

Family Restoration Counseling Services

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214-265-1777

www.familyrestorationcounseling.com

PROFESSIONAL DISCLOSURE STATEMENT

THERAPY POLICIES AND SERVICES

Welcome! We are committed to providing you with quality care. This information packet is intended to acquaint you with what you can expect, and address some of the typical areas of concern, especially for the first-time client.

Qualifications: Each of our counselors has completed a Masters level counseling program and met state requirements for licensure via a post-graduate internship.

Experience: You are encouraged to ask your counselor any questions you might have related to his or her clinical experience.

INFORMED CONSENT

Counseling Relationship: While we work with your therapist, your sessions may be very intimate psychologically, but your relationship is a professional relationship rather than a social one. Please do not invite your therapist to social gatherings, offer him/her gifts, ask him/her to write references for you, or to relate to you in any way other than the professional context of your counseling sessions. You will be best served if your sessions concentrate exclusively on your concerns.

Contact will be limited to counseling sessions you arrange with your therapist. You may leave messages for your therapist at the number that he or she designates or 214-265-1777 and your call will be returned as soon as possible. If you experience a mental health emergency, obtain crisis services by calling 911 and/or by going to a nearby hospital emergency room.

Effects of Counseling: At any time, you may initiate a discussion of possible positive or negative effects of entering, not entering, continuing, or discontinuing counseling. While benefits are expected from counseling, specific results are not guaranteed. Counseling is personal exploration and may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. Some of these life changes could be temporarily distressing. The exact nature of these changes cannot be predicted. Together we will work to achieve the best possible results for you.

Client Rights: Some clients achieve their goals in only a few counseling sessions; others may require months or even years of counseling. As a client, you are in complete control and may end our counseling relationship at any time, though we do ask that you participate in a termination session. You also have the right to refuse or discuss modification of any counseling techniques or suggestions that you believe might be harmful.

All services will be rendered in a professional manner consistent with accepted legal and ethical standards. If at any time for any reason you are dissatisfied with your services, please let your therapist know. If your concerns are not resolved, you may report your complaints to the Texas Department of Health, 512-834-6658.

Conditions of Ongoing Counseling: If you have been in counseling or psychotherapy during the past seven years, you may be required to sign a release so your therapist may communicate with and/or receive copies of records from the professional(s) from whom you received mental health services. While you are in counseling with Family Restoration Counseling Services (FRCS) you agree not to maintain or establish a professional relationship with another mental health professional unless you first discuss it with your therapist and sign a release that enables him/her to communicate with the other mental health professional(s). If you decide to maintain or establish a professional relationship with another mental health professional against the advice of your FRCS therapist, he or she may consider this your decision to change counselors and reserves the right to terminate your counseling.

We also reserve the right to postpone and /or terminate counseling of clients who come to session under the influence of alcohol or drugs. In addition, we reserve the right to terminate counseling of clients who do not comply with the medication recommendations of their psychiatrist or physician.

Referrals: We recognize that not all conditions presented by clients are appropriate for treatment at this facility. For this reason, you and/or your therapist may believe that a referral is needed. In that case, we will provide some alternatives including programs and/or people who may be available to assist you. A verbal exploration of alternatives to counseling will also be made available upon request. You will be responsible for contacting and evaluating those referrals and /or alternatives. Certain aspects of treatment may require evaluation through psychological testing or medication. In such cases, a referral to a psychiatrist or medical doctor may be made. Ongoing dialogue with these professionals would be maintained to manage the counseling process effectively.

Fees: In return for a fee of \$ _____ per fifty minute session (\$_____ for the initial consultation), your therapist agrees to provide counseling services for you. If the fee represents a hardship to you, please let your therapist know. The fee for each session will be due and must be paid by the conclusion of each session. Cash, credit or debit card, or personal checks made out to "Family Restoration Counseling Services" are acceptable for payment. If you become involved in litigation that requires the participation of your therapist, the fee will be double the normal session rate per hour for preparation for and/or attendance at any legal proceedings.

_____ (client initials) _____ (therapist initials) _____ (date).

Court Appearances and Fees: If your therapist appears in court related to your treatment the hourly rate will be \$250 dollars. This rate will be applied to time spent traveling to and from the court and include all activities between departure for the appearance and return to the office, including time spent waiting for proceedings.

Cancellation: In the event that you will not be able to keep an appointment, please notify your therapist at least **24 hours in advance**, whenever possible. **Failure to do so will result in you being billed your normal rate for the missed session.** If you intend to discontinue counseling, please inform your therapist immediately so a termination session can be scheduled and your case closed.

Format: Most sessions will be weekly and will last between 45 to 50 minutes. For couples, the option is available to participate in double or even triple sessions. This option has been shown to have tremendous results in a shorter amount of time. Please feel free to discuss these options more with us if you would like more detail.

Records and Confidentiality: All of our communication becomes part of the clinical record. Adult client records are disposed of seven years after the file is closed. Minor client records are disposed of seven years after the client's 18th birthday. Most of our communication is confidential, but the following limitations and exceptions do exist: a) Your therapist uses your case records for purposes of supervision and professional development. In such cases, to preserve confidentiality, we will identify you by first name only; b) we determine that you are a danger to yourself or someone else; c) you disclose abuse, neglect, or exploitation of a child, elderly, or disabled person; d) you disclose sexual contact with another mental health professional; e) your therapist is ordered by a court to disclose information; f) you direct your therapist of FRCS to release your records; or g) FRCS is otherwise required by law to disclose information. If you see your therapist in public, he or she will protect your confidentiality by acknowledging you only if you approach him/her first.

