

INFORMED CONSENT FOR COUSELING SERVICES PROVIDED

BY SHANNON DAVIS, MA LPC

Introduction

Welcome and thank you for choosing me to begin counseling journey. To begin counseling is a major undertaking and you may have many questions. This document is intended to provide you with information regarding what you can expect from therapy as well as information regarding policies, state and federal laws, and your rights. This is a legal document; please read it carefully before signing. If you have any questions about signing this document and/or would like a copy of this document, please ask and I will provide you with the information requested.

Credentials

I am a Licensed Professional Counselor (LPC). I hold a Baccalaureate degree (BA) in Humanities from Southwestern Baptist Theological Seminary, and a Master's degree (MS) in Counseling from Dallas Baptist University. My formal education and professional experience have prepared me to counsel individuals, couples, families and groups.

Professional Relationship

A counseling relationship between a Licensed Professional Counselor and a client is a professional relationship in which the Professional Counselor assists the client in exploring and resolving difficult life issues. If counseling is successful, clients should feel that they are able to face life's challenges in the future without my support or intervention. Although our sessions will be very intimate psychologically, it is important for you to realize that we have a professional, rather than a personal, relationship. Our contact will be limited to the paid sessions you have with me. Please do not invite me to social gatherings, ask me to write references for you, or ask me to relate to you in any way outside of our counseling sessions. You will best be served if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. You will learn a great deal about me as we work together during your counseling experience. However, it is important for you to remember that you are experiencing me only in my professional role.

Psychotherapy Services

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychotherapist and the client and the particular problems you present. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy calls for a very active effort on your part. In order for the therapy to be most successful, you will be expected to work on things we talk about both during our sessions and at home (homework).

There are benefits and risks in psychotherapy. Since therapy often involves discussing difficult aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who are willing to do the work that it takes to go through the difficulties. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. The end result depends greatly on how much you are willing to work through the process. There are no guarantees.

Our first session is a Consultation or a Diagnostic Intake. During this session we will discuss why you have chosen to seek counseling as a solution to your needs. The next few sessions will involve an evaluation of your needs. By the third or fourth session, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. Therapy involves a large commitment of time and resources such as money and mental and emotional energy, so it is important to select the right therapist to work with you and your family.

Your welfare is my primary concern so if you have any questions or concerns regarding my procedures, you should discuss them whenever they arise. If your doubts persist, I will be happy to refer you to another mental health professional if you would like. It is important that you feel comfortable proceeding with anyone you seek as a counselor so please do not hesitate to bring up any concerns.

Communication

I schedule all of my own appointments and get all messages via voicemail, email, or text message. I check voicemails as my appointment schedule will allow. I will make every effort to call you back within 2 business day. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. Email can be used for scheduling purposes, but not for session therapy. Likewise, text messaging can be used for session reminders and scheduling purposes. Although electronic communication can be a more convenient form of communication, I cannot guarantee security of electronic correspondence. I do not respond to messages after 7pm (unless we have scheduled appointments after such time).

Termination

On the rare occasion that you have achieved your treatment goals but want to continue seeing me anyway, I may make the decision to terminate your treatment based on my ethical obligation not to prolong therapy when it is no longer necessary. I will never terminate counseling to establish any other type of relationship with you (friend, partner, customer, supervisor, teacher, etc).

I may choose to terminate counseling with you for any of the following reasons:

1. I cannot provide therapy that fits your specialized treatment needs;
2. You do not comply with the mutually developed treatment goals and procedures;
3. You are not benefiting from therapy;
4. You do not comply with the fee agreement;
5. You become aggressive, abusive, or litigious;
6. The therapy relationship is compromised in any way due to unforeseen circumstances. This non-voluntary termination will be accompanied by an appropriate referral.

Emergency Situations

I am not a 24-hour crisis counselor. Should you experience an emergency that requires immediate attention, contact your family physician or the nearest emergency room and ask for the clinician, psychologist or psychiatrist on call or dial 911.

Clients Rights

Some clients achieve their goals in only a few counseling sessions, whereas others may require months or even years of counseling. As a client, you are in complete control and may end our counseling relationship at any time. If you choose to end the counseling relationship, I ask that you participate in a termination session. You also have the right to refuse or to discuss modification of any of my counseling techniques or suggestions with which you are not comfortable. I render counseling services in a professional manner consistent with accepted ethical standards.

Confidentiality

I understand that counseling services provided by Shannon Davis, MA LPC. maintain confidentiality in accordance with the ethical guidelines and legal requirements of their profession. Effective counseling sometimes requires that staff members share confidential information with other staff members. This collaboration may also include my counseling supervisor. Records are kept for the period required by ethical and legal guidelines.

