



2250 Morriss Road, Suite 205
Flower Mound, TX 75028
940-222-0446

Informed Consent for 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. Our office does not discriminate on the basis of race, nationality, age, sex, disability, sexual orientation or religion. You have the right to be treated with respect and dignity. You have the right to have your civil and legal rights protected. Please feel free to ask/express any questions or concerns that you may have to assist in your understanding of the counseling processes and protocols.

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, and eclectic therapy. Therapy services can vary greatly from counselor to counselor and the appointment frequency may depend on each client's 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. You may choose to decline any services or testing offered.

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 a license from the state of Texas. If an LPC 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 an LPC licensee can be made to the Texas Board of Examiners of Professional Counselors at the Texas Department of State Health Services MC – 1982, 1100 West 49th Street, Austin, Texas 78756-3183. Email: lpc@dshs.state.tx.us; website: <http://www.dshs.state.tx.us/counselor>; Phone: 512-834-6658; FAX: 512-834-6677. Any complaints of an LCSW licensee can be made to the Texas State Board of Social Worker Examiners, Complaints Management and Investigative Section, P.O. Box 141369, Austin, Texas 78714-1369 website: http://dshs.texas.gov/socialwork/sw_complaint.shtm; Phone: 800-942-5540.

Counseling can be a helpful, encouraging, and/or a sometimes 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 it 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. 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.

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 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
- If you choose to use insurance for reimbursement, it is possible that the insurance company could request further information

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. If there are any questions regarding confidentiality, please bring them to the therapist.

Our office will attempt to preserve confidentiality when contact is made via telephone. Should you wish to send and/or receive texts or emails, we advise that you limit your communication to that which is not related to counseling issues and would not pose a liability as electronic formats may be subject to interception by those other than the intended party (ies). By signing below, you authorize or decline designated forms of communication and accept any risks to confidentiality:

May leave voicemail: Yes No Phone number: _____

May contact via text: Yes No Phone number: _____

May contact via email: Yes No Email address: _____

In the case of participation in group therapy sessions, the group members are informed to and encouraged to keep group sessions confidential; however, confidentiality cannot be guaranteed. Also, please refrain from communicating electronically to avoid breaches in confidentiality and to allow trust within the group.

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. After approximately two months without a scheduled appointment, the therapist will consider services have been terminated. Should the client decide to resume services, it may resume if the therapist agrees and all missed session fees are paid in advance.

Records will be kept for five (5) years after termination of therapy. If your therapist dies or becomes incapacitated, it will be necessary for another licensed mental health professional at Forte Counseling to care for your files and records.

Fees: Clients are responsible for the payment of all provided services. Payment is expected by the end of the session. Payment may be made with cash, check, or most credit cards. A \$25 fee will be charged on any returned checks or credit card charge backs. Except where a different fee has been arranged, the standard fee for 45-50 minutes of service with a Licensed Counselor is \$115. The fee for meeting with a Licensed Intern is \$85. Sliding scale payments are available on a limited basis. Please talk to your counselor if there is financial need.

Late cancellation fee: If you book an appointment and do not give at least 24 hours advanced notice of a cancellation, you will be charged a \$50 fee. A voicemail, e-mail, or text is sufficient notice of cancellation. Please note your therapist's preference.

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 on which attorney called for the subpoena. For court testimony, driving to/from, or waiting for legal proceedings, the therapist will require a minimum charge of \$340 for a Licensed Intern and \$550 for a Licensed Counselor to be paid before the appearance in court for up to four hours of testimony/waiting. From there, an hourly charge of \$115 for a Licensed Counselor or \$85 for a Licensed Intern will be charged accordingly.

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

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 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 are in danger, physically or emotionally, to yourself or another person, you consent for me to contact the following people in addition to medical or

law enforcement personnel:

Name

Phone Number

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

Client Signature: _____ Date: _____

Therapist/Intern (printed name): _____

Intern Supervised by (if applicable): _____

Supervisor's contact info: _____

Therapist/Intern Signature: _____ Date: _____