In the case of marriage or family counseling, your therapist will keep confidential (within limits cited above) anything you disclose to him/her without your family member's knowledge. However, we encourage open communication between family members and reserve the right to terminate the counseling relationship if we judge the secret to be detrimental to the therapeutic progress.

Client's Signature(s) _____

Counselor's Signature _____ Date _____

GENERAL INFORMED CONSENT FOR THERAPY

Clients usually enter counseling because they seek some positive benefits. Psychotherapy and counseling have some risks as well as benefits. Just talking about your history and concerns can have both positive and negative effects. We want to inform you of the possible risks as well the potential benefits as you begin therapy. During the first session, your therapist will confirm with you in writing your understanding of the limits of confidentiality, the risks and benefits of verbal therapy, and the expectations of you as a client.

Your therapist will determine with you the methods, goals, or objectives of your counseling after collecting some of the history regarding the issues. Any type of therapy will have certain benefits and specific risks associated with it. When we recommend a definite type of therapy, we will discuss the reasons for choosing that type of method. We will also discuss any additional benefits as well as risks associated with such recommendations. If the situation warrants, your therapist may recommend other types of care including a referral to your family physician for an evaluation. It is your decision whether to follow that recommendation.

The most universal concerns of clients are difficulties with depression, anxiety, and problems with interpersonal relationships. Most clients enter counseling because they want to change some of their own behavior.

Potential benefits of therapy

1. Improved understanding of self and others. The objective viewpoint of the therapist helps many clients better understand their own feelings and behavior as well as those of others.
2. Progress toward defined goals and objectives. In therapy, the clients and therapist work together to set specific goals and objectives. A way is usually identified to measure progress toward those goals. Most clients can clearly identify the changes in feelings and behavior that they make through therapy.
3. Greater sense of control over moods and behavior. As clients measure progress and identify the tools used to make headway, they often gain feelings of power over moods and behavior.
4. Improved self-esteem. With greater self-control, clients often improve their self-concept. Confronting and managing one's difficulties often leads to improved self-esteem.
5. Improved self-assertion. Many clients increase their ability to assert themselves. As self-esteem and feelings of self-control improve, they feel more able to stand up for their own rights without infringing on the rights of others.
6. Improved relationships with others. By reducing unwanted behaviors and increasing more desirable behaviors, clients often improve relationships with family members or co-workers or friends.
7. Improved capacity for independence. Before therapy many of my clients may have depended on others for their sense of well-being. Therapy may lead to an increased ability to meet one's own needs.

Potential risks of therapy

1. Lack of progress. Some clients do not appear to improve in therapy. For example, depression or anxiety may become worse. I will monitor your progress with you to determine if this happens and to plan alternatives should this occur. In some cases we may recommend a different form of care or may suggest care by another provider or provide referrals to other providers.

2. Upsetting insight. Therapy may lead to insight into your own behavior or the behavior of others that is upsetting. Some clients, following therapy, wish they had not discovered some things about themselves or others. Of course, once you are aware of new information, there is no going back. Your therapist will monitor your feelings with you and discuss these concerns if they arise.

3. Feelings of distress. Discussing personal concerns can be upsetting by itself. Clients may experience feelings of sadness, anger, anxiety, or depression in talking about their personal or family difficulties. Clients may also have bad dreams or nightmares as a result of talking about concerns. Part of therapy often involved learning to handle such feelings more effectively when they occur. We will work with you to develop coping strategies for these feelings if they arise.

4. Change in relationships. Although behaviors and moods may change in a way that the client desires, others may not like the changes and may not adjust to the changes the client makes. Improvements in client's self-esteem, self-assertion, or sense of self-control may negatively affect others. Verbal therapy can lead to conflict in marriage or other family relationships. Sexual relationships can deteriorate. Sometimes verbal therapy can lead to divorce. Therapy may also lead, in rare cases, to deterioration of relationships at work and can result in the loss of a job. In some cases the client decides to make changes in the family, to seek divorce, or to change jobs. However, other individuals with whom the client has a relationship may initiate changes when the client does not want to do so. Your therapist will work closely with you to try to anticipate such problems in therapy. However, we cannot anticipate all interpersonal conflicts that may result from therapy.

I have reviewed the risks and benefits of general verbal therapy as explained in this document. My therapist has adequately answered any questions I have regarding these risks and benefits. I agree to enter verbal therapy with an understanding of the possible risks. I further understand that my therapist will explain any additional specific risks and benefits associated with any particular method, goals or objectives he or she may recommend.

Client name (printed) Signature Date

Client name (printed) Signature Date

I have interviewed the above named individual(s) and have answered any questions about the risks and benefits of general verbal therapy. On the basis of my interview I have no reason to believe that he/she or they are not competent to understand the nature of verbal therapy and the potential risks and benefits that may result from it.

Provider name Signature Date