

## INFORMED CONSENT

### GENERAL CONSIDERATIONS:

1. Counseling is a collaborative effort between us. While I will attempt to facilitate change, I cannot make change happen. Therefore, I cannot make any promises regarding the outcomes or results of our work together. Rather, we will have an ongoing conversation regarding the effectiveness of the counseling process. If you feel the direction of counseling is not meeting your needs, we will work to change directions and refocus the goals of therapy in a way that makes sense to you.
2. The most powerful tool we have to reach your goals is the counseling relationship between you and me. It is very important that you feel we have a comfortable and safe working relationship. While this takes time, it also requires honesty in terms of your thoughts, feelings, and behavior, as well as any concerns you may have about me.
3. The process of meeting your therapeutic goals can be difficult at times. Painful memories or insights may arise as you explore and work towards your goals.
4. As the counseling relationship is our most powerful tool for you to reach your goals, it is common for a close emotional bond to develop. Given the unique nature of our relationship, it is vital that we do not socialize or form a friendship outside of the counseling room. This boundary keeps the counseling environment safe and free from any complications that could arise from socializing.

### CONFIDENTIALITY:

I value your privacy and will treat all the information you share with me with great care. I will not even confirm or deny that you are receiving counseling from me. It is your legal right for your sessions and records to be kept private. If you wish for any information about our work together to be shared with someone else, you will be required to sign an "Authorization for the Release of Information" form prior to me communicating with someone else.

Texas state law, rules of the counseling field, and my personal value system requires me to keep all aspects of our counseling sessions confidential. That said, there are a few rare situations where your information may be disclosed to the appropriate authorities. Examples of these situations include:

1. If I have reason to believe a child, elderly or disabled person has been or will be abused or neglected, I am legally required to report this to the appropriate authorities.

2. If I have reason to believe that you may harm yourself or another person(s), I am legally required to try to protect you and/or the other person(s). This generally means reporting the threat to the appropriate authorities.
3. If you are involved in civil or criminal case and it is known or becomes known that you are or were in counseling with me, I could be ordered to show the court my records. If you are being sued or suing someone, or are charged with a crime, please consult with a lawyer regarding sharing this information with the court.
4. If you disclose that a previous counselor behaved in a sexually inappropriate manner, I am legally required to report it to the District Attorney's office as well as the appropriate state licensing board.

I will never disclose any information, for any reason, without informing you of my intent.

#### CONFIDENTIALITY AS IT RELATES TO CLINICAL CONSULTATION:

As part of my ongoing professional growth, I occasionally discuss cases with colleagues who are also bound by the same confidentiality guidelines as I am. No details that could reveal your identity or unique situation are revealed.

#### APPOINTMENTS:

I protect and value our time together, and will make every effort to be punctual for our appointments. If you have to cancel on the day of our scheduled session, regardless of the reason, I will charge my full fee, unless we are able to reschedule your appointment within the same week. This is reciprocal: if I have to cancel our session day-of, and we are unable to reschedule within the same week, your next session will be free of charge.

#### CLIENTS' RIGHTS:

You have the right to see your record but must make the request in writing.

#### GRIEVANCES:

As a Licensed Professional Counselor, I am committed to upholding the rules and policies of the Texas LPC Board. If you are not satisfied with me or your treatment and feel comfortable doing so, please raise your concerns to me at once. I will make every effort to hear any complaints you have and collaboratively seek solutions with you. If you feel that I have treated you unfairly or have been unethical, you may contact the LPC Board directly at 1-800-942-5540.

#### GRADUATION:

Ideally, we will mutually agree that it is time to end our work together. However, you may stop treatment at any time. My goal is for you to be content with the outcomes of therapy and the direction in which your life is moving.

**REFERRALS:**

If, at any time, I feel that I am unable to meet your therapeutic needs, I will gladly refer you to another qualified practitioner in the area. I encourage you to let me know if any discomforts arise so a joint resolution can be made.

