

*Forte Counseling and Wellness Center, PLLC*  
2250 Morriss Road, Suite 205 Flower Mound, TX 75028  
940-222-0446

## **Informed Consent for Couples, Minors, and/or Family Counseling Services**

Welcome to Forte Counseling Center and thank you for choosing us for your counseling needs. It is our aim to offer you excellence in service and to offer you caring, professional assistance. Please feel free to ask/express any questions or concerns that you may have.

A standard counseling appointment lasts 45-50 minutes. It is our aim within counseling to help you move toward a healthier mindset and the goals that you have determined for counseling services. We recognize that we cannot change life's difficult circumstances, but counseling can be helpful in offering support, working on communication skills, exploring strengths, working on improving cognitions and behaviors, gaining insight, planning, and healthy expression of emotions. We use a variety of psychotherapeutic techniques including cognitive-behavioral, Gestalt, psycho-education, Biblical counseling, hypnosis, family systems, brief, solution-focused, EMDR, emotionally-focused and eclectic therapy.

Therapy services can vary greatly from counselor to counselor and the appointment frequency may depend on each couples' needs. The therapist will discuss with you a plan of care based on your unique needs, if possible, and may discuss approximately how many sessions they foresee being necessary to work toward your goals so that you can make the most of this investment in you. The first few sessions are generally used for evaluation of the client and their current situations/reasons for therapy. The therapist may use testing instruments as part of his/her evaluation (depression or anxiety inventories, for example). The evaluation may result in a psychological diagnosis.

Licensed therapists at Forte Counseling Center have attained a Master's Degree from an accredited institution in a counseling field and have completed all the steps to attain licensure from the state of Texas. If an intern is offering services, they have completed their degree, have passed the state exam, and are being supervised for 3,000 hours. They will have to report to you who their supervisor is and will have to receive guidance on their counseling services.

Any complaints of a licensee can be made to the Texas Department of State Health Services Complaint Management and Investigative Section.

Any complaint against an LPC:

Texas Board of Examiners of Professional Counselors, Email: [lpc@dshs.state.tx.us](mailto:lpc@dshs.state.tx.us);

Any complaint against an LMFT:

Texas Board of Examiners of Licensed Marriage and Family Therapist, Email: [lmft@dshs.state.tx.us](mailto:lmft@dshs.state.tx.us);

Any complaint for an LCSW can be made to the Texas State Board of Social Worker Examiners; <http://dshs.texas.gov/socialwork/sw>

The address for any complaint for an LPC, LMFT, or LCSW (all of the above Boards) is at P.O. Box 141369, Austin, TX 78714-1369 Phone 800-942-5540.

I freely give my consent to enter into counseling services with a Forte LPC, LMFT, or LCSW. I further, acknowledge that in order to receive the best care possible, a therapeutic relationship is developed within the acknowledgements on this form.

Counseling can be a helpful, encouraging, and/or an occasionally difficult process as it involves change. It may involve facing aspects of life and self that are not easy. Many times the growth process is challenging and can involve risk to undertake and make changes in one's life. It has been our experience that the most successful therapy results generally come when a client is open to working on his or her life issues and is actively engaged in the change process, taking ownership for his/her choices along the way.

There are potential benefits and risks inherent in therapy, including the following:

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| <p><i>Benefits</i> include a) improved understanding of self &amp; others, b) progress toward defined goals &amp;/or independence, c) greater sense of control over moods and behaviors, d) improved self-esteem, e) improved relationships.</p> | <p><i>Risks</i> include a) lack of progress, b) upsetting insight, c) distress, d) change in relationships, e) improved capacity for independence, f) increased capacity for change.</p> |
|--|--|

With couple or family counseling, the therapist will do his/her best to remain neutral and to consider the needs and perspectives of each individual. Much of couple and family counseling involves learning to listen to understand the other and communicate in a healthy manner. This facilitates an improved ability to love and respect each other. In a couple's or family session, the therapist may be more directive than in an individual session.

With couples counseling, it is important that both parties recognize the importance of honesty and openness in the relationship. Secrets can be toxic to relationships. It is important for both partners to know that secrets are generally not healthy and that they can bring harm to the relationship. If an individual within a couple shares information in confidence to the counselor the individual will be encouraged to share the information or the therapist may share the information if the counselor believes it in the best interest of the couple's relationship. However, the therapist may choose not to share the information, depending on circumstances and will make a judgment call as to what is important at the time. Furthermore, if the therapist deems disclosure necessary to therapy and the health of the relationship the therapist reserves the right to terminate therapy with the couple should the individual refuse to share or allow sharing the information by the therapist. Honesty and openness are very important to the health of a relationship.

In family counseling, honesty is also encouraged although it differs in marriage counseling and each family member/unit has different needs depending on age and relationship. In family or couples therapy the therapist may meet with individuals separately to gain a better understanding and to offer feedback to each individual. The therapist may encourage disclosure to the others or may be obligated to share (for minors). Therefore, by signing this form, you agree that information disclosed during individual sessions may possibly be brought into the family/couple's session based on the therapist's judgment.

**For treatment of minors, both parents/guardians and minor will discuss their goals for counseling sessions. Please note, therapists must report safety concerns to parents and may advise parents in parenting practices based on the information shared by the minor.**

**ALL EFFORTS BY PARENT(S) OF A MINOR TO PROVIDE *Forte Counseling Center* with CUSTODY AGREEMENT, CUSTODIAL AGREEMENT MODIFICATIONS, AND SIGNATURE OF NON-CUSTODIAL PARENT, IF ALL PARENTAL RIGHTS HAVE NOT BEEN RELINGUISHED BY NON-CUSTODIAL PARENT, ARE ALSO REQUIRED.**

A counseling relationship is different than a friendship. It is important to note that for your protection the Texas law states that no dual relationship between a counselor and a client can exist, including social relationships.

