



Informed Consent & Counseling Agreement

Dear Client,

This document is intended to inform you about Olive Branch Counseling and Training, our record keeping practices, fees for service, disclosure of health information, and the nature and expectations of a professional counseling relationship between counselor and client.

Our background: The counselors at Olive Branch Counseling and Training are Licensed Professional Counselors and have several years of experience working with clients in a variety of settings. We are serious about following our licensing board rules and abiding by our code of ethics, both of which are in place to protect you. Several of us have additional training and certifications in specialized areas. We will always consider your unique situation and set of needs when assigning your counselor to you.

Our philosophy: We truly value the therapeutic relationship between counselor and client and believe it is the key ingredient to sparking change and healing in the lives of my clients. We believe in a wellness model as opposed to a medical model. While a medical diagnosis may be required for insurance purposes, it is not our intention to determine what is “wrong” with clients but rather to focus on what is right and already working for them in their life. We believe in empowering clients and using a wide variety of techniques and interventions to make meaning of their experiences to be able to move forward on their journey.

Our relationship: The nature of the counselor-client relationship is professional. Our contact will be limited to our scheduled sessions and brief calls/texts to schedule future appointments. It is always best to share information in session where you can have our full attention and it can be documented as needed. Long texts, voicemails and other forms of communication that are not face-to-face are discouraged and not in your best interest for quality treatment. Social invitations and offers of that nature will politely be turned down in honor of our code of ethics associated with our licensing board. If we should see each other in public. We will keep confidentiality and not initiate contact. However, if you see us and would like to greet us, we are happy to say hello. Anything you share in sessions is held in confidence and will not knowingly be shared with another person without your written consent.

Risks and Benefits of Counseling: While counseling is often found to be beneficial to clients as a means to gain self-awareness, coping skills and a sense of empowerment to move through troubling times, it is possible that clients will experience difficult emotions at times throughout the process. While this may happen, keeping consistent appointments and a commitment to yourself and your healing is best. It is our promise to always see you as a valuable, worthwhile human being and always our desire to offer the guidance and tools necessary for you to reach your counseling goals. Traditionally, clients who speak honestly and openly in session find this propels them forward in their self-awareness, progress towards their goals and ultimate healing.

Working with minors: Some of us have such a passion for working with children of all ages. We will do everything in my power to communicate to them how much we truly value them and the time we spend together. Part of building rapport with all clients includes creating a level of trust. While we recognize that minors are under 18 years of age, we try to honor them with the same level of confidentiality we offer our adult clients. For parents, this means trusting that while we may not provide you with the details of our counseling sessions with your child,

we promise to tell you the things you'll need to know. These are further explained in the *Limits of Confidentiality* section below.

Confidentiality: Confidentiality means that the counselor has a responsibility to safeguard information obtained during treatment. It is important that you understand all identifying information about your assessment and treatment is kept confidential, except as noted below. In order to protect your confidentiality, you must sign a release of information before any information about you is given outside of Olive Branch Counseling and Training.

Should you elect to utilize health insurance for services received, be aware that often insurance and managed care companies require information regarding diagnosis, symptoms, treatment goals, and prognosis about the insured before reimbursement is ever considered. Such companies may also request a copy of your records. **When utilizing faxes, electronic communication devices and web-based records management systems, there is always a level of vulnerability that may not be preventable despite all safeguards that have been put in place.**

Limits of Confidentiality: It is important that you understand the laws of the State of Texas all exceptions to confidentiality. In certain situations, mental health professionals are required by law to reveal information obtained during therapy to other persons or agencies without your permission. This includes the following:

- Confidentiality does not apply to cases of suspected abuse/neglect of children or the elderly.
- Confidentiality does not apply to cases of potential harm to self or others.
- A mental health professional may disclose confidential information in proceedings brought by a client against a professional.
- Confidentiality may not apply in cases involving legal proceedings affecting the parent-child relationship.
- Confidentiality may not apply to cases involving the minor child. In such cases, the counselor may advise a parent, managing conservator, or guardian of a minor, with or without the minor's consent, of the treatment needed by or given to the minor.

Court Disclaimer: As December 1, 2014, Olive Branch Counseling and Training counselors will not have any therapeutic involvement in any ongoing custody cases or cases that may lead to civil court hearings for the purposes of determination of custody. We will provide adequate referrals for counseling and social studies. Please request a fee schedule to see all applicable fees should a subpoena be issued. Please also note, that your signature on this document is considered to be consent by you to pay all fees billed to you that are related to court costs (i.e. travel, copying of records, clinical summaries, securing of attorney/legal consultation.) regardless of whether or not you initiated the court proceedings.

Cost of Service: The fee for an initial intake appointment is \$120.00. The fee for follow up sessions is \$90.00 per therapeutic hour. All services are provided by a licensed professional counselor (LPC). Should you choose to use your health insurance, your co-pay and deductibles will be determined by your insurance company. If you do not have insurance and the established fees present a financial hardship, you are encouraged to speak to the counselor so that a referral may be given in an effort to match you to a counselor for your personal and financial needs.

Payment of Fees: All fees for counseling are to be paid when the services are rendered. You will pay your fee directly to the counselor unless other arrangements have been made. Olive Branch Counseling and Training accepts the following forms of payment: Cash, MasterCard, Visa, Discover, or American Express (This includes debit cards and cards provided for flexible spending accounts). Most insurance plans have an annual deductible which must be met prior to reimbursement. If you have such a deductible, this is your responsibility to pay. Some insurance plans require you to call prior to your first appointment to obtain authorization for a specified number of visits. Please speak to your counselor if you have any trouble securing this information.

Fees for Declined Credit Cards: A fee of \$25.00 will be assessed for every declined credit card. If possible, the counselor will attempt to contact you to correct the matter prior to applying the charge. This is a courtesy that is not guaranteed. Future appointments will not be secured until payment has been received or you and your counselor have come to an alternative and mutual agreement. This agreement should be documented in writing and maintained in the client's records.

Other Fees: Other fees will be assessed for requested copies of records, travel to and from court hearings and may also be assessed for extended phone conversations or returned emails. This Fee Schedule that addresses all other fees outside of therapeutic sessions can be made available to you at your request.

Consent regarding electronic medical records: Olive Branch Counseling and Training currently uses Therapy Notes software to maintain electronic health records for all clinical services provided. For clients with existing records that are disclosed and provided to Olive Branch Counseling and Training, they will be scanned and stored electronically as well. Passcodes to access client records are not shared with anyone outside of the organization for any reason.

Health Information Privacy Policy Summary: We use health information about your treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you and your child(ren) receive. We may use or disclose identifiable health information about you without your authorization for several other reasons. Subject to certain requirements, we may give out health information without your authorization for auditing purposes or emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

Complaints: An individual who wishes to file a complaint against a Licensed Professional Counselor may write to:

Complaints Management and Investigative Section

P.O. Box 141369

Austin, Texas 78714-1369

Written Acknowledgement and Consent to Counseling

I have reviewed this Informed Consent & Counseling Agreement including the summary of Olive Branch Counseling and Training Health Information Privacy Policy. I understand I have the right to request restrictions to how my health information may be used or disclosed and that Olive Branch Counseling and Training is not required to agree to the restrictions I request.

I accept this agreement and consent to counseling at Olive Branch Counseling and Training.

Client Name (Please Print)

Client Signature (or Legal Representative)

Legal Representative Printed Name

Date

Counselor Signature

Counselor's Printed Name

Date

Thank You! We look forward to our work together!