



This contract is a reciprocal agreement with corresponding rights and responsibilities on both sides.

THE COUNSELING RELATIONSHIP

All Counselors (hereafter referred to as providers) are required to adhere to the Code of Ethics and Standards of Practice as put forth by the Texas State Board of Examiners of Professional Counselors. This code precludes dual relationships in order to protect the rights of the clients and maintain the objectivity and professional judgment of the provider of services. In the event that a relationship outside the therapeutic relationship is unavoidable, the provider of services will discuss the situation with the client and resolve the issue with the client professionally and in a manner most suitable to the client’s needs.

_____ **Initials**

LIMITS OF CONFIDENTIALITY

While the right to privacy binds all providers of Mental Health Services, there are limitations. Some specific limitations of confidentiality are:

- ☉ When the client waives their right to privacy and gives written consent
- ☉ When, based on sound clinical judgment, disclosure is required to prevent clear and imminent danger to the client or others and the client is unwilling or unable to contract for safety
- ☉ In matters affecting the welfare or abuse of children
- ☉ When ordered by an official of the court as required by law

Periodically a client’s information may be reviewed for the purposes of a treatment team, supervisory status, or clinical peer review, and others may have access to the file or information pertaining to the client. In the event of one of the above stated instances, the provider of services will disclose only what is essential information required by the given circumstance.

_____ **Initials**

FINANCIAL ARRANGEMENTS

Fees for services are \$140.00 per session. However, fees may be adjusted individually, based on the needs of the client and when agreed upon by the provider. If for any reason you cannot make your payment for services, please discuss this with the provider or the office staff. We will do our best to work with you on adjusting your fees or working out a payment plan that fits your needs.

If possible we will file most insurance claims for the client. If we are unable to file the claim for you or you are having difficulty with your insurance forms, please let someone in our office assist you.

If for any reason you cannot make a scheduled appointment, please contact our office as soon as possible. Appointments should always be canceled 24 hours in advance whenever possible. If you do not cancel your appointment in advance you will be billed 50% of the full session fee of \$140.00. We cannot bill the insurance company for missed appointments. _____ Initials

FOCUS OF SERVICE

All clients have the right to be informed of the goals and purposes, techniques, procedures, limitations, possible risks, and the benefits of services to be performed. Goals of treatment and procedures to be used will be agreed upon by the client and the provider. This is usually done in the first or second session, after the provider has obtained an extensive psychosocial history from the client. This history enables the provider and the client to complete the most effective treatment plan and set appropriate goals for therapy. Clients are encouraged to ask questions about any of the aforementioned aspects of the services to be provided. Clients have the right to have such questions answered in terms clearly understood by the client.

Therapeutic treatment procedures may include, but are not limited to, homework assignments, role-playing, written assignments, assertiveness training, or social skills training. During the course of your individual therapy other recommendations may be suggested, such as participation in group therapy, 12-step recovery or other support groups. Should this happen, the provider will supply the information necessary to facilitate the recommendations. With some therapies there are possible side effects and some risks are involved. Therapy is often emotional and draining for the individual and things may appear to get worse before they get better. Anxiety may result from dealing with and facing emotional issues.

Relationships may change as you make changes in your personal life and gain increased self-knowledge and understanding. As a result of your therapy sessions, your provider may recommend you to a psychiatrist to evaluate the need for medication.

If for any reason you would like to terminate your therapy, the provider will explore alternative choices with you and make appropriate recommendations if desired. Some alternatives to therapy may be 12 step recovery programs, support groups, services offered by churches or community centers in your area, inpatient treatment, or support of family and friends.

Appointment duration, times, and frequency will be determined based on the individual needs of the client. Generally, appointments will last 50 minutes. The duration of therapy will be determined by client progress, the desired goals of the intervention, treatment type, and mutual agreement between the provider and the client. The provider and the client will decide when to terminate therapy based on the client's needs. In the event that a provider feels they are unable to assist a client, when it is clear the client is no longer benefiting, when services are no longer meeting the needs of the client, or the client is not willing to pay the agreed upon fees for services, therapy will be terminated. The client has the right to terminate therapy at any time for any reason.

Upon termination of therapy the provider will assist the client in finding other services or another therapist, when necessary. Closure is an important part of the therapeutic relationship for both the provider and the client. For this reason we encourage a termination appointment for all clients that are ending individual and or family therapy.

The provider does not use video or tape recording devices without prior consent of the client. Clients have the right to have access to and view their records at any time. However, these records are maintained and owned by the provider. Access to these records is limited to all other individuals unless given prior consent by the client, when required by law, and in situations involving minors, under the age of 16.

Sammie Jones, MA, LPC is a member in good standing with The Texas Counseling Association (TCA). You can reach the TCA at 512-472-3403.

The terms and conditions of this contract can be renegotiated upon the request of the client and/or the provider (with client approval) at any time.

If at any time the client has a problem or complaint against the provider that cannot be resolved between the provider and the client, the general complaint line for Mental Health providers in Texas is 1-800-821-3205.

I _____ have read and understand the above guidelines of the informed consent. I have been given the opportunity to ask questions and have been informed of the rights of confidentiality and my rights as a client. I understand that the contract for services portion of this contract can be renegotiated at any time by my request or consent. I agree to the treatment, procedures, and goals of therapy as discussed with the provider. I have received a copy of the informed consent and the contract for services.

Client Signature

Date

Consent for Treatment of Minors:

I/We consent that _____ may be treated as a client by Sammie I. Jones, MA, LPC.

Signature of Parent/Legal Guardian

Date