



Family Restoration

COUNSELING SERVICES

Professional Disclosure Statement & Informed Consent

Professional Disclosure Statement

Welcome to Family Restoration Counseling Services! 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 either completed a Masters-level counseling program and met state requirements via a post-graduate internship, or is currently in their Masters-level counseling program under supervision by our clinical director and faculty at their graduate school.

Informed Consent

Counseling Relationship: While you 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 her/him gifts, ask her/him to write references for you, or relate to you in any other 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 at the phone number she or he designates, or you may call our office number at (214) 265-1777 and your call will be returned as soon as possible. If you experience a mental health emergency, please obtain crisis services by calling 911 and/or going to your closest 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 a 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.

Risks and Benefits: 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 as 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 history regarding the issues. Any type of therapy will have certain benefits and risks associated with it. When we recommend a definite type of therapy, we will discuss the reasons for choosing that particular 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 of 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 towards defined goals and objectives.* In therapy, the clients and the therapist work together to set specific goals and objectives. A method 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, co-workers, or friends.
7. *Improved capacity for independence.* Before therapy, many 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. Your therapist will monitor your progress with you to determine if this happens, and will plan alternative courses of action should this occur. In some cases we may recommend a different form of care, or may suggest care by another provider and/or provide referrals to other providers.
2. *Upsetting insight.* Therapy might lead insight into your own behavior or the behavior of others that is upsetting. Some clients, following therapy, wish they had not discovered something 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 involves learning to handle such feelings more effectively when they occur. We will work with you to develop coping strategies if they arise.
4. *Change in relationships.* Although behaviors and moods may change in a way that the client desires, others in relationships with the client may not like the changes and may not adjust to the changes the client makes. Improvements in the client's self-esteem, self-assertion, or sense of self-control may negatively affect others. 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.

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 at (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 form 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 her/him 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, she or he 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 determined by the practice, your therapist agrees to provide counseling services for you. Sessions are provided based on the therapist's licensure status. Fully licensed LPCs, LMFTs, and LCSWs see clients at \$175/session. Licensed therapists under supervision, such as LPC-Associates, LMFT-Associates, and LMSWs, see clients at \$135/session. Non-licensed graduate student interns see clients at \$85/session. Additionally, a one-time \$25 administrative fee will be charged to cover the costs of new client processing. These rates are subject to change with written notice in advance. If the cost of therapy 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.

Payment: Payment may be made by cash, credit or debit card, or personal check (made out to "Family Restoration Counseling Services"). 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. Payment may also be submitted by a Third Party Payer, who authorizes their card information to be processed for all session-related fees (including session rates, no-show fees, court fees, etc.). Please note that authorizing a Third Party Payer does not entitle them to your confidential information, but they may request a statement of services paid for.

Court Appearances and Fees: If your therapist appears in court related to your treatment, the hourly rate will be \$250. This rate will be applied to time spent traveling to and from the

court, and includes all activities between departure for an appearance, return to the office, and time spent waiting for proceedings.

Cancellations: Each session we schedule is roughly an hour of your therapist's time reserved exclusively for you. In the event that you will not be able to keep an appointment, please notify your therapist at least 24 hours in advance. If a session is cancelled without proper notice, a charge will be applied for the normal session rate. For this reason, we require all clients to have an authorized credit or debit card on file. 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 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 your 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. Further information regarding the storage, use, disclosure, and access of mental health information is detailed in our HIPAA Privacy Notice form. Most of our communication is confidential, but the following limitations do exist:

- Your therapist may use your case records for purposes of supervision and professional development with their supervisor; your confidentiality will be preserved by both your therapist and their supervisor.
- We determine that you are a danger to yourself or someone else.
- You disclose abuse, neglect, or exploitation of a child, elderly, or disabled person.
- You disclose sexual conduct with another mental health professional.
- Your therapist is ordered by a court to disclose information.
- You direct your FRCS therapist to release your records.
- FRCS is otherwise required by law to disclose information.

If you see your therapist in public, she or he will protect your confidentiality by acknowledging you only if you approach her/him first.

In the case of marriage or family counseling, your therapist will keep confidential (within the limits cited above) anything you disclose to her/him 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.

Counseling Internship: FRCS is a training facility for master's and doctoral practicum students making progress towards their counseling degree and provisional license. Practicum students

are supervised by an on-site supervisor as well as a supervisor through their master's or doctoral program. Consent to seeing a practicum student includes your understanding of and agreement to services provided by a non-licensed individual. If you have any concerns or complaints about your experience, please contact our Director, Evie Gardner, by email: eve@familyrestorationcounseling.com.

Consent to Treatment

I, voluntarily, agree to receive mental health assessment, care, treatment, and services and authorize the licensed providers at FRCS to provide such care, treatment, and services as considered necessary and advisable. I understand and agree that I will participate in the planning of my care, treatment and services and that I may stop such care, treatment, and services that I receive through the undersigned therapist at any time. By signing this Informed Consent form, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

Client Printed Name

Client Signature

Date