Abundant Life
COUNSELING SERVICES, P.A.

STANDARDS AND POLICIES INFORMED CONSENT

Welcome:

Welcome to Abundant Life Counseling Services (ALCS). We are honored that you have chosen to entrust us with this portion of your life's journey. Today marks the beginning of our opportunity to join you in your pursuit of a more satisfying life. As a guide, we will partner with you to discover life beyond "existing" or "surviving" in broken relationships, impaired thinking, painful behavior patterns, and debilitating intense emotions. This informational sheet provides you with the basic services and policies of ALCS. Please feel free to ask any questions that you might have.

Services:

As mental health professionals, we are equipped to help individuals, children, families, couples, and groups with a variety of disorders of an emotional, psychological, and spiritual nature. We will employ a variety of educational and therapeutic techniques, specifically affective (feeling), behavioral (doing), and cognitive (thinking), to help you achieve your personal counseling goals. The counseling methodologies used will primarily come from cognitive "talk" therapy, solution-focused therapy, marital and family systems therapy, play therapy for children, behavioral therapy, and didactic (teaching) or experiential use of scripture. While we prefer to approach counseling from an integration of theology and psychology, we will not impose our beliefs on our clients and are capable and willing to approach presented problems without the use of faith-based interventions. We will gladly support you in finding a psychiatrist or medical professional if medication is needed.

Our Relationship:

Our relationship with you is a confidential, professional relationship based on trust that is initially given, but ultimately earned from each client. In order to assist you in achieving your goals, we will be asking personal questions about you and your extended family's experiences and belief systems. If you are seeking sex therapy, you will be asked personal questions about your sexuality, sex life, and sexual behaviors. While some clients only need a few sessions to achieve their goals, others require months and sometimes years of treatment. As a client, you have the freedom to end your treatment at any time, but we do ask that you participate in a termination session. Our sessions may be psychologically close, but the relationship is not social. Our contact will be limited to counseling sessions except in emergencies. You can leave us a confidential message and we will return it as soon as possible. However, if you urgently require assistance, please call your physician, 472-help, or the police. While it is not possible to guarantee any specific results regarding your counseling goals, we will work diligently toward the results you desire.

Supervision:

All of the counseling interns who are employed by Abundant Life Counseling Services, P.A. are supervised by a Licensed Professional Counselor Supervisor and a Licensed Marriage and Family Therapist Supervisor certified by the Texas State Board of Examiners of Professional Counselors and the Texas State Board of Examiners of Marriage and Family Therapists.

Referrals:

As mental health professionals, we adhere to the highest ethical standards and will keep your best interest at the forefront of all we do. However, if you are dissatisfied with our services at any time, please express your concerns to us. If we are not able to resolve your concerns, we will gladly provide you with a list of referral choices. *Please note that you will be responsible for contacting and evaluating those referrals and/or alternatives.* If you have a complaint regarding malpractice, this can be reported to the state board, based on your counselor's license:

- Texas State Board of Social Worker Examiners, Complaints Management and Investigative Section, P.O. Box 141369, Austin, TX 78714-1369, at (800) 942-5540
- Texas State Board of Examiners of Professional Counselors, Complaints Management and Investigative Section, P.O. Box 141369, Austin, TX 78714-1369, at (512) 834-6658 or 1-800-942-5540
- Texas State Board of Examiners of Marriage and Family Therapists, Complaints Management and Investigative Section, P.O. Box 149347, Austin, TX 78714-9347, at (512) 834-6657.

Fees:

Fees for counseling are due at the time service is rendered. Please write your checks to Abundant Life Counseling Services, P.A. or pay with your Visa, MasterCard, or Discover. Returned checks will be charged a $25 fee. Fees for service are as follows:

Michelle Johnson, MA, LPC
Initial Assessment $125 (50 minutes), Individual $125 (50 minutes), Couple or Family $125 (50 minutes), and Group $40 (80 minutes). A sliding fee scale is available to those in financial need who either do not have insurance or choose not to use their insurance. Phone consultations and large or extensive email correspondence are charged on a prorated basis in 15 minute increments.

Appointments and Cancellations:

You may schedule your next appointment while you are in the office, by email, or by calling (512) 258-5100 at your convenience. When you schedule an appointment, we reserve that time for you alone, so please make every effort to be on time to receive the full benefit of your allotted time. We will make every reasonable effort to accommodate changes in your schedule as long as you notify us 24 hours in advance. Appointments cancelled within 24 hours will be billed as a "No Show or Late Cancellation" and the client will be billed half of their counseling fee. Life-threatening emergencies and serious illness will be considered grounds for waiving such charges, but ALCS does expect you to remember appointments and allow for traffic delays and work demands.