Confidentiality: Counseling services are confidential and no information will be released to other parties without the client's written consent, unless it is required by the law to disclose. Exceptions include the following:

- Risk or threat of suicide or homicide by the client
- Neglect or abuse of a child, handicapped or disabled adult or elderly individual
- Abuse of a patient in a mental health facility or by a mental health practitioner
- Court cases required by law or subpoena by a court, including custody cases or criminal prosecutions
- Non-payment of fees by client
- Licensing board complaints by client
- To supervisees if the provider is an intern
- Any exception required by law
- To another therapist/counselor/psychologist/psychiatrist if the client is currently under their care
- To the client's personal representatives if the client is deceased

Please note that if you choose to use text messages or e-mails as a form of communication that they are considered non-secure forms of communication and that information contained therein could be breached. Forte Counseling Center does not assert nor guarantee confidentiality of texts, emails, nor verbal communication via cell phones. Therefore, please limit the information you send via technological means as we do not assert nor guarantee confidentiality of technological resources.

At times, in order to provide the best quality care, it may be necessary for a therapist to consult another therapist/counselor about a client's case. No identifying information will be given regarding the client and minimal information will be used. By signing this form, you understand and agree to these terms.

If there are any questions regarding confidentiality, please bring them to the therapist. Records will be kept per state law, i.e., for five to seven (5-7) years after date of termination of therapy. By signing this form, you acknowledge these confidentiality policies. If your therapist dies or becomes incapacitated, it will be necessary for another mental health practitioner to care for your files and records (such as Erica Rivers, Sandra Lynam, Shawne Poplar at Forte). Upon written request your records may be requested by you in written form. By signing this form, you give consent to allow another licensed mental health professional chosen by your therapist to care for your records.

In the case of participation in group or family therapy sessions, the group members are informed to and encouraged to keep group sessions confidential; however, confidentiality is not asserted nor guaranteed.

Termination terms: A client may terminate services at any time of their own will. It is recommended that you discuss termination with your therapist prior to ending therapy. Sometimes, the therapist may decide in his/her professional judgment that a referral is necessary and an appropriate attempt at a referral will be made. At times it is clear that the counseling relationship is not having a beneficial effect on a client and the therapist is then obligated to terminate services.

Fees: Clients are responsible for the payment of all provided services. Payment is expected at each session and may be taken prior to the session provided. Payment may be made with cash, check, or most health savings card/credit cards. A \$25 fee will be charged on any returned checks or credit card charge backs.

The standard fee for 45-50 minutes of service with a Licensed Counselor/Therapist is \$115. The fee for meeting with a Licensed Intern is \$85.

Late cancellation fee: If a client books an appointment and does not give at least 24 hours advance notice of a cancellation, he or she will be charged a \$50 fee. In the event a client repeatedly fails to present at the appointed time without 24-hour notice an increased fee for late cancellation may be arranged between client and counselor.

Forte therapists do not testify in child custody or divorce cases. If a therapist at Forte Counseling Center receives a subpoena to court where your records and/or the therapist's testimony is legally required, payment will be expected, not dependent upon which attorney called for the subpoena. For court testimony, the therapist will require a minimum charge of \$550 to be paid before the appearance in court for up to four hours of testimony, travel time, and waiting. From there, an hourly charge of \$115 will be charged accordingly.

**Crisis situations:** Forte Counseling Center is not an emergency clinic. In the event of an emergency, please call 911 or contact a 24-hour help resource number or go to the nearest hospital. Listed below are options for you to contact for help in an emergency:

National Suicide Prevention Lifeline 1-800-273-TALK  
Crisis Hotline: 866-260-8000  
Carrollton Springs, Carrollton: 972-242-4114  
Green Oaks Hospital, Dallas: 972-991-9504  
Mesa Springs, Fort Worth: 817-292-4600  
University Behavioral Health, Denton: 940-320-8100

In the event that your therapist reasonably believes that you or your child or children are ill or in physical or emotional danger, or that you present danger to yourself or another person, or if there is a medical emergency, you hereby consent for Forte professionals to contact the following people and/or emergency personnel:

| Name  | Relationship | Phone Number |
|-------|--------------|--------------|
| _____ | _____        | _____        |
| _____ | _____        | _____        |
| _____ | _____        | _____        |

HIPAA information is made available for our clients in the waiting room and on our website at [www.fortecounselingcenter.com](http://www.fortecounselingcenter.com) under the HIPAA section. Signing this form acknowledges that HIPAA information has been made available to you.

By signing this Informed Consent, I agree to the terms and content therein. I have read, understand, and have had ample opportunity to ask questions about the content of this form and therapy services and those questions were satisfactorily answered. I am voluntarily agreeing to participate in counseling services, and I recognize that I can stop these services at any point in time.

Client 1: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Client 1: \_\_\_\_\_  
Printed name

Client 2: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Client 2: \_\_\_\_\_  
Printed name

Client 3: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Client 3: \_\_\_\_\_  
Printed name

Minor Child: \_\_\_\_\_ Date: \_\_\_\_\_

Minor Child: \_\_\_\_\_ Date: \_\_\_\_\_

Minor Child: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Therapist : \_\_\_\_\_  
Printed name and Credentials