**TELEPHONE AND EMERGENCIES POLICY:**

You can leave messages on my confidential voicemail and I will return your call within 24 hours. However, this is not an emergency phone number. In the event of an emergency, please make use of the local services listed below:

General emergency number: 911

24-hour crisis hotline: (512) 472-HELP (4357)

Seton Shoal Creek Psychiatric Hospital: (512) 324-2000

**NOTICE OF PRIVACY POLICY:**

The NOPP is available on my website at [www.fpcounseling.org](http://www.fpcounseling.org). One of the purposes of the NOPP is to inform and educate clients about the fact that there are exceptions to the general rules of confidentiality. By signing below, you acknowledge that you have been informed about the NOPP and how to access the document.

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I acknowledge that I have read and fully understand the entire Therapist Disclosure / Informed Consent / Client Agreement above, and I agree to the terms set out therein. Any questions that I have had about this document and/or the therapy process have been answered to my satisfaction.

Please feel free at any time to ask me any questions about this form.

By signing below you are acknowledging that you have read, fully understood, and have received a copy of this document.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**INTAKE FORM**

*This information helps me contact you if needed and allows me to begin getting to know you. Please answer as you feel comfortable, skipping anything you prefer not to answer and adding anything you think I should know. The information you provide will be kept confidential.*

**CONTACT AND PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian (if under 18 years): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

City

State

Zip Code

Your Best Contact Phone Number: \_\_\_\_\_

(Is it okay to text? \_\_\_\_\_ Leave voice messages? \_\_\_\_\_ )

Email Address: \_\_\_\_\_

(Is it okay to email you? \_\_\_\_\_ )

Emergency Contact: Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please describe your current employment situation:

Please describe your current romantic relationship status, including your current partner's name, duration and type of relationship (if applicable):

Please describe your current living situation:

Please list the names and ages of any children, and if relevant, with whom you parent them:

## PHYSICAL, EMOTIONAL, RELATIONAL AND MENTAL HEALTH INFORMATION

1. How is your current physical health? (please describe any physical issues, including chronic pain you are currently dealing with)
2. Please list medications you are currently taking (include prescription, over the counter and herbal):
3. How is the quality of your sleep? (include any problems, average uninterrupted hours per night, etc.)
4. How many times per week do you typically exercise?
5. Please describe any difficulties you experience with your appetite or eating patterns.
6. Are you currently experiencing overwhelming sadness, grief or depression?  
If yes, for approximately how long?
7. Are you currently experiencing anxiety or panic attacks? (if yes, please describe)
8. Have you ever attempted to harm yourself?  
  
Have you had thoughts of hurting yourself or someone else recently?
9. Are you currently, or have you ever seen, a mental health professional before? If yes, please describe the timing, duration and reasons:
10. Please describe your typical weekly alcohol and/or recreational drug use:
11. Do you engage in any religious or spiritual practices? If yes, please describe briefly:
12. What significant life changes or stressful events have you experienced recently?

13. Has anyone in your immediate or extended family experienced any of the following mental health issues? (if yes, please indicate the persons' relationship to you):

- Alcohol/Substance Abuse
- Anxiety
- Depression
- Domestic Violence
- Eating Disorders
- Obsessive Compulsive Behavior
- Bipolar Disorder
- Schizophrenia
- Suicide Attempts

14. On a scale of 1-10, 10 being most satisfied, how would you rate your:

Romantic relationship(s): \_\_\_\_\_  
Relationships with your children: \_\_\_\_\_  
Close friendships: \_\_\_\_\_  
Relationship with your family of origin: \_\_\_\_\_  
Coworker relationships: \_\_\_\_\_

Any details about the above you would like me to know?

#### OTHER QUESTIONS

How did you hear about me?

In a nutshell, what brings you to therapy?

What would you like to accomplish out of your time in therapy?

Anything else you would like me to know?