HIPAA and Electronic Communication: Initial _____

By initialing above, you are acknowledging that information regarding the HIPAA Notice of Privacy Practices guidelines for handling and dispersing your personal medical information and documents by your mental health professional has been made known to you by ALCS via their posting of their HIPAA Notice of Privacy Practices document online at www.AbundantLifeCounseling.com. You are also acknowledging that you have been made aware that you are able to obtain a printed copy of this document from Abundant Life Counseling Services, P.A. upon your request and within 15 days of that request. By initialing above, you are in agreement with the stated standards and practices outlined in the HIPAA Notice of Privacy Practices document. Initial _____

By initialing above, you are acknowledging that you understand the risks to security and confidentiality when using any type of communication and you agree to receiving and sending communication with Abundant Life Counseling Services, P. A. via the following methods (please check the relevant boxes below):

_____Telephone call to home/work/mobile phone_____-_____-_____
Voicemail
_____Text Message

_____Email at_____@_____.

_____Mail to _____

Appointment Confirmations and Reminders: Automated emails and SMS text messages for appointment confirmations and reminders are a part of our calendaring system. This system is HIPAA compliant and your consent to receive these notifications is needed. Please check all that apply:

☐ Appointment confirmations and reminders via email
☐ Appointment reminders via SMS text message (cell provider fees apply)
☐ I do NOT wish to receive any notifications regarding any upcoming appointments.

Insurance:

Mental or behavioral health insurance may be applied to your professional counseling. We will provide you with a receipt that *you* may send to your insurance provider for reimbursement. We will also provide, upon your request, an appropriate diagnosis to assist you in filing your claims. However, full payment for your fee is due upon your appointment and clients who have received reduced per session rates as per a sliding scale application may not receive a receipt with which to file with their insurance.

Records and Confidentiality:

All communications become part of our clinical records. Records are the property of Abundant Life Counseling Services, P.A. All communication is kept confidential, with the following limitations and exceptions:

1. Your counselor determines that you are a danger to yourself or others
2. You disclose an instance/instances of abuse (physical, medical, emotional, or sexual), neglect, or exploitation of a child, elderly, or disabled person
3. You disclose an instance/instances of sexual contact with a mental health provider
4. You direct your counselor in writing to disclose information to someone of your choosing
5. Your counselor is ordered by the court to disclose your information

If we see you in public, we will protect your confidentiality by not approaching you first and will not discuss your case in public.

Legal Limitations and Shared information: Initial _____

By initialing above, you are acknowledging your understanding and agreement of the Legal Limitations and Shared Information sections outlined below.

Legal Limitations: You understand that information discussed in couple or individual therapy is for therapeutic purposes and is not intended for use in any legal proceedings involving the partners and/or their children. You agree not to subpoena any Abundant Life Counseling Services, P. A. counselors to testify for or against either party or to provide records in a court action.

Future Litigation: Because it is important to maintain the confidentiality of the client(s) both now and in the future (including minors), you agree not to involve Abundant Life Counseling Services, P. A. in any current or future arbitration, mediation, and/or litigation within the court system.

Shared Information: If you or your partner shares information with your Abundant Life Counseling Services, P.A. counselor in private (whether in person, or via email or phone), the counselor will encourage you to share this information voluntarily with your partner prior to or during your next scheduled joint session. Likewise, you understand that information shared individually with the counselor can be discussed during any couple's session. *You understand*

that sometimes, within the course of Couple's Therapy, it may be in your best interest to meet with your Abundant Life Counseling Services, P.A. counselor separately. This could be a single session, or multiple sessions. You also understand that you have the choice to seek individual therapy with another counselor.

By your signature below, you are indicating that you have fully read, understand, and agree to the terms and conditions stated within, and that any questions you may have concerning this agreement have been answered to your satisfaction.

_____ Date: _____

Client or Guardian name printed

_____ Date: _____

Client or Guardian signature and Spouse if present

_____ Date: _____

Clinician name printed

_____ Date: _____

Clinician signature

CONSENT FOR COUNSELING MINORS

Minor's Name: _____

Date of Birth: _____ Age: _____

This is to certify that I give my permission to Abundant Life Counseling Services, P.A. for the treatment of my child. This counseling may include individual or group counseling and/or psychological testing. This treatment may also include consultations with other associates of this private practice to assure the best services possible. Referrals to other professional agencies and resources may be offered if further therapy is required.

_____ _____
Client/Guardian Printed Name Date

_____ _____
Client/Guardian's Signature Date

_____ _____
Counselor's Signature Date

MINOR CUSTODY DOCUMENTATION

The Texas State Boards of Professional Counselors requires that all minors under a mandated custody agreement must submit paperwork which supports the rights of the legal guardian to obtain counseling services for their child. A copy of the "proof of custody" documentation must be presented to Abundant Life Counseling Services at time of Intake.

Required Documentation Yes_____ No_____ N/A _____

Explain:

_____

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