

Fitzpatrick and Watson Counseling, LLC

Jason Watson, LPC & Elizabeth Fitzpatrick, LPC
600 Interstate Park Drive, Suite 609
Montgomery, AL 36109
(334) 676-3520

INFORMED CONSENT AND PATIENT RESPONSIBILITIES

Counseling Services: Your counselor will provide therapy for individuals and couples seeking personal growth and awareness. Your counselor reserves the right to deny services to individuals whose concerns are beyond his/her scope of competence as well as to any individual that abuses or misuses services in any manner, e.g. non-compliance with treatment, frequent missed appointments, delinquent payment, etc. If your counselor is unable to offer services for your specified needs, he/she will discuss other local treatment options and possible referrals with you.

Initials _____

The Counseling Process: The counseling process is a partnership between you and the therapist to work on areas of concern or dissatisfaction in your life, and develop growth and insight, and help you achieve your desired goals and improve your overall wellbeing. In order for therapy to be effective, it is necessary for both of us to take an active role in the process. Participation involves being open to the therapist's thoughts and ideas, being honest with your therapist, discussing concerns about the process with your therapist, completing outside assignments when appropriate, and providing on-going feedback to the therapist about the process. While therapy is often beneficial for many people, some people may not find therapy helpful. The therapy process can also evoke strong feelings and sometimes produce unanticipated changes in one's behaviors, thoughts, and feelings. In order for you to maximize your experience, it is helpful to discuss with your therapist any questions or discomfort you may experience during the therapeutic process. Your therapist will work to help you to understand the experience and/or use different methods or techniques that may lead you towards the growth you desire.

Initials: _____

Confidentiality: Your therapist recognizes that confidentiality is essential to effective therapy. In order for therapy to work best, you must feel safe about sharing your personal information with your therapist. Your therapist will maintain this information ethically and legally confidential and will be released to other parties only with your expressed written consent.

Under most circumstances, all information about you, in written or verbal form, obtained in the counseling process (including your identity as a client) will be kept ethically and legally confidential. Information will not be disclosed to any outside person(s) or agency without your written permission except in certain situations, which include, but are not limited to:

1. If you are determined to be in imminent danger of harming yourself or someone else
2. If you disclose abuse or neglect of children, the elderly, or a disabled person(s)
3. If you disclose sexual misconduct by a mental health professional
4. To qualified personnel for certain kinds of audits or evaluations

5. In a criminal court proceeding
6. In legal or regulatory actions against a professional
7. In proceedings in which a claim is made about one's physical, emotional, or mental condition
8. When disclosure is relevant to any suit affecting the parent-child relationship, which includes divorce and child custody deliberations
9. Where otherwise legally required
10. Any information that you also share outside of therapy, willingly and publicly, will not be considered protected or confidential by a court.

The above is considered a summary. If you have questions about specific situations or any aspects of confidentiality, please feel free to discuss your concerns with your therapist. You may also contact the Alabama Board of Examiners in Counseling at (205) 458-8716 or (800) 822-3307 or <http://abec.state.al.us>. Initials: _____

Access to Records: Upon request, you may review your counseling records. You will be asked to arrange an appointment with your therapist to review the information. You reserve the right to request the therapist to make corrections or additions to your records. You may be charged a full or partial session fee for administrative costs/time related to getting copies of your records. Counseling records are maintained for 7 years after your last contact with your therapist. Initials: _____

Therapist Qualifications: Your therapist is a licensed counselor. If you would like more information about your therapist, or you would like to file a formal complaint against your therapist, please contact that Alabama Board of Examiners in Counseling at (205) 458-8716 or <http://abec.state.al.us>. Initials: _____

Counseling Process: You have the right to decide not to enter therapy with your therapist. If you feel that you are not making progress towards your goals, you may terminate the therapeutic relationship at any time. Your therapist will provide you with a list of referrals for therapists in the community. In effort to help transition, your therapist may request one last formalized session, so you can provide your therapist feedback and consider your next steps. You will be responsible for any outstanding payments for services received.

