



12340 Jones Rd., Suite 290
Houston, TX 77070
281-894-7222

Informed Consent and Your Rights

Overview of Therapy

As a professional, I do not prescribe medications, but I am trained in a broad range of techniques. The goal of therapy is to help you resolve the problems for which you are seeking help. Although it is impossible to guarantee any specific results regarding your therapeutic goals, I will work with you as conscientiously and diligently as I can to achieve the best possible results. If you ever have questions about my services or are dissatisfied with them, please let me know. I will provide other treatment options and/or referrals as necessary.

While our sessions might be psychologically intimate, it is important for you to realize that our relationship is professional rather than social. Other than the chance meetings, our contact will be limited to the appointments you arrange with me at the office. I cannot and will not attend social gatherings, accept gifts, or relate to you in any way other than in the professional context of our therapy sessions. As a client, you will be best served if our relationship remains strictly professional. Unlike a friendship, our relationship will concentrate exclusively upon your goals and concerns. While you might learn about me as we work together, it is important to you to remember that you are experiencing me solely in my professional role.

Confidentiality

The information that you provide in therapy is confidential and will not be shared with anyone without your written consent as prescribed by law. However, there are a few circumstances when confidentiality, by law, will not be maintained, including the following:

- Concern of imminent harm to yourself (suicide) or others (homicide);
- Crucial information regarding your physical or emotional well-being;
- Suspicion of child or elder abuse or neglect;
- Litigation brought against me or the organization by the client;
- Order for release of records by a judge or district attorney;
- Requirement for mental health services from disability, insurance, etc.;
- Necessity for collection of any outstanding balance; or
- Any other situation required by law.

Coverage/Emergencies

Shield-Bearer Counseling Centers are not crisis counseling centers. If you are experiencing danger or a life-threatening emergency, call 911 or go to your nearest emergency room immediately. If you need to contact me between sessions, call 281-894-7222 and request to speak to me. If I am unavailable, I will return your message as soon as I receive it. Contact between sessions, including texts or emails (except for appointment setting information), may require an additional session fee.

Sessions/Fees

Therapy sessions are typically 45-50 minutes in length. The remainder of the hour is used to chart notes, file insurance claims, and return client phone calls. An additional fee applies when sessions exceed this time.

Any fees incurred are due at the time services are rendered. Acceptable forms of payment include cash, check, money order, debit card, or credit card. There will be a \$30 charge levied on all returned checks.

If you are receiving services paid for by another party, the fees remain your responsibility until paid.

If you need records summaries or letters written on your behalf, there is a \$50 fee for each request.

Appointments and Cancellations

Regardless of whether I call/text/email to confirm your scheduled appointment, your appointment time has been reserved specifically for you, and being on time will ensure that you receive the full time scheduled. If you cannot keep your scheduled appointment, kindly call to cancel at least 24 hours in advance so that someone else can be seen for services that day.

- A responsible parent or adult must be present on-site for the entire duration of the session for children under age 16. Children under the age of 10 cannot be left unattended in the waiting room at any time.
- There is no charge for cancellations made at least 24 hours prior to appointment time.
- There is a session fee (or \$30 fee, whichever is higher), for scheduled appointments cancelled less than 24 hours prior to appointment time. This fee must be paid prior to scheduling your next appointment.
- If you miss or cancel appointments repeatedly, I will no longer be able to work with you. However, I will provide referral sources so that you can continue treatment elsewhere.
- Unfortunately, there are occasions when I am behind schedule. In this case, you will receive the full 45-50 minutes of your scheduled appointment.

Policy Regarding Court Documents and Appearances

Shield-Bearer counselors prefer not to attend court proceedings. However, if subpoenaed by a judge to attend court, the fee for the day is \$5,000. Whether the proceedings take one hour or 10 hours, the fee is the same.

