



CALM: Counseling for Anger and Lifeskills Management
15305 N. Dallas Parkway #300
Addison, TX 75001

INFORMED CONSENT

Welcome to CALM: Counseling for Anger and Lifeskills Management. We look forward to working with you. The following information will provide insight into my educational and therapeutic background; and provide you with necessary information about our professional relationship.

QUALIFICATIONS

All therapists at CALM hold a minimum of a Master's Degree in Counseling or a related field from an accredited University. All therapists are fully licensed with the State of Texas and uphold all licensure requirements regarding ethics, continuing education and standards of practice. While we have varying levels of experience and specialties, we are all fully trained and will only provide services for issues that are within that training and level of expertise.

THERAPEUTIC PHILOSOPHY

While we usually prefer a cognitive-behavioral approach to therapy, we customize the treatment plan to the needs of each client. We offer counseling for many issues especially anxiety, depression, PTSD, anger, addiction, relationship issues, stress management, and mood disorders. If at any time during your counseling experience you feel that this is not a good fit for you, please let us know, and we will provide you referrals to several other therapists who might better suit your needs.

POLICY

Our relationship is a therapeutic one and will occur only during the time of our sessions. This will be a professional relationship and needs to remain so in order for the work to remain objective. It is our policy not to connect with our clients on any social media sites in order to maintain a professional relationship and protect your confidentiality.

Anything which transpires in our sessions is held in the highest of confidence, with the following exceptions: (a) you direct us to communicate information through a release of information form; (b) you communicate information which indicates you are a danger to yourself; (c) you communicate information which indicates you are a danger to others; (d) any child abuse; or (e) any abuse of the elderly (f) it is mandated by a court order signed by a judge. If you have a signed consent to release information, you may revoke your consent at any time.

As a client, you always have the right to terminate our therapeutic sessions. If at any time you become dissatisfied with the services, please let us know. If together we are unable to resolve your concerns, you may report any complaints to the Texas State Board of Professional Counselors in Austin, Texas.

PAYMENT

Our services are rendered in a professional manner consistent with accepted ethical standards. Sessions are 45-60 minutes in length. We agree to provide counseling services for you in return for a fee of \$150 per session. Cash, personal check, or credit cards are acceptable methods of payment. A receipt for all fees paid will be provided upon request. In the event that you are unable to keep an appointment, we must be notified 24 hours in advance. If advance notice of cancellation is not received, you will be responsible for payment of the missed appointment.

INSURANCE

Some health providers reimburse clients for counseling services and some do not. You should contact your insurance company to determine whether you will be reimbursed and what schedule of reimbursement is to be used. If you wish to use your health insurance, we will bill the company for you, however your co-pay must be paid with each session. If your policy has a deductible the full rate will be collected until your deductible has been met. If for any reason your insurance fails to pay a claim, you are fully financially responsible for the full rate of all unpaid sessions. Health insurance companies often require a diagnosis for your "mental condition" before they agree to reimbursement. In the event that a diagnosis is required, we will inform you of the diagnosis we plan to render. Any diagnosis made becomes a permanent part of your insurance record. If you have any questions, please ask.

SUPERVISION

Several of our therapists are licensed to provide supervision to both students completing their Master's in the Counseling Field, and to graduates completing their hours for licensure. Periodically in the course of this supervision supervisees will observe sessions to better understand style and techniques of therapy for training purposes. You have the right to decide if you would like the trainees to observe your sessions. Trainees and students are held to the same ethical standards as we are regarding confidentiality.
I do _____ do not _____ consent to allow observation of my sessions.

PHONE AND EMAIL CONSULTATION

Sometime clients will need support between sessions. We attempt to be available to clients in need, within reason. Due to the nature of this work, we will make every attempt to return phone calls within 24 hours. For phone conversations lasting longer than 15 minutes, we charge clients the rate of \$150 per hour in 15 minute increments. You may also contact us via email between sessions. There is no charge for reasonable email correspondence.

In certain circumstances telephonic or virtual (Skype) sessions can be arranged. These are not usually covered by insurance and would be conducted at the out-of-pocket rate of \$150.00. We would be happy to check with your insurance to see if they will cover the services prior to the session.

LEGAL REPRESENTATION OR COURT ORDERS

We are required by law to turn over a copy of my records if we receive a subpoena from a judge. If you are involved in a legal dispute and would like testimony from us, we require a \$1500 retainer, and charge \$250.00 per hour with a minimum charge of 8 hours. This would include any preparation time, travel, and presence in court or at a disposition.

ASSESSMENTS AND REPORTS

Should you require a letter of attendance or completion, or an assessment report, the charge is \$35.00 and require 1 weeks' notice. If you need a copy of your records, there is a \$35.00 copying fee, and we require 1 weeks' notice.

By signing below you acknowledge that you have read the above information and agree to participate in counseling under these conditions.

Client Signature

CALM Therapist

Date

Date