Your therapist will respect you as an individual and will convey this respect by maintaining appointments with you by contacting you if a change in times is necessary. Your therapist will also give you his/her complete attention during sessions. You have the right to ask any questions, at any time, about what occurs during therapy, and to receive answers that satisfy you. If you wish, your therapist will explain his/her style to you. You have the right not to refuse the use of any therapy technique. If your therapist plans to use any unusual technique, the therapist will inform you and discuss the benefits and risks.

You and your therapist also will negotiate your frequency of sessions, number of sessions, and goals. Your therapist recommends meeting with you once per week or every other week for 53 minute sessions. You and your therapist may re-evaluate the frequency of your sessions as situations arise and/or as you move towards your goals. Your therapist will obtain your informed

consent in writing if your therapist would like to audiotape/videotape a session. You have the right to refuse any such recording at any time. Initials: _____

Access to Services: You may reach your therapist at the designated office phone number to schedule an appointment. If it is an emergency, your therapist will attempt to follow-up with you within 24 hours. Please note that your therapist will not be available from 5 pm to 8 am. If you are experiencing an emergency, please contact 911 or you can call the Montgomery County Montgomery Area Mental Health Authority, Inc. 24-hour hotline at (334) 279-7830.

Initials: _____

Counseling Appointments: Therapy is also more effective when individual attends appointments in a consistent manner. It is expected that you will be prompt for your appointment. Sometimes emergencies come up. If I need to cancel or change an appointment time, I will give you more than 24 hours' notice, as I know you will have reserved the time for an appointment. Likewise, I expect that you will give me more than 24 hours' notice if you must cancel the appointment. If, for any reason, you fail to cancel the appointment less than 24 hours in advance, or do not show up to a scheduled appointment, you will be charged a \$50 no-show fee for the time reserved. You will be expected to pay this fee at your next appointment, and should you fail to pay this fee you will not be allowed to reschedule another appointment until this fee is paid. Initials: _____

Fees: Therapy is a personal investment in one's own growth and overall well-being. It is expected that you will pay for the therapeutic services provided. The following rates apply:

30 minute individual session:	\$61.00
45 minute individual session:	\$92.00
60 minute individual session:	\$136.00
Family/Couples counseling per hour:	\$136.00
Preparation for court per hour:	\$250.00
Court appearances per hour:	\$250.00
Missed appointments (not covered by insurance):	\$50.00
Phone consultations over 15 minutes (not covered by insurance):	\$25.00

A discount will be made for those who chose not to use their insurance. Payment can be made with cash, credit card, or a personal check. If you have insurance coverage, your therapist will provide you with an estimate of coverage, and any copay or coinsurance will be due at the beginning of each session. Therapy is a significant personal and financial commitment. Please do not hesitate to discuss financial matters with your therapist. Initials _____

Electronic Communication and Social Media Policy: Your therapist may communicate with you via text and email for scheduling purposes only. Text and email messages are not guaranteed to be confidential; cell phone companies and internet service providers retain logs of all messages and content may be accessible to unknown persons. If you choose to text or email your therapist, you accept this possible lack of confidentiality. Your therapist will document and retain text and email messages as part of your permanent record. Should you email your therapist, your therapist will respond back within 48 hours. Should it be an emergency, email

and text is not a sufficient form of communication to contact your therapist. Should it be an emergency, calling 911 or going to your nearest emergency is proper protocol. Email or text is NOT an appropriate form of communication for such emergencies.

Your therapist will not accept any client invitations to connect via Facebook, LinkedIn, Twitter, Tumblr, Instagram or any other social media site. This is to protect the integrity of the therapeutic relationship as well as our mutual confidentiality and privacy.

Initials _____

The signature below indicates that I have read, discussed, understand, and agree to abide by the points presented above.

Client Signature: _____

Date: _____

Parent Signature (if client is a minor): _____

Date: _____

The logo for Fitzpatrick & Watson Counseling, LLC features a light blue arch above the text and another below it. The text "Fitzpatrick & Watson" is in a large, pink, serif font, and "Counseling, LLC" is in a smaller, light blue, sans-serif font below it.

Fitzpatrick & Watson
Counseling, LLC