

Life Solutions

Family Counseling and Coaching Center
3550 Parkwood Blvd Ste A201 Frisco, TX 75034
Office: (214) 618-6888
Cell: (214) 995-0007
Fax: (972) 625-9911

Consent to Treatment

Life Solutions Family Counseling and Coaching Center is committed to providing high quality services to our clients and to providing them with the information necessary to understand the treatment process. As part of our effort in this regard, we are providing you with the following information about legal and ethical issues. If you agree to these stipulations, please sign the last page of this form. Please discuss it with your therapist before signing the consent in case you have any questions.

- Confidentiality:** We are committed to confidentiality to the fullest extent allowed by Texas law. There are several expectations, the following are common: 1) **Any evidence of child or elderly abuse (past or present) must be reported to authorities, Child Protective Services (CPS) or Adult Protective Services (APS), respectively.** 2) If an individual intends to take harmful, dangerous or criminal actions against another human being or against him/herself, it is our duty to report such action or intent to authorities. 3) Sexual improprieties by a former therapist are a criminal offense and must be reported to the appropriate Boards. (You have certain rights in such reporting which your therapist can explain to you.) 4) Certain court orders/actions such as custody cases, malpractice actions, criminal cases involving a Probation Officer, etc. 5) Collection of fees: If you have questions about this area, please feel free to discuss it with us. 6) If a client engages in a legal action against the therapist. Please ask your therapist if you have questions about this.
- Fees and insurance:** Our standard fee is \$125.00 per 45-50-minutes session. Some insurance companies may cover part of this cost. If you have coverage, you are welcome to assign the benefits and pay only your co-pay portion at the time of each visit. If your policy deductible has not been met, you are responsible for paying that amount. **Please be advised that by law, we are not allowed to waive deductible or co-payments.**

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By consenting to treatment, you acknowledge that you are responsible for the cost of these provided services (to you or your minor child) and agree to pay them when billed or at the time of services. If services are not paid, then you agree to pay a service charge within 30 days notice. After 60 days the account may be assigned to an outside agency, in which case you will be responsible for paying attorney fees and/or collection fees and expenses.

It is important to remember that if you choose to utilize your insurance, we will be obligated to provide them with certain information about your case including (but not limited to) a diagnosis, type and dates of service, or in some cases reviewing the chart or a phone consultation about your clinical needs. By assigning benefits to Life Solutions you are authorizing us to provide

your insurance carrier (or their intermediary) whatever information is necessary to process the claim. If you choose to utilize your insurance, it may affect your insurability. If at any time, you have questions about the fees or insurance, please feel free to discuss them with us.

3. **Appointments:** *We appreciate a 24-hour prior notice should you decide to cancel or reschedule your appointment. If you miss an appointment without sufficient notification, you will be charged the full fee, as customary by most healthcare practices. Missed appointments CANNOT be filed with insurance since most insurance companies only cover face-to-face sessions. Therefore, you are responsible for the entire no-show/late cancellation fee rather than just your co-pay.*

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4. **Right to withdraw from treatment:** If a conflict arises for the client or the therapist, either has the right to withdraw from the treatment process. If the therapist feels the need to withdraw from providing treatment, he/she will so inform the client and provide appropriate referrals.
5. **Record storage/interruptions in service:** If an unforeseen event occurs which renders your therapist unable to continue to provide service (illness, death, retirement, etc.) Life Solutions will provide you with information on obtaining your records should you need a referral. In the event of a sudden illness, etc., you will be notified or in a crisis situation, referred to a therapist to provide services in the interim until your therapist is able to return to work.
6. **Responding to Subpoena:** The Board of Examiners of Marriage and Family Therapy and The Board of examiners of Licensed Professional Counselors respectively prohibit licensed marriage therapists and licensed professional counselors from attempting to offer recommendations about custody matters without a Social Study. Please bear in mind that Life Solutions Family Counseling and Coaching does not have a forensic therapist/counselor in her employment. However, in the event of legal actions in which your therapist is subpoenaed by a judge to provide supportive evidence (such as in the case child/elderly abuse) you (the client) will be responsible to provide the following, even if the subpoena is sent from the opposing party's attorney: **1) Travel expenses: 2) Hourly or per diem fees at the rate of 150.00 per hour, from the time the therapist leaves the office until he/she returns whether your therapist is called to stand or not. 3) A minimum of four-hours will be dedicated to participate in this legal process. The fees must be paid prior to the court appearance. Additional fees may be applied should your therapist be available for more than four hours at the rate of 150.00 per hour. In such a case you will be billed for the additional fees post-trial. The records can only be released to court if a release of information form is signed by all parties involved in treatment unless minors under the age of 15. Upon obtaining a release of information authorization, you may acquire a copy of the records. Record copying fees begin at \$35.00.**

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7. If cultural or language differences may negatively impact prospects of successful therapy, you may ask for a referral to a therapist of your culture or who speaks your language. Your therapist will assist in such a referral if one can be found.
8. In the unlikely event that your therapist in his/her clinical judgment believes you to be dangerous to yourself or to someone else, by signing the consent you authorize him/her to contact either the

persons listed as your emergency contacts, or someone else to provide assistance through this crisis situation.

9. The services provided by the staff of Life Solutions Family Counseling and Coaching Center are clinical and therapeutic. There will be an assessment phase, a treatment phase, and a termination phase to the process. In the assessment phase, the therapist will talk with you to gain historical information and may request that you take some assessment instruments. This may take one or two sessions. He/she will discuss the result of any assessment with you. You are strongly encouraged to work with your therapist to establish common goals for your work together. In the treatment phase, which will vary in length depending on the issues to be addressed, your therapist will work with you using various methods including but not limited to Cognitive Behavioral Therapy, Mindfulness, EMDR, etc. to help you resolve the issues that brought you to treatment. Your active communication, participation, commitment, and consistency will determine the treatment outcome. In the termination phase, therapy is usually concluded by spacing out visits over time.
10. In an emergency situation, the office phones are answered after hours by an answering service and you will be forwarded to your therapist's cell phone. Calls are returned as soon as possible. However, in the event that your therapist is unavailable, you may call the Suicide and Crisis Center/hotline at any time at 214-828-1000. Non-emergency phone calls will be returned the following business day.
11. Please be advised that I do not treat children under the age of 6. I will only work with youth ages 6-18 upon receiving signed consent from both parents.

If you have read and agree with the 11 items mentioned above, please sign your name below. We strongly urge you to obtain a copy of the consent for your records. If you have questions about any of the information on this form, or you have any complaints about the procedure, please discuss them with your therapist. Insurance questions may also be addressed with your therapist. We are looking forward to working with you.

Client's Name

Client's signature

Date

Signature of The Guardian

Date

ANY PROBLEMS REGARDING ETHICAL QUESTIONS AND/OR CONCERNS MAY BE DIRECTED TO THE TX STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS (P.O. BOX 149347 AUSTIN, TX 78714-9347) OR CALL 512-834-6658. YOU MAY ALSO CONTACT THE TX STATE BOARD OF EXAMINERS OF MARRIAGE AND FAMILY THERAPISTS (P.O. BOX 141369 AUSTIN, TX 78714-1369) OR CALL 512-834-6657. YOU MAY CONTACT EITHER BOARD AT 1-800-942-5540 TO ADDRESS YOUR CONCERNS OR QUESTIONS.