



INFORMED CONSENT

QUALIFICATIONS

I am a Licensed Professional Counselor in the state of Texas. I am qualified to work with individuals, adolescents, children, and families who are confronting various personal, emotional, social and behavioral issues. I am not qualified to work with those individuals who I feel are in need of medical attention.

NATURE OF COUNSELING

I believe the counseling relationship should be a warm, supportive, and challenging association. You will be asked to work with me, as a team, to help meet your desired goals. Be advised that counseling is not always a pleasant experience. In some cases, it can be a painful and emotional experience and may get worse before it gets better. At any time, you may initiate with me a discussion of possible positive or negative effects of entering or not entering into, continuing, or discontinuing counseling. I expect you to benefit from counseling, but I cannot guarantee any specific results.

This is a professional and therapeutic relationship. In order to preserve the integrity of the relationship, it is imperative that I not have any other type of relationship with you. Personal and/or business relationships undermine the effectiveness of the therapeutic relationship.

CLIENT RIGHTS

Some clients achieve their goals in only a few counseling sessions, whereas others may require months or even years of counseling. As a client, you are in complete control and may end our counseling relationship at any time. If you choose to end the counseling relationship, I ask that you participate in a termination session. You also have the right to refuse or to discuss modification of any of my counseling techniques or suggestions with which you are not comfortable. I render counseling services in a professional manner consistent with accepted ethical standards. If you have further questions, please contact the Texas Department of State Health Services, 1100 West 49th Street, Austin, Texas 78756-3199.

APPOINTMENTS

Appointments are made by calling the Center for Biblical Counseling, Monday through Thursday, between the hours of 9am and 5pm. Our in-person contact will be limited to counseling sessions you arrange. In the event that you are unable to keep an appointment, please notify CBC by 5 pm the day before, whenever possible. If the appointment is not cancelled before this time, you will be responsible for the full cost of your session.

For the safety and welfare of your child, parents of minor children must remain on the premises and available to me while their child is in session. Please note that if you are waiting on the premises but away from our lobby you need to come in at least 10 minutes prior to the end of your child's session so that you are available to your child and me when the session is over.

EMERGENCIES

Should you need emergency assistance after hours, you may go to the nearest hospital emergency room, call 911 or call the 24 Hour Mental Health Crisis Hotline at 972.562.7722.

FEES

The standard fee for individual counseling is \$110.00 per fifty minute session. Fees are paid at each counseling session by personal check, cash or credit card. As returned checks create an administrative cost for us, there will be a \$15.00 fee for any returned check. Arrangements other than this must be made with me, prior to our first appointment.

I do not testify in court, but if legal actions occur in which I am requested or subpoenaed to provide testimony you will be responsible to provide the following:

1. Travel expenses.
2. Hourly or per diem fees based on my current session rate.
3. Fees at my then current rate for the time expended in preparation and research.

RECORDS AND CONFIDENTIALITY

Discussions between a therapist and a client are confidential. No information will be released without the client's written consent unless mandated by law. Possible exceptions include but are not limited to the following situations:

1. I determine any information revealed in session indicates physical, sexual, or emotional abuse or illegal neglect of children, or abuse, neglect or exploitation of elderly or disable persons.
2. I determine client is a danger to himself or others.
3. I am ordered by the court to disclose information.
4. I receive supervision and/or consultation in order to provide client with quality care (client's name will not be disclosed).

REFERRALS

I recognize that not all conditions presented by clients are appropriate for treatment at the Center for Biblical Counseling. For this reason, you and/or I may believe that a referral is needed. In that case, I will provide some alternatives including programs and/or people who may be available to assist you. A verbal exploration of alternatives to counseling will also be made available upon request. You will be responsible for contacting and evaluating those referrals and/or alternatives.

CONSENT TO TREATMENT

I, voluntarily, agree to receive and authorize the undersigned therapist to provide such care, treatment, or services that are considered necessary and advisable for me and/or my minor child. I have read and understood all the terms and information contained here and ample opportunity has been offered to ask questions and seek clarification of anything unclear to me.

You have the right to end therapy at any time without any moral or legal obligations. Financial obligations will be only those already accrued. If you choose to end the counseling relationship, I do ask that you participate in a termination session.

Generally speaking, CBC counselors do not interact with clients personally via email/text messages, except for scheduling purposes (there may be occasional exceptions to this, as arranged by your counselor). Because email/texting is not a secure or confidential medium, I cannot guarantee that any email/text that you may send to me will remain confidential. I do consider your communications private and do all I can to maintain confidentiality. If you choose to email/text me, include a phone number where I may reach you if a reply is requested. I do not monitor email/text messages continuously; so the most effective way to reach me is via phone. EMAIL/TEXTING IS NOT RECOMMENDED AS A METHOD FOR CONTACTING CBC IN AN EMERGENCY. Please note that if you choose to email/text me and I decide to respond, I will respond to the address/phone number from which it is sent. If you do not wish others who may have access to the email/text account you are using to also have access to my response, please consider another means of contacting me.

Client (or Parent/Guardian if Client is a Minor)

Date