

Laurie Adkins Counseling

940-367-4115

LAdkinscounseling@gmail.com

Therapy Consent, Policies & Agreement

PART I: THERAPEUTIC PROCESS

BENEFITS/OUTCOMES: The therapeutic process seeks to meet goals established by all persons involved, usually revolving around a specific complaint(s). Participating in therapy may include benefits such as the resolution of presenting problems as well as improved intrapersonal and interpersonal relationships. The therapeutic process may reduce distress, enhance stress management, and increase one's ability to cope with problems related to work, family, personal, relational, etc. Participating in therapy can lead to greater understanding of personal and relational goals and values. This can increase relational harmony and lead to greater happiness. Progress will be assessed on a regular basis and feedback from clients will be elicited to ensure the most effective therapeutic services are provided. There can be no guarantees made regarding the ultimate outcome of therapy.

EXPECTATIONS: In order for clients to reach their therapeutic goals, it is essential they complete tasks assigned between sessions. Therapy is not a quick fix. It takes time and effort, and therefore, may move slower than your expectations. During the therapy process, we identify goals, review progress, and modify the treatment plan as needed.

RISKS: In working to achieve therapeutic benefits, clients must take action to achieve desired results. Although change is inevitable, it can be uncomfortable at times. Resolving unpleasant events and making changes in relationship patterns may arouse unexpected emotional reactions. Seeking to resolve problems can similarly lead to discomfort as well as relational changes that may not be originally intended. We will work collaboratively toward a desirable outcome; however, it is possible that the goals of therapy may not be reached.

STRUCTURE OF THERAPY:

- **Intake** – During the first session, therapeutic process, structure, policies and procedures will be discussed. We will also explore your experiences surrounding the presenting problem(s).
- **Goal Development/Treatment Planning** – After gathering background information, we will collaborative identify your therapeutic goals. If therapy is court ordered, goals will encompass your goals and court ordered treatment goals, based on documentation from the court (please provide any court documents).
- **Intervention** – This phase occurs anywhere from session two until graduation/discharge/termination. Counseling is a very personal process and treatment approaches will vary depending on needs and preferences of each client. Each client must actively participate in therapy sessions, utilize solutions discussed, and complete assignments between sessions. Progress will be reviewed and goals adjusted as needed.
 - Equine and Other Animal Assisted Therapy, Trauma-Focused Cognitive Behavioral Therapy, Cognitive Behavioral Therapy, Play Therapy, Expressive Arts Therapy, Nature Therapy, A Christian Faith Based Perspective is also optional with any treatment approach
- **Graduation/Discharge/Termination** – Amount of sessions needed depends on the nature of the presenting challenges. As you progress and get closer to completing goals, we will collaboratively discuss a transition plan for graduation/discharge/termination.

CANCELLATIONS: You are responsible for attending each appointment and agree to adhere to the following policy: ***If you cannot keep the scheduled appointment, you MUST notify your counselor to cancel or reschedule the appointment within 24 hours of the scheduled appointment time.*** Counseling sessions will be conducted rain or shine. We follow Denton ISD school closures during inclement weather. Once you have scheduled an appointment, you will be expected to pay the full fee unless you provide 24 hours notice (with the exception of an emergency). Counseling is most effective when attended consistently. The clinician reserves the right to terminate the counseling relationship if more than 3 sessions are missed without proper notification. Those who do not contact or reschedule within 14 days of the last missed appointment will be considered to have given notice of termination of therapy and their file will be closed.

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Psychotherapy is a uniquely personal service; therefore, consultations may be briefly interrupted. I may periodically take time off for vacation, seminars, and/or become ill. Attempts will be made to give adequate notice of these events. If I am unable to contact you directly, a colleague may contact you to cancel or reschedule an appointment.

FEES: Payment is due at the time of service. Acceptable forms of payment are: exact-amount cash, check (insufficient-funds checks will be returned upon full payment of the original amount plus \$25 for any returned check), or credit/debit card.

