

**Sonja L. Shipp MA, LPC, LCDC**  
Licensed Professional Counselor  
Licensed Chemical Dependency Counselor  
5787 South Hampton Road, Suite 230K, Dallas TX 75232  
Phone: 469-730-3360 | Fax: 469-730-3361

### **Information and Consent Document**

I am pleased that you have selected me as your counselor. This document is designed to inform you about the nature of my counseling practice and of our professional relationship, as well as obtain your consent for treatment. As my client, I want you to be well informed as to who I am, what kind of counseling it is that I practice, and what is expected of you as you participate in counseling.

Please read this document thoroughly, place your initials in the top right hand corner of each page, and bring this form to your first session. During your visit we can talk through any questions or clear up any confusion you might have before we begin counseling together. Please note that only until you have been given the following information, have read the information, have given your consent to treatment by placing your initials and date on the top of each page and have given the document to me to be placed in your file, are you considered to be my client/patient.

### **Qualifications**

I earned my Masters degree in Counseling from Dallas Baptist University in 2008. I am an LPC and an LCDC in the state of Texas. I have been in private practice since 2013 and worked in the mental health field in an agency setting from 2009 to 2011. I worked with the Medicare population from 2011 to 2013. In my practice, I work with premarital couples, couples, families, individuals, and teens age 14 and up. In counseling, I use a systems model along with cognitive-behavioral and solution-focused therapies.

### **Nature of Counseling**

As your counselor, I am here to help you adequately understand, accept, take responsibility for and respond to your current problem, personal challenge, or discomforting situation that you may be currently facing. As my client, it is good for you to keep in mind that you have chosen me to assist you in responding to a problem that is important to you. The fact that you have called and made an appointment with me indicates you are motivated to address your challenging situation and achieve goals that are important to you.

I use an approach to counseling which takes into account the full personhood of each individual, couple, and family that I work with in counseling. As we work together, the following thoughts and perspectives will be helpful for you to keep in mind:

1. I value, respect, appreciate and enjoy every person/couple/family that I have the opportunity to work with. It is good for you to remember that I, as your counselor, "work for you." You are my client, paying me a fee to help you achieve goals or outcomes that are important to you.

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2. Our work together has a specific focus; our collaboration is positive in nature; the goals that you identify are achievable; your progress is measurable; and all the while, we will keep the desired outcome in mind.
3. The development of your personhood is one of my highest values as we work together. Counseling has everything to do with the growth and empowerment of you as a person so that as you move forward, achieving the goals that are meaningful to you, I assist you in developing a solid foundation needed to reach your goals and sustain the progress you've worked so hard to achieve.
4. I do not believe in fitting individuals, couples, or families into a pre-conceived formula or outcome. Rather, I assist you as you work toward the results that are achievable and sustainable by you. Counseling is customized to match your abilities, keeping your goals and aspirations in mind.
5. Our time together will be dynamic and interactive. Counseling is not simply a process where I, as your counselor, tell you "what to do." Rather, I will assist you as you explore your own values and options available to you.
6. The focus of our time together will be the immediate present events and circumstances of your life, taking into consideration any past events that have significantly shaped or influenced your life. Past events are relevant if your present progress in becoming who you wish to become, is being significantly hindered.
7. My theoretical approaches to individual counseling are Person-Centered approach which focuses on the use of the relationship between the client and the counselor to facilitate growth, change and development of client goals; and the Cognitive-Behavioral Approach where the focus is to discover the link between what you believe and how you behave in order to make adjustments for new beliefs and behaviors that are positive and healthy for you; and Brief/Solution Focused approach which focuses on solutions as opposed to problems.
8. My theoretical approach to couples and relationships is very much systemic. Systems theory means that important dynamics are going on between individuals in a relationship (marriage, family, significant friendships, work relationships) as well as within those individuals and each one affects the other in one form or another.

