



CONSENT FOR TREATMENT

This form is to document that I, _____, give my permission and consent to James A. Hunter MS, LPC, LCDC to provide psychotherapy treatment (Professional Counseling) to me. James Hunter MS, LPC, LCDC offers Cognitive & Behavioral Therapy, Rational Emotive Behavioral Therapy, Psychodynamic, Stress Management, anger management, Drug & Alcohol Rehabilitation Counseling, and Brief Solution Focused Therapy. James Hunter MS, LPC, LCDC utilizes a variety of therapeutic approaches, including cognitive behavioral therapy and life skills development such as communication skills, assertiveness skills, stress management skills, problem solving skills, and interpersonal skills.

I only accept clients in my practice who I believe have the capacity to resolve their own problems with my assistance. I believe as people become more accepting of themselves, they are more capable of finding happiness and contentment in their lives. Self-acceptance and self-awareness as well as insight goals sometimes take longer periods to achieve. Some clients may only require a few counseling sessions to achieve these goals, while other clients may require months of counseling. As a client you are in complete control and may end our counseling relationship at any point. I will be supportive of your decision. If counseling is successful, you should feel you are able to face life's challenges in the future without my support or intervention.

James Hunter MS, LPC, LCDC will work with me to establish appropriate therapeutic goals of therapy (such as symptom reduction, improved communication, etc.) as well as procedures to be utilized (such as stress management training, cognitive techniques etc.) Goals may change as therapy progresses, and my input is very important in establishing appropriate therapeutic goals. While it is sometimes difficult to anticipate how much therapy may be needed to resolve the presenting problems and achieve satisfactory progress towards the therapeutic goals, James Hunter MS, LPC, LCDC will estimate the anticipated duration of treatment. The recommended frequency of treatment will also be discussed (generally weekly or every other week, but sometimes twice/week for more severe problems). While I expect benefits from this treatment, I fully understand that because of factors beyond our control or other factors, such benefits and particular outcomes cannot be guaranteed. I understand that because of the counseling or therapy, I may experience emotional strains, feel worse during treatment due to dealing with uncomfortable truths at times, and make life changes which could be distressing but necessary. Adjustment to making changes is a process but is possible and may be accomplished.

I understand that in the event of an emergency, I am to call 361-446-0192 (Direct cell number to James Hunter MS, LPC, LCDC).

I understand that regular attendance will produce maximum effects, but that I am free to discontinue treatment at any time. If I decide to do so, James Hunter MS, LPC, LCDC requests that I notify him at least two weeks in advance so that effective planning for continued care can be implemented.

I understand that conversations with James Hunter MS, LPC, LCDC are almost always confidential. I further understand that James Hunter MS, LPC, LCDC by law must report actual or suspected child or elder physical or sexual abuse to the appropriate authorities. In addition, James Hunter MS, LPC, LCDC has a legal responsibility to protect anyone a client may threaten with violence, harmful or dangerous actions to others (including those to myself) and may break confidentiality of our communications if such a situation arises. I understand that James Hunter MS, LPC, LCDC will make reasonable efforts to resolve these situations before breaking confidentiality. Furthermore I understand that James Hunter MS, LPC, LCDC by law has a duty to inform and may break confidentiality if a client expresses or states intentions to harm or kill themselves such as reporting suicidal ideations with a plan to kill oneself. These limitations of confidentiality and duty to inform are for the purpose of protecting the client from harm and or others. In addition, I understand that James Hunter MS, LPC, LCDC may sometimes consult about my treatment with other professionals when necessary whose consent has been authorized by me, who are also legally bound to maintain confidentiality. My name will not be used in such circumstances without my permission. Similarly, If James Hunter MS, LPC, LCDC is out of town or unavailable, another professional will be on call for him, and some information may be provided to that person. I understand that only with the client's written permission by signing consent to release information form, records may be released to another professional or agency at the client's request. Records sometimes when relevant to certain situations may also be released in judicial proceedings as specified by law only and or signed consent of release by the client to the specified parties for purposes such as continuity of care.

- **I understand that I am financially responsible for this treatment. I understand that rate of 1 hour per session of psychotherapy is 100.00 dollars or \$ 75.00 for 45 minute sessions and that payment is due at the time of services unless James Hunter MS, LPC, LCDC agrees to other billing arrangements.**
- **I understand that Dual Relationships such as social relationships or business relationships are unethical and are not a part of James Hunter's MS, LPC, LCDC practice.**
- **I understand that my records will be destroyed in ten years after my last session.**

- **I agree to inform James Hunter MS, LPC, LCDC if I have any concerns that arise during the course of treatment regarding my therapy or the fees for my therapy, and James Hunter MS, LPC will work with me to attempt to resolve these concerns.**

The Consumer Complaint Hotline is available to all clients should any concerns arise that you feel can't be resolved between client and counselor at: 1-800-942-5540

Client Printed Name: _____

Client Signature: _____ Date _____

Witness: _____ Date _____