for specific problems. While positive results cannot be guaranteed, the benefits of counseling are much more likely to occur if the client is fully engaged in the process.

Confidentiality – Your therapist abides by strict ethical and legal standards related to confidentiality. Discussions between a therapist and client are confidential. No information will be released without the client's written consent, unless mandated by law. As required by professional standards and guidelines, records are kept of your counseling sessions. These records are confidential, with the exceptions noted below.

Possible exceptions to confidentiality include, but are not limited to, the following situations: child abuse, elder abuse, abuse of someone who is disabled, abuse of patients in mental health facilities, sexual exploitation, AIDS/HIV infection and possible transmission, criminal prosecutions, child custody cases, suits in which the mental health of a party is an issue, fee disputes between the therapist and client, a negligence suit brought by the client against the therapist, or the filing of a complaint with the licensing board. Additionally, the therapist may disclose information about you in situations where the therapist has a duty to disclose or when, in the therapist's judgment, it is necessary to warn or disclose. Examples include threats of harm to self or others. (See *Duty to Warn* section below.)

E-Counseling (Services via Email, Online Chat, and/or Video Conferencing) – E-Counseling is considered on a case-by-case basis. E-Counseling is not appropriate in many situations due to concerns about therapeutic effectiveness and confidentiality. Your therapist will discuss the E-Counseling option with you, if you are interested.

Phone Consultation – It is important to understand that your therapist is not always immediately available by phone. However, if you wish to speak to your therapist about an urgent matter that cannot wait until the next available appointment time, the therapist may elect to speak to you by phone. Phone consultation is billed at a rate of \$25 per quarter hour (15 minutes). If the issue can wait, it is recommended to avoid phone consultation and address the issue at your next scheduled appointment. If you experience a life-threatening emergency, call 911.

Appointments – Appointments are typically scheduled on a weekly or bi-weekly basis, based on each client's needs. Individual counseling sessions are 50 minutes in length. It is important that you arrive on time for your appointment. Appointments will end on time regardless of when they begin so that the next appointment can begin on time.

Missed Appointments and Cancellations – Please provide a minimum of 24 hours' notice if you need to cancel or reschedule your appointment. Fewer than 24 hours' notice does not provide your therapist with sufficient time to fill your time slot with another client. Consequently, you may be charged the full amount of your scheduled session if you fail to provide 24 hours' notice.

Disclosure of Information – By signing this *Information & Client Consent* form, you are giving consent to the undersigned therapist to share confidential information about you with all persons mandated by law, and with the agency that referred you (if any), and with the insurance carrier (if any) responsible for providing your mental health care services and paying for those services. You are also releasing and holding harmless the undersigned therapist from any departure from your right of confidentiality that may result from the above-mentioned disclosures.

Incapacity or Death – In the event the undersigned therapist becomes incapacitated or dies, your case will be assigned to another therapist and your treatment records will be transferred to that therapist. By signing this *Information & Client Consent* form, you are giving consent to another licensed mental health professional, selected by the undersigned therapist, to take possession of your records. Upon your request, the designated therapist will provide copies of your records to you and/or deliver your records to another therapist of your choosing.

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Complaints – If you have a complaint related to the counseling services offered by your therapist, please discuss your concerns with the therapist. The therapist will work with you to attempt to resolve your concerns. Possible resolutions may include changes in the treatment approach(es) utilized by the therapist, or referral to another therapist or specialist. If you wish to file a complaint with the Texas State Board of Examiners of Professional Counselors, you may do so by calling 1-800-942-5540 or writing to:

Complaints Management and Investigative Section
P.O. Box 141369
Austin, Texas 78714-1369

Fees – The standard rate for counseling services is \$130 per 50-minute session. Other services are billed at the current rate stated on the therapist's website. Payment is due prior to or at the time of service. Qualified clients may be eligible for a reduced fee, which is determined by a sliding scale based on the client's household income.

You are responsible for the following amount per session: \$_____. This is the amount you owe after all applicable discounts and/or payments from other sources.

Duty to Warn / Duty to Protect – *By signing the form, I, the undersigned client, agree to the following: If my therapist believes that I (or my child, if child is the client) am a physical or emotional danger to myself or someone else, I hereby give specific consent to my therapist to contact any person who is in a position to prevent harm to me or another, including but not limited to the person in danger. I also give consent to my therapist to contact the following person(s) in addition to any medical or law enforcement personnel deemed appropriate.*

Name

Phone

Consent to Treatment – *By signing this form, I, the undersigned client, acknowledge that I have read, understand and agree to the terms and conditions contained in this form. I have been given the opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receive mental health assessment, treatment and services, and I understand that I may stop such treatment or services at any time.*

Acknowledgment of Receipt of Privacy Notice – *By signing this form, I, the undersigned client, acknowledge that I have been provided with a copy of the undersigned therapist's privacy notice and HIPAA policies. I have been given the opportunity to address any questions or request clarification for anything that is unclear to me.*

Client Signature

Date

Therapist Signature

Date