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**PROFESSIONAL DISCLOSURE AND INFORMED CONSENT**

**THE COUNSELING PROCESS-** Counseling will be rendered in a professional manner consistent with accepted legal and ethical standards. Counseling is a very personal process and requires active effort on your part. We will determine an individual treatment plan together. The following treatment approaches may be utilized depending on your counselor, need and preferences:

Equine Assisted Psychotherapy (EAP), Animal Assisted Therapy, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Cognitive Behavioral Therapy (CBT), Narrative Therapy, Nature Therapy, Interpersonal Counseling, Couple Therapy, Family Therapy, Group Therapy

**THE COUNSELING RELATIONSHIP-** The relationship that exists between a therapist and a client is professional rather than social. Therefore, contact will only take place in the context of the provision of a professional service. Therapists are consultants and resource professionals. Our suggestions may be freely accepted or rejected by you and therefore the decisions made during and after therapy are your responsibility.

In the case of child therapy, the parent(s)/caregiver(s) of the child play an instrumental role in healing. You are encouraged to discuss any approach, technique or practice with which you have questions, concerns, or need clarification. I will meet with you regularly to discuss your child’s progress, offer suggestions for parenting or address concerns.

Summit Counseling of North Texas, PLLC **does not provide 24 hour crisis counseling**. Should you experience an emergency situation necessitating immediate mental health attention, you should call 911 or go to an ER.

**EFFECTS OF COUNSELING-** At any time, you may initiate a discussion of possible positive or negative effects of entering, not entering, continuing, or discontinuing counseling. While benefits are expected from counseling, specific results are not guaranteed. It is extremely important and helpful for you to inform the therapist, as soon as possible, of new problems or information that may have a positive or negative impact on you or your child. As a client, you are in complete control and may end you or your child’s counseling at any time. **It is asked that you agree to participate in a termination session for you or your child to allow for healthy closure.**

**FEES-** Payment is due at the beginning of each session. You are welcome to pay with cash, check (made out to Summit Counseling of North Texas, PLLC), Venmo or credit card but I request you keep a **credit card on file**.

 **Individual Counseling -** $130 per 50 minute session (adult); 45 minute session (child/adolescent)

**Couples Therapy -** $150 per 50 minute session

**Family Therapy -** $175 per 50 minute session

 **Group Therapy**: $80 per person per 90 minute session

 **Phone Calls over 10 minutes**: $20 per 10 minute increment

 **Letters, legal depositions, etc**.: $50 per letter

**Copying records**: $.40 per page

**Court testimony**: $2000 retainer; billing will be $300 per 60 minutes including preparation, travel, wait time at court, and witness time; 4 hour minimum

**Returned check fee**: $30 fee (cash or credit card required for future payments)

**CANCELLATIONS-** Counseling services are by appointment only. Counseling works best when you attend consistently. You are responsible for keeping your appointments and arriving on time**. Outdoor counseling sessions will be conducted rain or shine. Once you have scheduled an appointment you will be expected to pay for it unless you provide 24 hours’ notice (with the exception of an emergency)**. A client who misses two consecutive sessions or who does not reschedule within 14 days following their last therapy session will be considered to have given notice of termination of therapy.

**PROFESSIONAL RECORDS-** All our communication becomes part of a clinical record. Records are the property of Summit Counseling of North Texas, PLLC. Except in unusual circumstances, you have the right to a copy of you/your child’s clinical record. Because these are professional records, it is recommended that you initially review them with your therapist, or have them forwarded to another mental health professional to discuss the contents. If your request for access to your records is denied by your therapist, you have a right to have that decision reviewed by another mental health professional.

Records are retained for 6 years after termination of counseling for adults and 6 years after a child’s 18th birthday. Records will be retained by Chris Robinson, LPC. Upon his death or incapacitation they will be retained by Laurie Adkins, LPC.

**CONFIDENTIALITY-** Your confidentiality is held in the highest regard, from your identity to the information you offer in session. Our communication is confidential but the following limitations do exist:

1. For purposes of supervision or consultation
2. The disclosure or suspicion that client is a danger to themselves or others
3. The disclosure or suspicion of abuse, neglect, or exploitation of a child, elderly, or disabled person
4. The disclosure or suspicion of sexual misconduct or unethical behavior of another mental health professional
5. Ordered by the court to disclose information
6. Written consent to the release of information by the client/their parent/guardian

Minor clients should understand their parents have the right to access their records and to be informed of their progress in counseling. Any behavior in minors considered detrimental to the safety of the minor or others will be shared with their parent(s) and/or guardian.

If participating in a group, confidentiality for all group members is required but it cannot be guaranteed.

Counseling may be provided in an outside environment so confidentiality may not be guaranteed. All those working on the property have signed confidentiality agreements.

Illegal drugs are not allowed. If it is believed a client is in possession, the local police may be called. Counseling services may be denied, with payment required, if a client shows up under the influence of an intoxicating substance.

**COMPLAINT PROCEDURES**

If at any time you are dissatisfied with your therapy services, please discuss your concerns with your therapist.

An individual who wishes to file a complaint against any of the above professionals may write or email to:

*Texas Behavioral Health Executive Council*

*Attn: Enforcement Division*

*333 Guadalupe Street, Ste. 3-900*

*Austin, Texas 78701*

*Enforcement@bhec.texas.gov*

**Your signature indicates your understanding and agreement to the following:**

\*I have read and understand the informed consent document and agree to voluntarily enter myself and/or my child into counseling services with Chris Robinson, LPC

\*If counseling services are for my child, I have managing conservatorship or legal guardianship over my minor child. If child is named in a court document, I have produced the legal documentation. I agree to promptly notify the therapist should my legal status as a parent or guardian over the above minor

 \*I have been provided with a copy of the Notice of Privacy Practices (HIPAA)

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Client (or Parent for minors) Date Texas License # 78083