



a l e t h e a t h o m a s
C O U N S E L I N G

Informed Consent for Psychotherapy

General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect.

This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the signature line at the end of this document.

The Therapeutic Process

You have taken a very positive step in deciding to pursue therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in some emotional discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc.

There are no miracle cures. I cannot promise that your mood, behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

An important part of your journey is your spiritual health. My worldview is formed by my Christian faith, and I am willing to discuss how faith can assist in your path to wellness *if you wish*.

Absolute honesty is required for therapy to be effective, and a pattern of dishonesty could result in an early termination of services. Furthermore, I do not treat clients who are currently in active addiction to alcohol, prescription drugs, or illegal drugs. If this becomes an issue while we are working together, I would require that you establish a period of sobriety before we continue to meet.

Technological means of communication may be used to facilitate the therapeutic counseling process. Telehealth sessions will be used when necessary because of governmental requirements or according to your needs as a client. Any phone session of more than 15 minutes will be billed as a therapy session at 15 minute increments (15, 30, 45, or 60 minutes). Clients are prohibited from recording sessions without permission.

I will help you reschedule appointments when possible, however, a pattern of no shows or late cancellations may indicate that this is not the best time for you to be in therapy. I reserve the right to terminate services after 3 no shows or late cancellations. (I may contact your emergency contact if I do not hear from you, or if I cannot reach that person I reserve the right to call for a police wellness check if I do not hear from you). It is against professional counseling ethics to see clients for whom little or no progress towards treatment goals occur.

I hold my professional license from: Texas Behavioral Health Executive Council,
Texas State Board of Examiners of Professional Counselors, 33 Guadalupe St, Tower 3, Room 900
Austin, Texas 78701, (512) 305-7700, 800-821-3205 24-hour, toll-free complaint system

Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/ persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and #4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name or any other identifying information.

Billing

All patients/clients who are uninsured, insured, or whose insurance does not cover the cost of mental health counseling services *are personally responsible for all payments*. Any balance not paid for by the end of the billing period will be automatically charged to your designated credit card on file. You may request a receipt for services to submit to your carrier for out of network reimbursement. The outcome of such an attempt is between you and the carrier, not Alethea Thomas Counseling.

Court Proceedings

It is my policy to **NOT** testify in a court of law in custody and/or divorce proceedings

Your Privacy

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but I feel it is not appropriate to engage in any lengthy discussions outside of the therapy office.

Client Signature _____ Date _____

Client Printed Name _____