

Client Consent Form



Please read and sign at the end stating you have fully read and understand the information below.

Client/Therapist Relationship

You and your Therapist have a professional relationship existing exclusively for therapeutic treatment. This relationship functions most effectively when it remains strictly professional and involves only the therapeutic aspect. Your Therapist can best serve your needs by focusing solely on therapy and avoiding any type of social or business relationship. Gifts are not appropriate, nor is any sort of trade of service for service.

Available Services

D2Counseling offers a wide array of counseling services, including individual, family, couples, and group services. We are staffed by skilled and experienced licensed professional counselors and psychologists. Effective psychotherapy is founded on mutual understanding and good rapport between client and therapist. It is our intent to convey the policies and procedures used in our practice, and we will be pleased to discuss any questions or concerns you may have.

Risks & Benefits

Counseling and psychotherapy are beneficial, but as with any treatment, there are inherent risks. During counseling, you will have discussions about personal issues which may bring to the surface uncomfortable emotions such as anger, guilt, and sadness. The benefits of counseling can far outweigh any discomfort encountered during the process, however. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, and specific problem solving. We cannot guarantee these benefits, of course. It is our desire, however, to work with you to attain your personal goals for counseling and/or psychotherapy.

Therapy

We provide therapy designed to address many of the issues our clients are dealing with.

The goal of D2Counseling is to provide the most effective therapeutic experience available to you. If at any time you feel that you and your current Therapist are not a good fit, please discuss this matter with your Therapist to determine if transferring to a more suitable Therapist is right for you. If you and your Therapist decide that other services would be more appropriate, we will assist you in finding a provider to meet your needs.

Wellness is more than the absence of disease; it is a state of optimal well-being. It goes beyond the curing of illness to achieving health. Through the ongoing integration of our physical, emotional, mental, and spiritual self, each person has the opportunity to create and preserve a whole and happy life. Our services are designed to provide our clients an integrated solution for their mind, body, spirit, and life to enhance their lives and resolve issues.

Appointments

Appointments are typically scheduled on a weekly basis and are approximately 50 minutes long. More frequent sessions or an intensive outpatient schedule are available if determined appropriate by your Therapist. If you must cancel or reschedule your appointment, we ask that you call our office at least 24 hours in advance. This will free your appointment time for another client. **If you fail to notify D2Counseling 24 hours prior to your scheduled time of a cancellation, you will be charged the full rate for your missed session.**

Fee Schedule

The following are the fees for services:

Therapist Level	Sr. Therapist	Therapist	
Diagnostic & Evaluation Session (First Visit)	\$300.00	\$225.00	
Regular Office Visits (50 min)	\$200.00 (Individual) \$225.00 (Couple)	\$150.00 (Individual) \$180.00 (Couple)	



Extended Office Visit (75 min)	\$300.00 (Individual) \$340.00 (Couple)	\$225.00 (Individual) \$270.00 (Couple)	
Returned Check Fee Per Check	\$35.00		

A reasonable fee will be charged for copies of any records requested by the Client.

Court Testimony, Depositions & Other Services

Should you require your Therapist to bear witness, provide testimony (written or in person), or serve in any other professional capacity on your behalf, the following fees will apply:

Service Description	Fee
Court Appearance or Deposition	\$3,000.00 for first day; after first day, \$350.00 per hour, 8 hours minimum
Preparation for Court Appearance or Deposition, or Generation of Official Statements.	\$350.00 per hour, 4 hours minimum
Preparation of Case Summary	\$300.00 per hour, billed in 15-minute increments
Other Services (Report Writing, Professional Correspondence, etc.)	\$300.00 per hour, billed in 15-minute increments

Payment/Insurance Filing

Payment of fees is expected at the time of each appointment. We request that payment be made before your session begins. Because D2Counseling is an out of network provider, we do not accept insurance. We do provide documentation for filing out of network.

Emergencies

If you are experiencing a life-threatening emergency, call 911 or have someone take you to the nearest emergency room for help. You may encounter a personal emergency which will require prompt attention. In this event, please contact our office regarding the nature and urgency of the circumstances. We will make every attempt to schedule you as soon as possible or to offer other options. Because clients may be scheduled back-to-back, it is not always possible to return a call immediately. However, we will make every effort to respond to your emergency in a timely manner. If you are experiencing a life-threatening emergency, call 911 or have someone take you to the nearest emergency room for help.

Confidentiality

D2Counseling follows all ethical standards prescribed by state and federal law. We are required by practice guidelines and standards of care to keep records of your counseling. These records are confidential with the exceptions noted below and in the Notice of Privacy Practices provided to you.

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 to confidentiality include but are not limited to the following situations:**

- Under order by court to testify or release records;
- When required by law to report to authorities responsible for investigating child abuse when the client is a victim or perpetrator of child abuse
- When required by law to report to authorities responsible for investigating elder or dependent adult abuse when the client is a victim or perpetrator of elder or dependent adult abuse;
- When required by law to notify police, warn a potential victim, or take other required action when the client threatens to harm themselves or someone else, or threatens to do harm to others property;

- A fee dispute between the Therapist and the client
- A negligence suit brought by the client against the Therapist;
- Supervision is a process in which cases are discussed within a peer setting and this process may be used with your case within the bounds of confidentiality to ensure you are getting the best care possible.
- The filing of a complaint with the licensing or certifying board.

If you have any questions regarding confidentiality, you should bring them to the attention of the Therapist when you and the Therapist discuss this matter further. By signing this Information and Consent Form, you are giving consent to the undersigned Therapist to share confidential information with all persons mandated by law and with the agency that referred you and the insurance carrier responsible for providing your mental health care services and payment for those services, and you are also releasing and holding harmless the undersigned Therapist from any departure from your right of confidentiality that may result.

Reviews

Reviews are very beneficial for those people seeking help. For this reason, we want to suggest that you protect your privacy by not disclosing identifying information. We may be acknowledging reviews, so some people may assume we have a relationship.

Recording

Audio, picture/screen captures, and/or video recording, etc. of any session or therapeutic events by the client is prohibited unless there is a signed agreement with all parties. Regardless of the presence or absence of a signed agreement, the recording is the sole property of D2Counseling.

Duty to Protect

If my Therapist believes that I (or my child if child is the client) am in any physical or emotional danger to myself or another human being, I hereby specifically give consent to my Therapist to contact any person who is in a position to prevent harm to me or another, including, but not limited to, the person in danger. I also give consent to my Therapist to contact my emergency contact.

Telehealth Consultation

I understand that there may be times that I choose to engage in telehealth consultation due to physical distance or health issues. My therapist explained to me how the video conferencing technology that will be used to affect such a consultation will not be the same as a direct client/therapist visit due to the fact that I will not be in the same room as my therapist. I understand that a telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my therapist or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation. I have had a direct conversation with my therapist, during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

Process for Complaints

An individual who wishes to file a complaint against a counselor or therapist may write to:

Texas State Board of Examiners of Professional Counselors
MC1982
PO BOX 141369
Austin, TX 78714-1369

or call:

1-800-942-5540

to request the appropriate form or obtain more information. More information can be found at the Texas Department of State Health Services website at www.dshs.texas.gov.

Consent to Treatment

By signing this Client Information and Consent Form as the Client or Guardian of said Client, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receive a mental health assessment, treatment, and services for me, and I understand that I may stop such treatment or services at any time.

Client Signature

Date

Provider Signature

Date

Client Name Printed

Provider Name Printed

Parent Signature (if client a minor)

Date

Client Name Printed