

## **Informed Consent**

### **Theoretical View of the Counseling Process**

I desire to see the problem that brought you into counseling resolved to your satisfaction. In order to help you, I will need to get to know you, how you view your problem, and how you relate to significant people in your life.

The counseling process is Biblically based. Specific emphasis is placed upon the fact that you are made in the image of God. This means that you are made to deeply relate to God, self, and others. This is a source of great joy and deep pain. While we will spend time exploring the presenting problems that brought you into counseling, we will also explore the nature of your relationships with other significant people in your life. This is because, according to this model of counseling, many of the dynamics that have influenced the complexity and intensity of your problem are rooted in relational issues.

Change may involve significant discomfort. Remembering and resolving unpleasant events can arouse intense fear, anger, depression, frustration, and other powerful emotions that may feel foreign, but are a normal part of the process of growth. Seeking to resolve issues between family members, marital partners and other persons can similarly lead to discomfort, as well as relationship changes that may not have been originally intended. Some clients will need fairly brief therapy to accomplish the goals they set for themselves. Others may require many months to achieve the growth they desire. I attempt to work with people in such a way that they have sufficient time to meet their individual therapy goals. Treatment duration varies from person to person. The results of counseling will depend in large part upon your determination to deal honestly with the issues that affect your life. We are often tempted to transform our thirst for God into things under our control that keep us protected yet enslaved and in agony. This pain often appears in the form of symptoms such as depression, eating disorders, sexual dysfunction, workaholic behaviors, anxiety, rage, etc. Your symptoms are important. They point beyond themselves to the need for a deeper look into your life. This deeper look is intended to surface, and over time, to disrupt old unhealthy dependencies and to offer the enticing idea that dependency on God is something we fear and long for in the core of our souls. Some problems can also have physical components. In such cases, medical consultation will be advised.

### **Responsibilities of the Counselor**

I am responsible to be honest with you, and to keep careful records of our work. I will follow a course of counseling that is in your best interest, and will attempt to help you resolve only those problems that are in the scope of my training.

### **Confidentiality**

Confidentiality is an important element of the therapy process. Your identity and ongoing work in therapy will be kept strictly confidential, with the following exceptions:

1. If you are a threat to yourself or others (showing suicidal or homicidal intent) I may need to report these statements and behaviors to family and/or other appropriate mental health or law enforcement professionals in order to keep you and others safe.
2. There are a broad range of events that are reportable under child protection statutes. Physical or sexual abuse of a child will be reported to Child Protective Services. When the victim of child abuse is over age 18, I am not legally mandated to report it unless I believe that there are minors still living with the abuser who may be in danger of being abused. Elder abuse is also required to be reported to the appropriate authorities.
3. If a court of law orders a subpoena of case records or testimony, I will first assert "privilege" (which is your right to deny the release of your records). I will release records with your written permission or if a court denies the assertion of privilege and orders the release of records.
4. I may consult with other professionals regarding clients with whom I work. This allows me to gain other perspectives and ideas concerning to how best help you reach your goals. Complete confidentiality is maintained. No identifying information is shared in such consultations unless a release form has been obtained from you for a specific consultation.
5. Interns (counselors who have completed a Master's degree and are working on their state mandated licensing requirements) and practicum students (student counselors who are completing their Master's degree) are

required to be under the supervision of a licensed counselor. If you are seeing an intern or a practicum student counselor, you will be asked to sign a consent form. This form gives you the supervisor's name and contact information. It also gives your counselor the right to disclose your name and certain aspects of your case in the course of supervision so that you can have the best care possible.

**Fees and Payment Schedule**

The standard fees for individual, couple, and family counseling range from \$70.00 to \$130.00 per fifty minute session, depending upon the counselor and licensing.

Fees are to be paid at the beginning of each session unless we have discussed other arrangements. Discounts are available for payment by cash or check.

**Client's Rights and Responsibilities**

State certification requirements for professional counselors do not imply the effectiveness of treatment. It is your responsibility to determine whether the services offered are appropriate and ultimately helpful. It is always my intention to provide services in a professional manner that is consistent with accepted ethical standards. I am required to abide by the rules set forth by the Texas State Board of Examiners of Professional Counselors. These rules include guidelines for counseling methods and practices as well as professional ethical standards. You have the right to report violations to the Texas State Board of Examiner of Professional Counselors, 1100 West 49<sup>th</sup> Street, Austin, TX 78756-3183, (512) 834-6658. You have the right to end therapy at any time without any moral or legal obligations. Financial obligations will be only those already accrued.

**Acknowledgment**

By signing this disclosure and consent statement, the client acknowledges having been informed of his/her rights and responsibilities under regulatory laws for counselors in the State of Texas. In addition, the client acknowledges he/she has read and understands the administrative policies of this counseling office.

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of counselor

\_\_\_\_\_  
Date