The relationship we establish and maintain will be characterized by mutual respect and cooperation. Together, our hope and expectation will be that you will grow and mature, coming within a reasonable time to a place of competence where you can resolve your problems and/or live with manageable discomfort without my assistance or intervention. I will offer you vehicles, principles, and methods you can utilize in the achievement of this goal. Although our sessions may be intense psychologically (you may experience some emotions that are pleasant or unpleasant), it is important that we acknowledge that we have a professional relationship rather than a social one. Our contact will be limited to the sessions you arrange with me. I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards.

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Sessions are 50 minutes in duration. Please note that it is impossible to guarantee any specific results regarding your counseling goals. However, together we will work to achieve the best possible results for you.

### **Potential Effects of Treatment**

While together we will strive to attain the very best results from counseling, please note that discomfoting and distressing events *may* occur. These include, but are not limited to the following:

1. In the course of individual counseling, past issues of hurt, disappointment or abuse may surface and cause discomfort or distress. Your current ability to function, as normal, may be disrupted temporarily. This is not an uncommon occurrence.
2. In the course of individual counseling, you may experience some emotional and psychological discomfort as you come in touch with or become aware of the differences between the person that you have always pictured yourself to be, as opposed to the person that you actually are. The experience of personal "shame" is often the result.
3. In the course of marriage counseling, your marriage may temporarily become "worse" and not "better,".
4. In the course of marriage counseling, your marriage may dissolve as the result of you or your partner making a unilateral decision to end your/their participation in the relationship.

### **Confidentiality**

Everything that is communicated within our session is confidential information and cannot and will not be communicated to any other person or organization without your expressed written consent. This confidentiality applies to any and all records of your identity, diagnosis, session or progress notes, evaluation, treatment or treatment plan, as well as any information communicated by phone, fax, or email.

### **Please note: confidentiality will not be observed under the following conditions:**

1. You direct me by means of a signed and dated written consent form to disclose information to a person or organization of your choice, (please note: if you enter counseling as a married couple, **both signatures** will be required in order to release confidential information),
2. I determine you are a danger to yourself or others, in which case I am required to inform a medical or a law enforcement agency,
3. I become aware of abusive or neglectful behavior toward a minor,
4. I become aware of abusive, neglectful, or exploitive behavior toward the elderly or disabled persons, or
5. I am ordered by a court to disclose information.

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### **Confidentiality & Marital Counseling**

If you enter into counseling as a married couple, it is important for you to understand that you, as a couple, are my client. Because you, as a couple, are my client, it is my standard practice to see you both together in my office as much as possible so that any and all issues, concerns, personal information, and behavioral patterns may be disclosed (or have the opportunity to be disclosed) in the presence of each other, as well as within my presence as your counselor.

If, in the course of marital counseling, either of you request an individual session with me, I will agree to this under the following conditions:

1. your spouse be fully informed of your desire to have such a session and have the opportunity to express their approval, disapproval, thoughts and/or concerns about such a session;
2. you have the opportunity to understand the potential consequences of having such a session and thus be in a position to take complete responsibility for your own decision,
3. individual sessions be balanced and do not become the "norm" for our counseling, replacing your time as a couple.
- 4) individual sessions, even though beneficial to you on one level, do not become a hindrance to your overall ability to embrace, organize, and manage your own personal growth **while you are in the presence of your spouse.**

### **Referral Policy**

The process of helping you address specific areas of your life is unique in that it is inevitably the catalyst for one or several personal issues to arise that may at first cause a certain amount of personal discomfort. The fact that this happens is a normal and natural part of the relational process occurring between us. It is my privilege, as the person chosen by you to be involved in this process, to help you work through the specific areas of discomfort. To this end, I anticipate and desire a good and productive professional relationship with you.

In the event that a particular dissatisfaction with my services should arise, I will be very willing to discuss the nature of your dissatisfaction and make a concerted attempt to move toward a reasonable solution acceptable to both of us. If for some reason we are unable to arrive at an acceptable solution, I will be willing to provide you with several referral sources.

