

Informed Consent
Sheila Hoogendam, MA
Licensed Professional Counselor

This is a copy of the client consent form, which all clients are required to sign prior to commencement of services. Please let me know if you have questions or concerns regarding any of these policies.

CLIENT/THERAPIST RELATIONSHIP: You and I have a professional relationship existing exclusively for therapeutic treatment. This relationship functions most effectively when it remains strictly professional and involves only therapeutic exchange. I can best serve your needs by focusing solely on therapy and avoiding any type of social or business relationship. Gifts are not allowed, nor are any sort of trade of service for service. Effective psychotherapy is founded on mutual understanding and good rapport between client and therapist. It is my intent to convey the policies and procedures used in my practice, and I will be pleased to discuss any questions or concerns you may have.

QUALIFICATIONS: I am licensed by the state of Texas as a Licensed Professional Counselor (66983). I have a Bachelor of Science in Elementary Education from Texas A&M University, College Station, Texas and a Master of Arts in Professional Counseling from Texas State University, San Marcos, Texas. I have earned 3000 supervised hours practicing the art of counseling.

COUNSELING: Throughout our first meetings we will gather historical and familial information and I will gain an understanding of what it is that brings you to counseling; your needs, concerns and goals. We will continue referring back to this information throughout treatment and will create a plan to achieve the changes you desire in your life. I will strive to provide the most effective therapeutic experience available. I will utilize a combination of insight oriented techniques and problem solving skills to help you reach your goals. If at any time you feel that you and I are not a good fit, please discuss this matter with me to determine if transferring to another therapist is right for you. If you and I decide that other services would be more appropriate, I will be happy to assist you in finding a provider to meet your needs. I believe the key to growth and success in therapy is the individual's commitment to the process and the relationship between the individual and counselor. Therapy involves a giving of time, money and energy. I recommend consistency to provide continuity and momentum for growth and change.

RISKS AND BENEFITS: Counseling is beneficial, but as with any treatment there are inherent risks. During counseling, you will have discussions about personal issues, which may bring to the surface uncomfortable emotions such as anger, guilt, and sadness. However, the benefits of counseling can far outweigh any discomfort encountered during the process. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, and specific problem solving. I cannot guarantee these benefits, of course. It is my desire, however, to work with you to attain your personal goals.

PAYMENT: Acceptable forms of payment are cash, check, MasterCard, Visa and American Express as well as debit. Please submit your payment to the counselor at the beginning of each session.

If you become involved in legal proceedings and need to request information from me, I will charge \$100 per hour. This fee will cover services provided in preparing reports, handling relevant telephone conversations, preparing records, traveling to and from court, waiting to testify, and actually testifying in court. The charge for duplicating records is \$0.10 per page for standard-size paper copies.

APPOINTMENTS: Appointments are typically scheduled on a weekly basis and are approximately 55 minutes long. If you must cancel or reschedule your appointment, I ask that you call my office at 512-297-1221 at least 24 hours in advance, whenever possible. This will free your appointment time for another client. If it is not an emergency and you do not provide 24-hours notice, you will be charged for the appointment.

RECORDS: Your records will be kept on file for 7 years and will only be available to the counselor. Your records may be shared with another professional or agency if you so choose. Your case may be discussed anonymously with other professionals only for consultation purposes. Should you require your counseling information; a summary will be given to you.

REPORTING: The Texas Health & Safety Code states that communication between the therapist and client as well as the client's records is strictly **confidential**. However, there are some **limits to confidentiality** and these include:

1. I am required by law to report suspected **abuse or neglect of minors, elderly or disabled persons**.
2. I am required to report **imminent physical injury by the client, to the client, or others** to the relevant law-enforcement agency.
3. I am required to appear in court if **subpoenaed**.

DUTY TO WARN/DUTY TO PROTECT: If my Therapist believes that I (or my child if child is the client) am in any physical or emotional danger to myself or another human being, I hereby specifically give consent to my Therapist to contact any person who is in a position to help prevent harm to me or another, including, but not limited to, the person in danger.

INCAPACITY OR DEATH: I understand that, in the event of the death or incapacitation of the undersigned Therapist, it will be necessary to assign my case to another Therapist and for that Therapist to have possession of my treatment records. By my signature on this form, I hereby consent to another licensed mental health professional, selected by the undersigned Therapist, to take possession of my records and provide me copies at my request, and/or to deliver those records to another therapist of my choosing.

EMERGENCIES: If you have an emergency that puts your physical safety at risk, **please call 911**.

COMPLAINTS: If you have a complaint that you feel we are unable to resolve together, you may contact:

Texas State Board of Examiners of Professional Counselors
1100 West 49th St., Austin, Texas, 78756
512-834-6658

CONSENT FOR TREATMENT: I have read or have had satisfactorily explanations and I understand this disclosure of information, policies and client agreement. Any questions that I had about this statement including fees and payment policies have been answered and explained to my satisfaction (for client under the age of 18, consent must be given and this form must be signed by either a parent or legal guardian). I understand and agree to the description of confidentiality and the exceptions as stated above. I consent to counseling under the terms described above. My signature below indicates that I have received a copy of this form.

Client Name

Signature (Client or Guardian)