

Informed Consent

Welcome to my practice! This information regarding my counseling services and business policies has been provided for your protection and to assist you in making an informed choice about your treatment. Please read this carefully and bring up any questions you might have. I aim to make this transition into therapy as seamless as possible.

Therapy Training and Approach to Counseling

I received my Master of Arts in Counseling from Sam Houston State University in Huntsville, TX. I hold a Bachelor of Arts in Psychology from Texas A&M University in College Station, TX. I am licensed in the State of Texas as a Licensed Professional Counselor, LPC #62496. I have experience working with individuals and couples on a wide range of issues such as: anxiety, depression, stress management, interpersonal/romantic relationships, self-esteem, adjustment difficulties, body image/eating disorders, alcohol and drug abuse/addiction, sleep disturbances, life transitions, loss and grief, sexual orientation, and personal growth. I view counseling as a collaborative effort between counselor and client. Using an integrative approach relying predominately on cognitive-behavioral strategies, I help clients tap into their inner strengths and see the connection between thoughts, feelings, and behaviors to begin making the necessary changes to restore balance and contentment with their lives.

Confidentiality

My responsibilities to you:

With the exception of specific legal circumstances described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not disclose to anyone what we discuss in session, or that you are even in counseling, without your written permission.

The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.

1. When there is a clear and immediate danger of serious bodily harm to you, to other individuals, or to society and I communicate the information only to the potential victim, appropriate family member, or law enforcement or other appropriate authorities.
2. When you know about the abuse, neglect, or exploitation of a child, disabled person, or an elderly person, I must inform the appropriate authorities.
3. When I am a party defendant to a civil, criminal, or disciplinary action arising from a complaint filed by the client, in which case the waiver shall be limited to that action.
4. When you agree to the waiver, in writing.
5. When it may be helpful to consult other professionals about your case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

Your responsibilities as a Client:

Please be responsible for coming to your session on time and at the time we have scheduled. Sessions will last 45-60 minutes in length depending on what we have mutually agreed. If you are late, we will end on time and not run over into the next person's session.

Your rights as a Client:

1. You are entitled to information about my methods of therapy, techniques I use, the duration of therapy (if it can be determined), as well as my fee structure.
2. Please feel free to ask if you would like to receive this information or if you have any additional questions.
3. You are entitled to seek a second opinion from another therapist or terminate therapy at any time.
4. Confidentiality (please see above confidentiality section)

If you have addressed your concern with me, but still feel I have not resolved it satisfactorily, you may contact the U.S. Department of Health and Human Services and/or the Texas State Board of Examiners of Professional Counselors Complaints Management and Investigative Section, P.O. Box 141369, Austin, TX 78714-1369 or call 1-800-942-5540 to request the appropriate form or obtain more information. This number is for complaints only. If you choose to file a complaint, I will not retaliate in any way.

The Benefits of Counseling

One major benefit that may be gained from participating in counseling is the resolution of the concerns that brought you to therapy. Other possible benefits may be improved coping skills, decreased symptoms of anxiety, depression, or stress, improved self-esteem/sense of self, improved marital, family and other interpersonal relationships, greater understanding of personal goals and values, improved life satisfaction, and improved performance at work/school.

The Risks of Counseling

There are certain risks involved in counseling. You may experience a variety of negative emotions during therapy as you remember and therapeutically resolve unpleasant events. Seeking to resolve concerns between family members, marital partners, and other persons can similarly lead to discomfort as well as relationship changes that may not be originally intended. The greatest risk of counseling is that it may not by itself resolve your concerns. I will do my best to assess progress and provide referral to other sources if that is deemed necessary and appropriate. Psychotherapy is a collaborative process and the progress you make will depend in large measure upon your investment in the process.

The Therapeutic Relationship

When a client shares personal information and I respond with respect and authenticity, sessions may seem emotionally intimate. To maintain a safe environment, client and counselor understand that the relationship will remain professional; it will not become personal. Contact will be limited to the sessions in the office or over the phone, focusing on client concerns. The client and counselor will not socialize, exchange gifts, nor establish any relationship other than the professional counseling relationship.

Couples

I encourage couples to share any thoughts or feelings directly in our sessions rather than privately with me. It is my policy that there are no secrets between partners and that anything you share with me that seems necessary to disclose to your partner will be discussed and a timeline for you to disclose this information will be developed. If an agreement cannot be made that this information is discussed with your partner, we may have to discuss termination of services and/or a referral to another provider for services.

Professional Records

I am required to keep records of the counseling services I provide, which are accessible to the client upon written request to view or obtain copies. Records are maintained for a period of seven years from the date of termination. I also employ various outside vendors, some of which may have access to secured client records only as is necessary to perform their contracted services. These vendors include but are not limited to: electronic health record and practice management provider; website hosting; answering services; and consultants. The cloud-based system I use to store and record my client records is called TherapyAppointment.com. Their software ensures that all transmissions to and from the system are encrypted at the 128-bit level. I maintain a signed HIPAA Business Associate with them and they promise to adhere to the highest level of professional standards as they deal with Protected Health Information (PHI). They employ two side-by-side web servers joined by a "load balancer." Each of these servers is scanned for security "loopholes" on a regular basis. They also employ two database servers, one of which exists purely as a backup device. Their web servers are connected to the internet through 13 separate connections. Each connection has 5-tier security. This includes three layers of firewall protection, intrusion detection and prevention system, and an enterprise-class anti-virus system.