If it happens that within the course of counseling, an issue arises that lies outside the realm of my professional competency, I will discuss this with you and provide you with several referrals.

### **Counselor Availability / Emergencies**

You may leave a message for me at any time on my confidential voicemail. If you wish me to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. Non-urgent phone calls are generally returned within 24 hours during normal workdays. *Please understand that as a solo, outpatient practitioner, I am unable to personally provide continuous 24-hour crisis services. In the event of a medical emergency*

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or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance or go to the nearest emergency room. My voicemail is where I also provide information in the event that I am on vacation or unexpectedly called away. I will do my best to return your call as soon as possible.

### **Records and Record Keeping**

I may take notes during the session, and will also produce other notes and records regarding your treatment. These notes constitute my clinical and business records, which by law, I am required to maintain. Should you request a copy of your records, such a request must be made in writing. By Texas law, adult patient records must be retained for a minimum of seven years following termination of counseling. After seven years, your records will be destroyed in a manner that preserves your confidentiality. The records of minors (who were minors when they began treatment) must be maintained for a minimum of seven years beyond the time that the child turns 18.

### **Professional Consultation**

Professional consultation is an important component of a healthy counseling practice. As such, I regularly participate in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, I will not reveal any personally identifying information regarding you or your situation.

### **Collaboration with Other Professionals**

In order to provide quality services, I often need to collaborate with other professionals, such as your physician, psychiatrist, past counselors, and/or other mental health professionals. You will be asked to complete a release of information authorizing these exchanges; in some cases, I may not be able to provide services without this.

### **Fee Agreement and Cancellation Policy**

My standard fee for a single counseling session is \$100.00 per session hour, unless otherwise agreed upon. Please know that I am willing to discuss and negotiate a lesser fee if circumstances warrant doing so.

It is also my policy that you pay the full fee at the time of each counseling session, unless otherwise agreed upon. In the event that you will not be able to keep an appointment, 24-hour advance notification is required. A notification of cancellation within less than 24 hours in advance or a NO SHOW will incur a \$60 charge.

An administrative fee of \$35.00 will be charged for checks returned due to insufficient funds. Two consecutively missed sessions with no attempts made to contact me, the counselor, constitutes a termination of our therapeutic relationship. I do require a credit card to be on file to insure payment for no-show appointments or cancellations within 24 hours.

### **Insurance**

If you wish to seek reimbursement from your health insurance company, I will be happy to provide you with all the information needed to submit a claim. Please keep in mind that health insurance companies require that I diagnosis and disclose your mental health condition to them.

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Any diagnosis made will become part of your permanent insurance records. I authorize my counselor to give out mental health information that is needed by my insurance company. This authorization for release is valid for the duration of the therapeutic relationship

**Legal Fees: Documents, Depositions, Court-Ordered Appearances**

If my involvement is required in any litigation process, the fee that will be charged is \$750.00 per hour. This includes any and all time spent in preparation, photo-copying documents, as well as travel time to and from attorney's offices, depositions or court appearances.

With respect to marital counseling, because you, as a couple are my client, please note that in the unfortunate event of a divorce, I as your counselor will not agree (unless ordered by the court) to testify or serve as a witness for either one of you against the other. Also, please note that if you begin counseling as a couple, your file will require both signatures in order to release any confidential information.

**Acknowledgement**

By signing below, Patient(s) acknowledge that Patient(s) have reviewed and fully understand the terms and conditions of this Agreement. Patient(s) have discussed such terms and conditions with the counselor, and have had any questions with regard to its terms and conditions answered to Patient(s)' satisfaction. Patient(s) agree to abide by the terms and conditions of this Agreement and consent to participate in counseling with the Counselor. Moreover, Patient(s) agree to hold Counselor free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

Patient Name (please print)	Signature of Patient (or authorized representative)	Date
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Patient Name (please print)	Signature of Patient (or authorized representative)	Date
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Counselor Name (please print)	Signature of Counselor	Date
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