

Consent for Therapy

This CONSENT FOR THERAPY is to inform you of the risks as well as the potential benefits of outpatient therapy.

The modalities of outpatient psychotherapy utilized in my office are widely accepted forms of psychological treatment. As with all forms of clinical treatment, there are risks to be considered in the process of making an informed decision to seek treatment.

This CONSENT also defines my office policies and procedures relating to appointments and payment for services.

As a client, you have rights to confidentiality. This CONSENT describes the policy I follow to protect those rights and specific circumstances when therapists are required by law, to disclose patient information.

Clinical Overview

My practice includes individual, couples and group therapy. I am a LICENSED CLINICAL SOCIAL WORKER. I am also a LICENSED MARRIAGE + FAMILY THERAPIST (LMFT) and a LICENSED CHEMICAL DEPENDENCY COUNSELOR (LCDC). I am a CERTIFIED SEX ADDICTION THERAPIST (CSAT). I utilize and am certified in *Imago Relationship Therapy*, *Voice Dialogue*, and *EMDR*.

My treatment approach is based upon each client's specific clinical needs as identified during the initial session(s). The client's therapy options are then discussed and a plan for treatment is determined. A client's needs sometimes change over the course of their outpatient therapy, which may necessitate a reevaluation of their treatment plan. When this occurs, treatment options are once again discussed and determined by the client and therapist. If, at any time, the client and/or therapist believe the client's clinical issues require alternative or additional resources, every effort will be made to assist the client in locating these resources.

Benefits and Risks of Treatment

The risks or potential side effects of participating in psychotherapy may include increased levels of stress and anxiety, escalation of undesired behaviors, relationship disruption and emotional reactivity.

The benefits of outpatient psychotherapy may include improved functioning in your personal and professional relationships, improved communication skills and a reduction in the symptoms that led you to seek therapy in the first place.

Office Policies

1. Payment in the form of check or cash is due at each appointment.
2. Insurance claims are filed only with certain networks but a statement can be provided upon request. Most insurance plans require a diagnosis as part of filing a claim. This diagnosis will be discussed with the client prior to providing a statement.
3. Cancellation of an appointment for Individual or Couples Therapy requires 24-hours advance notice. (Advance cancellation of Monday morning appointments should be made by Sunday.) Otherwise, the client will be charged for the missed session. This cancellation policy *does not apply* to Group therapy. Clients participating in Group therapy are charged whether or not they attend (including vacation absences). Emergency circumstances (i.e., hospitalization, accident, a death in the family) will be addressed on an individual basis.
4. If fees are not paid within the above terms, the client's account may be turned over to a collection agency.
5. Session duration is sixty (60) minutes. Sessions longer than 60 minutes will be prorated accordingly based upon my per-hour rate. (After-hours or emergency calls will be billed on the same basis.)
6. In the event of my absence, I will provide clients with information regarding the availability of a therapist on call.

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Confidentiality

The confidentiality of health information is protected by law. This includes information shared with a therapist. I am committed to maintaining this confidentiality in my practice. Information about you will only be released with your written permission through a signed and dated RELEASE OF INFORMATION, which clearly defines the nature of the information to be shared, with whom it will be shared and for how long. If the client is a minor, any release must be completed, signed and dated by a parent or legal guardian.

Limitations to Confidentiality

1. Texas State Law requires any therapist to notify legal authorities if you provide information indicating that you are abusing children, the elderly or if you express intent to harm yourself or another person or persons.
2. If a client reveals to the therapist any evidence of professional misconduct (e.g., sexual involvement) perpetrated by a previous clinical provider, the current therapist is required to report this information to the state licensing board for that clinician.

Failure of the treating therapist to report in either of the aforementioned circumstances is a breach of legal and ethical standards that can lead to prosecution and/or loss of licensure.

HIPAA Notice

You may request a copy of my HIPAA notice for more complete information on the confidentiality of your medical information.

Complaints

Complaints against this therapist can be made by contacting:

The Texas State Board of Social Worker Examiners
1100 West 49th Street
Austin, Texas 78756-3183
(800) 232-3162 or (512) 719-3521

Consent to Enter Therapy

I have read and fully understand the information provided in this document regarding the various services provided by this office and the potential risks and benefits of outpatient psychotherapy. I also understand the obligations and limitations of confidentiality within the context of the client/therapist relationship. I agree with the policies related to payment at the time of the service and cancellation of an appointment. I have had an opportunity to ask questions. I understand that I can leave therapy at any time and if I choose to do so will be assisted by the therapist in finding other clinical resources if any are desired. By signing this document, I acknowledge informed consent in my decision to seek outpatient psychotherapy with this therapist.

Signature of Client, Parent or Legal Guardian

Date

Print Name of Client

Signature of Karen Nelson Thomas, LCSW, LMFT, LCDC, CSAT

Date