- **INDIVIDUAL THERAPY WITH LPC:** \$120 per 45 minute session (child); 50 minute session (adult)
- **PHONE CALLS/COMMUNICATION:** The clinician charges \$100 hourly rate in quarter hours for phone calls over 10 minutes in length, email correspondence, reading assessments or evaluations, writing assessments or letters, and collaborating with necessary professionals (with your permission) for continuity of care. All costs for services outside of session will be billed. You will be notified via email or at your next session of these charges.
 - **Letters, reports, treatment summaries, etc.:** \$25 per page
- **TRIAL, COURT ORDERED APPEARANCES, LITIGATION:** Rarely, but on occasion, a court will order a therapist to testify, be deposed, or appear in court for a matter relating to your treatment or case. In order to protect your confidentiality, I strongly suggest not being involved in the court. If I get called into court by you or your attorney, you will be charged a retainer fee of \$1500, additionally \$150 per hour including preparation, travel, wait time at court, and witness time: 3 hour minimum. If the case is reset with less than 72 business hours notice, then the client will only be charged \$500 for retainer fee. If subpoena or notice to meet attorney(s) is received without a minimum of 48-hour notice, there will be an additional \$200 express fee.
- **OTHER OFF-SITE SERVICES:** The clinician can be requested to attend off-site meetings such as a Section 504 Accommodation plan meeting, ARD meeting, etc. You will be charged \$150 per hour, *including travel time to and from counseling office to meeting.*
- **COPIES OF MEDICAL RECORDS:** Should you request a copy of your medical records, the cost is \$25 for the first 20 pages, and .50 per page for every copy thereafter (Texas Administrative Code §165.2 (e)1(B)). Payment for your medical records will be due prior or upon receipt and can be picked up at the office. Please allow at least 2 weeks to prepare medical records. Express fee of \$25 if needed in less than 2 week time period.

PHONE CONTACTS AND EMERGENCIES: Office hours vary. If you need to contact the clinician for any reason please call 940-367-4115, leave a voicemail, and a return call will be made as soon as possible. Please do not contact after 8pm. The clinicians at Laurie Adkins Counseling **do not provide 24 hour crisis counseling.** Should you experience an emergency situation necessitating immediate mental health attention, you should call 911 or go to an Emergency Room. You can access assistance through the National Suicide Prevention Lifeline at 1-800-273-8255.

PART II: CONFIDENTIALITY:

Anything said in therapy is confidential and may not be revealed to a third party without written authorization, *except* for the following limitations:

- **Child Abuse** - Child abuse and/or neglect, which include but are not limited to domestic violence in the presence of a child, child on child sexual acting out/abuse, physical abuse, etc. If you reveal information about child abuse or child neglect, I am required by law to report this to the appropriate authority.
- **Vulnerable Adult Abuse** - Vulnerable adult abuse or neglect. If information is revealed about vulnerable adult or elder abuse, I am required by law to report this to the appropriate authority.
- **Self-Harm**: Threats, plans or attempts to harm oneself. I am permitted to take steps to protect the client's safety, which may include disclosure of confidential information.
- **Harm to Others**: Threats regarding harm to another person. If you threaten bodily harm or death to another person, I am required by law to report this to the appropriate authority.

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- **Court Orders & Legal Issued Subpoenas:** If I receive a subpoena for your records, I will contact you so you may take whatever steps you deem necessary to prevent the release of your confidential information. I will contact you twice by phone. If I cannot get in touch with you by phone, I will send you written correspondence. If a court of law issues a legitimate court order, I am required by law to provide the information specifically described in the order. Despite any attempts to contact you and keep your records confidential, I am required to comply with a court order.
- **Court Ordered Therapy:** If therapy is court ordered, the court may request records or documentation of participation in services. I will discuss the information and/or documentation with you in session prior to sending it to the court.
- **Written Request:** Clients must sign a release of information form before any information may be sent to a third party. A summary of visits may be given in lieu of actual “psychotherapy/process notes”, except if the third party is part of medical. If therapy sessions involve more than one person, each person over the age of 18 MUST sign the release of information before information is released.
- **Fee Disputes:** In the case of a credit card dispute, I reserve the right to provide the necessary documentation (i.e. your signature on the “Therapy Consent & Agreement” that covers the cancellation policy to your bank or credit card company should a dispute of a charge occur. If there is a financial balance on account, a bill will be sent to the home address on the intake form unless otherwise noted.
- **Couples Counseling & “No Secret” Policy:** When working with couples, all laws of confidentiality exist. I request that neither partner attempt to triangulate me into keeping a “secret” that is detrimental to couple’s therapy goal. If one partner requests that I keep a “secret” in confidence, I may choose to end the therapeutic relationship and give referrals for other therapists as our work and your goals then become counter-productive.
- **Dual Relationships & Public:** Our relationship is strictly professional. In order to preserve this relationship, it is imperative that there is no relationship outside of the counseling relationship (ie: social, business, or friendship). If we run into each other in a public setting, I will not acknowledge you as this would jeopardize confidentiality. It is your choice whether you acknowledge me, please know that your confidentiality could be at risk.
- **Social Media:** No friend requests on our personal social media outlets (Facebook, LinkedIn, Pinterest, Instagram, Twitter, etc.) will be accepted from current or former clients. If you choose to comment on our professional social media pages or posts, you do so at your own risk and may breach confidentiality. I cannot be held liable if someone identifies you as a client. Posts and information on social media are meant to be educational and should not replace therapy. Please do not contact me through any social media site or platform. They are not confidential, nor are they monitored, and may become part of medical record.
- **Electronic Communication: If you need to contact me outside of our sessions, please do so via phone.**
 - **Clients often use text or email as a convenient way to communicate in their personal lives. However, texting introduces unique challenges into the therapist–client relationship.** Texting is not a substitute for sessions. **Texting is not confidential.** Phones can be lost or stolen. **DO NOT** communicate sensitive information over text. The identity of the person texting is unknown as someone else may have possession of the client’s phone.
 - **Do not use e-mail for emergencies.** In the case of an emergency call 911, your local emergency hotline or go to the nearest emergency room. Additionally, e-mail is not a substitute for sessions. If you need to be seen, please call to book an appointment. **E-mail is not confidential.** Do not communicate sensitive medical or mental health information via email. Furthermore, if you send email from a work computer, your employer has the legal right to read it. E-mail is a part of your medical record.
- **Sessions Outside the Office:** Confidentiality may not be guaranteed for counseling sessions conducted in an outdoor environment. All those working on the property have signed confidentiality agreements.