Cost of Service

My fees are \$120 for each counseling session of 45 minutes; \$150 for each counseling session of 60 minutes; \$175 for each couples counseling session of 60 minutes. These fees can be discounted or periodically adjusted or increased. A \$50 fee is charged if the client fails to cancel a minimum of 24 hours prior to any scheduled appointment. A prorated hourly fee charged at the rate of \$150 per hour for phone calls, made to or by the counselor from the client or other professionals on behalf of the client and meetings attended at the request of the client.

Court Proceedings

It is not part of my practice to speak on behalf of clients in current or potential court proceedings unless subpoenaed by law to do so. Ethical and legal standards established by mental health professional licensing boards prohibit counselors from testifying as expert witnesses on behalf of their clients, as the nature of the counselor-client relationship inherently biases the counselor toward the client and any testimony can be potentially damaging to the therapeutic relationship. If

you feel that you are involved in a case that has the potential to go to court, or you need an independent, objective psychological assessment for court purposes, please let me know so that I can offer you the appropriate referral. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$200 per hour for preparation and attendance at any legal proceeding including travel time.

Billing and Payment of Fees

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage, which requires another arrangement. If you have insurance, your copay is due at the time of your session. Cash, personal checks and most major credit cards are accepted forms of payment. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment or payment installment plan.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

Insurance Reimbursement

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, I will provide you with whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clear confusion, I will be willing to call the company on your behalf.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your counseling.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above unless prohibited by contract.

Appointments and Cancellation Policy

Sessions are typically 45-60 minutes in length once a week, although the duration and frequency may be shorter or longer depending on circumstances and which are mutually agreed upon. If you miss a session without canceling, or cancel with less than 24 hour notice (i.e. if your appointment is at 1:00pm you must give notice by 1:00pm the preceding day), my policy is to charge a \$50.00 fee for an individual session or \$90 fee for a couples session (allowances may be made at my discretion due to emergencies or sudden illnesses, as long as the client contacts me within 24 hours of the missed appointment. NO CALL/NO SHOW appointments will be charged without exception). Should you choose to keep a credit card on file, this card will be used for applicable no show/late cancellation fees. It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible for the fee as described above.

If it is possible, I will try to find another time to reschedule the appointment, but I cannot guarantee this will be an option. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time. You may opt-in to receive automated appointment reminders via text, email or phone call. These automated appointment reminders are sent approximately 24 hours in advance and are a courtesy extended by my office to assist you with keeping track of your scheduled appointments. Failure to receive an automated appointment reminder for any reason (e.g. technical glitches, losing your phone, incorrect phone numbers or email addresses) does not exempt you from missed appointment fees.

I reserve the right to terminate therapy if cancellations or no-shows become excessive and are unable to be dealt with in the therapeutic relationship. I will discuss this with you prior to canceling services. Please be mindful of your time and mine. As a way of supporting your decision-making and control of your treatment, I do not always follow up on missed appointments or do outreach to determine if you are interested in rescheduling. Therefore, if I have not heard from you in 30 days, I will assume that you have terminated our counseling relationship. If you would like to resume counseling treatment, we will do so mutually and you will need to call to schedule a new appointment.

Contact and Emergency Information

If you need to contact me regarding cancellations, to schedule an appointment, or if you have additional questions or concerns regarding counseling, please call (210) 693-7131. When I am unavailable, my telephone is answered by confidential voicemail that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. You may also send me a confidential note through www.therapyappointment.com. My email address is ledwards.therapy@gmail.com, which I check frequently throughout the day. PLEASE NOTE: Email communication should be brief and vague. Internet communication is not 100% safe with regard to confidentiality and privacy. Do not write any information in an email which you would not want others to know. Email is best used for communication around appointment-setting, initiating a phone call, or asking questions about myself and my practice. Confidentiality of unencrypted communication cannot be guaranteed.

If you believe that you cannot keep yourself safe, or you are experiencing a life-threatening emergency, please call 911 or go to your nearest emergency room for assistance. You may also contact the Adult Crisis Care Clinic at (210) 223-7233 (SAFE) or 1 (800) 316-9241. They are a 24/7 crisis hotline. You may also contact the National Suicide Prevention Line at 1 (800) 273-8255 (TALK). If I will be unavailable for an extended time, we will discuss options for mental healthcare coverage.

Ending Counseling

You have the right to terminate counseling at any time and you will typically be the one who decides when therapy will end, with the following exceptions:

1. If cancellations and no shows become an issue, as described above.
2. If I am not, in my judgment able to help you because of the particular concern you have, or because my training and skills are, in my judgement, inappropriate, I will inform you of this and refer you to another counselor who may meet your needs.
3. If you do violence to, verbally or physically, threaten or harass me, I reserve the right to immediately discontinue your counseling.
4. If I terminate your counseling I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy.

I have read the preceding information and understand my rights and responsibilities as a client. My signature below acknowledges this understanding and indicates I accept the conditions of psychotherapy.

Client Signature

Date