Client protection and privacy is of utmost importance per HIPAA and Licensure Boards in Texas. Therefore, therapy session notes are for the therapist to keep track of the dialogue, impressions, and disclosures of events pertinent to the client's life story. These notes are not available for interpretation by anyone else. A session summary will be created by the therapist and made available to the client, or anyone to whom the client grants written permission. The minimum fee for a session summary ordered by a court or lawyer is \$150, but may be increased in cost on a case-by-case basis, considering the details and time-frame of the needed document.

Client Rights and Agreement

- I understand that I have chosen to undergo therapy, that this choice is voluntary, and that I may terminate treatment at any time. I understand that there is no assurance that I will feel better. Because therapy is a cooperative effort between my therapist and me, I will work in a cooperative manner to resolve my difficulties. I understand that during the course of my treatment, subject matter may be discussed that is of a sensitive nature, and that this may be necessary for me to resolve my problems.
- I understand that my therapist and/or any other Shield-Bearer Counseling Centers staff member may exchange any and all information pertaining to my therapy to the extent that such disclosure is necessary for the processing of payment, case management, coordination and/or continuity of treatment, quality assurance, outcome assessment, or utilization review purposes. I understand I can revoke my consent in writing at any time, except to the extent that treatment has already been rendered or action has been taken in reliance upon this consent. If I do not revoke this consent, it will expire automatically one year after all claims for treatment have been paid.
- I understand that I have a right to contact the Texas Board of Social Work Examiners, the Texas Board of Licensed Professional Counselors, or the Texas State Board of Licensed Marriage and Family Therapists if I am concerned about any ethical (*contact information provided below*). I also understand that I may choose to voice my concerns to the Executive Director of Shield-Bearer as well.

- I understand that I will be charged the full contracted rate (or \$30 fee, whichever is higher) for each session not cancelled 24 hours in advance.
- I understand that sessions last 45-50 minutes, and that an additional fee may apply when sessions exceed this time.
- I understand that I am responsible for all payments. If the client is 17 or under, I consent to the client's participation in counseling and accept responsibility for payment.
- I understand that if I am signing consent for a minor (17 years and under), I have authority to give consent. I will provide proof in the form of legal documentation if necessary.

I have read, understand, and agree to these policies, and certify that all the information on this form is true:

Client Printed Name(s): _____

Client Signature(s): _____ Date: _____

Parent/Guardian (if minor): _____ Date: _____

Therapist Printed Name/Credentials: _____

Therapist Signature: _____ Date: _____

Billing Information

Shield Bearer Session Fees (Full Price Value of Sessions):

Psychotherapy Intake: \$150; Individual Psychotherapy: \$130; Family/Couples Psychotherapy: \$140

I understand that the agreed upon contracted rate per session will be: _____.

If I have insurance, I understand that I will pay this contracted rate until my deductible has been met.

If applicable: My Insurance copay, once I have met a deductible, is: _____

Signature of Client

| | | |
|-------------------------------|------------------------|-------|
| _____ | _____ | _____ |
| Party Responsible for Payment | Relationship to Client | Phone |

| | |
|--|------------------|
| _____ | _____ |
| Address, City, State, Zip (if different from client's address) | Additional Phone |

Payments are due in full at the time services are rendered via Cash, Check (\$30 returned check fee), or Credit Card on file.

Receipt of HIPAA Notice of Privacy Practices

I acknowledge notice of availability of Notice of Privacy Practices. I understand a copy of this document can be provided at my request. I certify that I have read the Federal HIPAA Ruling provided by this office.

| | |
|---------------------|-------|
| _____ | _____ |
| Client Signature(s) | Date |

| | |
|---|-------|
| _____ | _____ |
| Parent/Guardian Signature (if applicable) | Date |

- Texas State Board of Examiners of Professional Counselors
- Texas State Board of Examiners of Marriage and Family Therapists
- Texas State Board of Social Worker Examiners
- Texas State Board of Examiners of Licensed Clinical Dependency Counselors

Phone and Address for all agencies:
 (800)-942-5540
 Complaints Management & Investigative Section
 P.O. Box 141369
 Austin, Texas 78714-1369