PROFESSIONAL RECORDS- All of our communication becomes part of a clinical record. Records are the property of Laurie Adkins Counseling. Except in unusual circumstances, you have the right to a copy of your/your child’s clinical record. (See fees above for cost of obtaining record). Because these are professional records, I recommend that you initially review them with your therapist, or have them forwarded to another mental health professional to discuss the

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* Updated 2/15/18

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contents. If your therapist denies your request for access to your records, you have a right to have that decision reviewed by another mental health professional.

- Records are retained for 5 years after termination of counseling for adults and 5 years after a child's 18th birthday. Upon death, incapacity, or termination of Laurie Adkins Counseling, counseling records will be transferred to Kristen Dieu. LPC.

EMERGENCY CONTACT:

It is necessary that **Laurie Adkins of Laurie Adkins Counseling** has someone to contact on your behalf. In case of an emergency who should we contact?

Full Name	Relationship	Phone Number(s)
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Please check here that you agree and sign below. Thank-you.

I agree to allow **Laurie Adkins Counseling** to contact my emergency contact on my behalf in the case of emergency

Signature	Date
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PART III: CONSENT

1. I have read and understand the information contained in the Therapy Agreement, Policies and Consent. I have discussed any questions that I have regarding this information with **Laurie Adkins**. My signature below indicates that I am voluntarily giving my informed consent to receive counseling services and agree to abide by the agreement and policies listed in this consent. I authorize **Laurie Adkins** to provide counseling services that are considered necessary and advisable.

2. I acknowledge that I am financially responsible for payment whether or not covered by insurance. I understand, in the event that fees are not covered by insurance, **Laurie Adkins of Laurie Adkins Counseling** may utilize payment recovery procedures after reasonable notice to me, including a collection company or collection attorney.

3. **Consent to Treatment of Minor Child(ren): I hereby certify that I have the legal right to seek counseling treatment for minor(s) in my custody and give permission to Laurie Adkins to provide treatment to my minor child(ren).** If I have unilateral decision-making capacity to obtain counseling services for my minor, I will provide the appropriate court documentation to **Laurie Adkins** prior to or at the initial session. Otherwise, I will have the other legal parent/guardian sign this consent for treatment prior to the initial session.

Printed Name	Signature	Date

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Your signature signifies that you have received a copy of the “Therapy Agreement, Policies and Consent” for your records.

Printed Name of Minor Child	DOB	Date

Witness – Laurie Adkins, MS, LPC

Date

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CLIENT COPY

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2. ***If applicable*** I authorize the **release of treatment and diagnosis information** necessary to process bills for services to **my insurance company**, and request payment of benefits **Laurie Adkins of Laurie Adkins Counseling**. I acknowledge that I am financially responsible for payment whether or not covered by insurance. I understand, in the event that fees are not covered by insurance, **Laurie Adkins of Laurie Adkins Counseling** may utilize payment recovery procedures after reasonable notice to me, including a collection company or collection attorney.

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Printed Name	Signature	Date

Your signature signifies that you have received a copy of the "Therapy Agreement, Policies and Consent" for your records.

Printed Name of Minor Child	DOB	Date

Witness – Laurie Adkins

Date