

# COOKS COUNSELING

## 'WHERE YOU CAN FIND HOPE AND HEALING'

### Informed Consent

### PRACTICE POLICIES (1/5)

#### **FEES**

Self-pay fee is available. Please contact office for details. The rate is determined based on services being provided by LPC, LPC Associate, or other professional. You will receive a "Good Faith Estimate" if you choose to self pay. This will detail what the amount is you can be expected to pay over time/per session.

INSURANCE: Cooks Counseling does accept many insurances however it is your responsibility for obtaining prior authorization for treatment from your insurance carrier if needed as well as being aware of your benefits. **The client is responsible for co-payment amounts, deductibles, co-insurance and any treatment not covered by insurance including denial of services due to prior authorization not being obtained. The amount you are responsible for depends on your plan through your insurance.** Depending on the contracted rate with the insurance company, if your deductible is not met or depending on your coverage, your payment per session could be up to \$125.00. If you have met your deductible or if the contracted rate is less than the \$125.00 (and deductible is not met), than your share would be less. The co-pay and/or deductible is due the same day services are provided. Your insurance carrier is not responsible for any no-show/late cancellation charges. A credit card must be on file and will be obtained at the initial session. Your signature allows Cooks Counseling to bill and be assigned payment directly for EAP and insurance. If you do not provide your EAP authorization number at initial session, billing will be through your insurance. This will not be backdated if insurance has already been filed. The EAP can begin at the next session after the information is received. If you have 2 insurances, you must provide both to therapist and designate primary and secondary. Cooks Counseling accepts cash, checks and most major credit cards. Your credit/debit card which is on file will be billed for each session. In the event you will not be able to keep a scheduled appointment, a 48 hour advance notice is required in order to avoid a late cancellation fee of \$75.00. This fee has to be paid prior to scheduling a future appointment. If you show up to an appointment 15 minutes after your scheduled appointment without prior arrangements being made, your appointment will be canceled and it will be counted as a no show/late cancellation with a charge of \$75.00.

#### **COURT APPEARANCES, LETTER AND OTHER PAPERWORK**

Court appearances are billed at \$125.00 per hour with a minimum charge of eight (8) hours, for a total of one thousand six hundred (\$1,600.00) dollars. Since the client-therapist relationship is built on trust with the foundation of that trust being confidentiality, it is often damaging to the therapeutic relationship if the therapist is asked to present records to court or testify in court or deposition. It is requested that in only extreme cases the therapist be asked to present to the court either records or testimony. Court appearance will likely result in the need to terminate therapy and refer you to another therapist. In cases when the therapist is ordered to testify about his/her counseling with you, the therapist will be monetarily compensated as stated below.

BY SIGNING BELOW I AGREE THAT I UNDERSTAND THE INFORMATION PROVIDED AND EITHER DO NOT HAVE QUESTIONS OR I HAVE HAD AN OPPORTUNITY TO ASK AND HAVE NO FURTHER QUESTIONS.

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Signature

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Date

# COOKS COUNSELING

## 'WHERE YOU CAN FIND HOPE AND HEALING'

### Informed Consent PRACTICE POLICIES (2/5)

#### COURT APPEARANCES, LETTER AND OTHER PAPERWORK (continued)

In the event that it is necessary for the therapist to testify before any court, arbitrator, or other hearing officer to testify at a disposition or to present any or all records pertaining to the counseling relationship to a court official, the client agrees to pay the therapist for services, including travel, preparation, and necessary expenditures at the rate of \$125.00 per hour, rounded to the nearest half hour. These expenditures include but are not limited to copies, parking, meals and the like. The client agrees to pay the fees two weeks prior to the scheduled appearance, presentation of records, or testimony requested.

All additional expenses will be billed after the court appearance.

Other letters and paperwork requested by the client will be assessed a charge of \$80 per hour, rounded to the nearest hour, with a minimum of 1 hour. This does include letters to the court officials, attorneys, short-term disability paperwork (initially and each request thereafter), probation letters and any other documentation requested by the client. This does not include copies of your bills, missed work or school notes, releases of information forms or other documents used in the day-to-day operation. It is the responsibility of Cooks Counseling, PLLC, to alert the client of any additional charges assessed at the time of the request.

#### EMERGENCIES

Cooks Counseling, PLLC, maintains a 24-hour voicemail system to be used after hours. These calls will be returned as soon as possible. If calls are received on Friday, the weekend, or a holiday, a call will be returned as quickly as possible. **After hour voice mail IS NOT for emergencies. If there is an emergency, call 911 and/or get to your nearest hospital emergency room.**

#### **include:**

- 1) Immediate threats/danger to self/others
- 2) abuse/neglect of a minor
- 3) reports of abuse, neglect, or exploitation of elderly or disabled persons
- 4) reports concerning abuse, neglect and unprofessional or unethical conduct in a health care facility
- 5) any sexual exploitation by a mental health provider.

If a minor is named in a custody agreement or court order, a copy of the agreement must be provided prior to the initial session. The agreement will be followed by counselor. Unless otherwise specifically directed by courts, the parent bringing the minor to therapist will be responsible for payment at the time services are rendered and can make arrangements as needed with the other parent.

