

*Informed Consent for Counseling or Therapy*

*General Information*

Welcome to my office and psychotherapy practice! My primary aim for your first visit is to get to know you, determine your counseling needs, and help you feel comfortable. I am licensed by the Texas State Board of Examiners for Professional Counseling and Marriage and Family Therapy. My educational training was completed at Texas Woman's University where I earned a Masters of Arts in Counseling Psychology. I am an AASECT Certified Sex Therapist and an IITAP Certified Sex Addiction Therapist. Prior to private practice, I worked at a non-profit community agency and a university counseling center. My experiences include, but are not limited to, sex therapy, sex addiction therapy, family dynamics and communications, couples counseling, work with individuals after trauma, depression, anxiety, anger management, various relationship concerns, and sexuality. I consider myself a relational therapist with a family systems orientation. I believe that our life experiences, family relationships, and societal influences affect our thoughts, feelings, and behaviors and make us the unique individuals that we each are. (The terms counseling and therapy are used interchangeably in this document.)

*Initial Intake Session*

Prior to our first session, you will be asked to complete an informational form which I will use during the initial session to get to know you and to understand your presenting concerns. Usually for couples or family counseling, I require individual interviews prior to the start of counseling. If after discussing your goals or during the course of our work together, I determine that another therapist is better suited to serve your needs, I will discuss this with you and make a referral.

*Confidentiality and Its Limits*

All of our communications will become part of the clinical record which is kept secure, by me, under the guidelines of the Texas State Licensing Board. The information you share with me is confidential and will be released only with written consent by you. However, there are some limits or exceptions to confidentiality where information may be released without your consent. These limits of confidentiality are: (1) when there is imminent (immediate) danger to yourself or others; (2) if you disclose knowledge or founded suspicion that a child, disabled adult, or elderly adult are, or has been, abused or neglected; (3) if I am ordered to release information by a court of law; (4) if you are a minor and your parents or legal guardians request information about your counseling; or (5) if you disclose sexual contact with another health or mental health care professional. In cases of imminent danger or child endangerment, the law and professional ethics set protection of life and safety as the highest priority. It is accepted practice in psychotherapy and counseling to consult with other licensed professionals on cases, when necessary to provide the highest level of care. If consultation occurs your identity will not be revealed.

In order to protect your confidentiality, if I see you in public, I will acknowledge you only if you approach me first.

*Fees, Number of Sessions, and Cancellations*

My fee is \$175 per 45 minute session and \$260 per 80 minute session. An 80 minute initial session is suggested to complete your assessment. I ask that you pay me in cash or check at the beginning of each session. If therapy sessions exceed 50 minutes, \$45 per 15 minute period will be assessed. Phone calls exceeding 5 minutes, professional consultations

necessary for your care, requested letters, or other services will be assessed at \$175 per hour or \$45 per 15-minute period. Court appearances will be billed at a higher rate and include time for travel. I do not process insurance claims, however, you will be provided a receipt that you may use to file an insurance claim if you desire. 48 hour advanced notice of a cancellation is kindly requested. If you are scheduled for an appointment and do not attend or cancel within 24 hours, you will be billed the full session fee. Unexpected situations will be taken into consideration.

After your goals are specified, an estimate of the number of sessions required will be given in order to help you make a decision about proceeding with counseling. How long it takes to see the results you desire is dependent on your willingness to make changes in your behavior, thoughts, and feelings; your willingness to complete any homework that is assigned; and the complicated interactions between you, your family influences, and societal stressors. It is not unusual for the original therapy goals to be modified as counseling proceeds, which may affect the length of therapy. Some clients find the ongoing support and acceptance in the therapeutic relationship to be helpful in their lives. They may request long term therapy. There are no guarantees as to the outcome of counseling. It is important that you assume ultimate responsibility for your own growth and change.

### *Risks and Benefits of Therapy*

People seek counseling to improve aspects of their lives, solve problems, or express their feelings to an accepting person. However, there are risks to therapy that I'd like you to be aware of. Talking about difficult situations or feelings, including trauma or abuse, will probably be upsetting. Although people generally feel better after a few weeks of counseling, at first you may experience more intense feelings. Change in the dynamics of relationships is a common goal of therapy, however, not all relationship members may agree and this might cause conflict. Discussing your feelings in therapy is an important part of your growth and of ultimately turning these risks into benefits.

### *Consent for Therapy and Termination*

Your counseling is voluntary and can be stopped at any time if you desire. If you have concerns please discuss these with me and we will work together to rectify your concerns or end your counseling. Therapeutically, it is best for you to experience a planned ending to your treatment.

### *Reporting Violations*

Disclosure of the following information for reporting violations is required by the Texas State Board of examiners. For complaints or reports against a Licensed Professional Counselor or Licensed Marriage and Family Therapist, please contact: Complaints Management and Investigative Section, P.O. Box 141369, Austin, Texas 78714-1369, 1-800-942-5540.

*I have read this document, Informed Consent for Counseling or Therapy, and by signing below, I agree to the policies stated and request that counseling proceed. I understand that counseling is voluntary and can be terminated at any time. I also agree to ask questions, if needed, for clarification.*

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Signature

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Date

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Print Name

*Thank you for choosing me to walk with you on your path toward greater satisfaction and happiness in your life. It is my honor and privilege. Claudia Thompson*