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# COOKS COUNSELING

## 'WHERE YOU CAN FIND HOPE AND HEALING'

### Informed Consent PRACTICE POLICIES (3/5)

#### Limitations of confidentiality

**LIMITATIONS OF CONFIDENTIALITY include:**

- 1) Immediate threats/danger to self/others 2) abuse/neglect of a minor 3) reports of abuse, neglect, or exploitation of elderly or disabled persons 4) reports concerning abuse, neglect and unprofessional or unethical conduct in a health care facility 5) any sexual exploitation by a mental health provider.

If a minor is named in a custody agreement or court order, a copy of the agreement must be provided prior to the initial session. The agreement will be followed by counselor. Unless otherwise specifically directed by courts, the parent bringing the minor to therapist will be responsible for payment at the time services are rendered and can make arrangements as needed with the other parent.

If participating in couples counseling, do not disclose anything to the counselor that you do not want revealed to your partner, as this puts the counselor in a compromising position. If the counselor determines anything of the sort to be detrimental to the therapeutic process, the counselor does reserve the right to terminate the counseling relationship.

#### **RELEASE OF INFORMATION**

I authorize release of information to my Primary Care Physician, other health care providers, institutions, and referral sources for the purpose of diagnosis, treatment, consultation, and professional communication.

#### **REFERRALS**

If at any time, or any reason, you are dissatisfied with the services, please let the counselor know. If you are the counselor believe a referral is needed, a referral source will be provided to you that may be better able to meet your needs.

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# COOKS COUNSELING

## 'WHERE YOU CAN FIND HOPE AND HEALING'

### Informed Consent PRACTICE POLICIES (4/5)

#### **THERAPEUTIC RELATIONSHIP**

##### Counseling Relationship:

Sessions last approximately 45-55 minutes. While the sessions may be intimate psychologically, our relationship is a professional rather than a social one. Our contact will be limited to counseling sessions which may be in person or through telehealth or in the case of emergency on the phone. PLEASE DO NOT INVITE COUNSELOR TO SOCIAL GATHERINGS, OFFER GIFTS, REQUEST A REFERENCE FOR YOU, OR ASK THE COUNSELOR TO RELATE TO YOU IN ANY WAY OTHER THAN THE PROFESSIONAL CONTACT OF THE COUNSELING SESSIONS. You will be best served if the sessions concentrate exclusively on your concerns. Please do not send text, emails, or other correspondence unless it is related solely to your appointment or therapy.

#### **EFFECTS OF COUNSELING**

You may, at any time, initiate a discussion of positive or negative effects of entering, not entering, continuing, or discontinuing counseling. While benefits are expected from counseling, specific results are not guaranteed. Counseling is a personal exploration and may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job, and/or understanding yourself. Some life changes could be distressing for a period of time. The exact nature of the changes cannot be predicted.

#### **CLIENT RIGHTS**

Some clients achieve their goals in only a few counseling sessions while others may require additional sessions. As a client, you are in complete control and may end the counseling relationship at any time. It would be helpful if you would participate in a final session. You also have the right to discuss modification of any of the counseling techniques or suggestions that you might believe to be beneficial or harmful.

The services will be provided in a professional manner consistent with accepted legal and ethical standards. If at any time for any reason you are dissatisfied with any services provided by Cooks Counseling, please contact Jenifer Cooks, LPC.

To report a violation of Texas Administrative Code for License Professional Counselors, you may contact Texas Behavioral Health Executive Council @ 333 Guadalupe St., Tower 3, Room 900, Austin, TX 78701, (512) 305-7700 or (800) 821-3205.

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# COOKS COUNSELING

## 'WHERE YOU CAN FIND HOPE AND HEALING'

### Informed Consent

### PRACTICE POLICIES (5/5)

#### **CONDITIONS FOR ONGOING COUNSELING**

If you have been in counseling during the past seven (7) years, your counselor will request you sign a release of information so he/she may communicate with and/or receive copies of records from the professional(s) whom you received mental health services. While you receive services at Cooks Counseling, you agree not to maintain or establish a professional relationship with another mental health professional unless you first discuss that with your counselor and sign a release that allows Cooks Counseling to communicate with the other mental health professional. If you decide to maintain or establish a professional relationship with another counselor against the advice of your counselor at Cooks Counseling, your counselor may determine this to be a decision to change counselors and reserves the right to terminate your counseling at Cooks Counseling.

Counselor reserves the right to postpone (and charge as a late cancellation) and/or terminate counseling of clients who come to sessions under the influence of alcohol and/or drugs.

Counselor also reserves the right to terminate counseling services for the following reasons/situations:

- a) There are 2 or more no shows or late cancellations consecutively
- b) There are 2 or more timely cancellations consecutively

It is important to schedule appointments and keep them in order to be able to receive benefits from the therapeutic process.

If we have not had an appointment within 3 months, your file will be placed in inactive status and you will be considered discharged as a client of Cooks Counseling. If you choose to resume services, please call the office to schedule an appointment. If there is an outstanding balance on your account, that balance will need to be paid prior to rescheduling.

#### **RECORDS**

In the event of the licensee's death or incapacity, you may contact S. Cooks (records keeper) at Cooks Counseling, (817) 380-5396 to access records if needed in accordance to laws and regulations.

If informed consent needs to be updated at any time due to changes in licensing laws/regulations, you will be notified and signatures will be obtained at that time.

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