I understand that no record or information about me will be released from counseling services provided by Shannon Davis, MA LPC without my permission, except under certain circumstances.

- If I present a serious danger to myself or another person.
- If my counselor learns that an elderly person, dependent adult, or minor is being abused or neglected.
- If a valid subpoena is issued for my records, or my records are otherwise subject to a court order or other legal process requiring disclosure.

Attendance Policy

I agree that while I am seeing my counselor or participating in a group, whenever possible, I will notify my counselor at least 24 hours in advance if I know I will miss a session.

No Show Policy

Shannon Davis, MA LPCI has a 24-hour appointment cancellation policy, which states you must change or cancel your appointment at least 24 hours ahead of the scheduled time. A missed session fee of **25.00** will be charged if you fail to reschedule, cancel, or no show within 24 hours of your scheduled appointment. You will not be allowed to continue services until the missed session fee is paid in full. If you no show* for your appointment two times, you may lose your privilege of seeing your counselor. Please feel free to clarify this policy.

(*No Show is defined as not calling to showing up to your appointment or calling to cancel without giving 24-hour notice, there are a few exceptions such as a last-minute illness or emergency.)

ONLINE AND PHONE COUNSELING

Online and phone Counseling can provide you with the opportunity to access counseling support at a time and a place which is convenient for you. We will facilitate your success in finding a positive way to cope with personal issues and concerns.

Please be advised that email or any other online communication and phone/text conversations are not a secured form of communication. By signing below you acknowledge that these types of communication will not be secured, and that you agree to the use of such communication.

Online Counseling limitations

Online counseling is geared towards a wide range of issues. Not all types of issues can be resolved through online counseling. If I consider face-to-face counseling or some other form of support to be more beneficial and appropriate to target your personal needs and presenting issues, I will advise you. At a time that online counseling will be deemed unsuitable, I will assist you with a referral to a suitable alternative source of support.

Online and phone communication may endure technical difficulties or disruptions in service. It is understood that when we communicate by internet or by any other electronic means, technical difficulties or disruptions in service will likely occur from time to time. If a disruption occurs at a time of crisis, the client agrees to immediately call 911 or go to the nearest emergency room. If the client considers the crisis not to require emergency services, the client agrees to immediately call me at (469) 499-4597.

I am not able to provide online counseling to any person, who is under the age of 18, without the consent of a parent or legal guardian. By signing below, you give permission and consent for the minor to use such services.

Online counseling service

We will agree to an 'appointment time.' This is the time when you will receive my email reply, or a text. By signing this document, you acknowledge that internet use is not fully secure, although I will keep all communications between us confidential to the best of my ability. Appointments can be weekly, or more frequently, per your request. Appointments will take place on Texas local time. As I will need some time to read your previous email and consider a response, I will need you to send in your email or text at least 48 hours before I send you my reply. If you decide that you would prefer synchronous exchanges in 'real time,' then we will agree to an appointment time that is mutually convenient.

Appointment Cancellation / Computer or connection problems

If you have made payment for a session, but are unable to meet at the appointed time, due to unexpected or other personal commitments, I will retain the fee for the session (if cancellation is less than 48 hours). When either party experiences a technological breakdown, which prevents us from meeting online, I will give you the option of meeting by phone. If possible, we would discuss a rescheduled appointment at a convenient time for both parties.

Consent

I certify that I have read, understand, and agree to abide by the information outlined above regarding counseling services provided by Shannon Davis, MA LPC. I hereby give my consent to authorize Shannon Davis, MA LPC to evaluate, treat, and/or refer me to others as needed. I have had the opportunity to discuss any questions regarding the above information.

Full name: _____

Emergency contact number (in the event of emergency or technology breakdown):

Emergency Contact's name and address: (contact is only applicable for situations where clients agree that contact is relevant due to emergency situations):

Client's Signature and Date: _____

Client's Signature and Date: _____

Complete the following if applicable:

Parent Agreement to Respect Privacy & Confidentiality

Minors & Parents

Clients under 18 years of age who are not emancipated, and their parents should be aware that the law may allow parents to examine their child's treatment records. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is sometimes our policy to request an agreement from parents that they

consent to give up their access to their child's records. If they agree, during treatment, we will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. We will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's authorization, unless we feel that the child is in danger or is a danger to someone else, in which case, we will notify the parents of our concern. Before giving parents any information, we will discuss the matter with the child, if possible, and do our best to handle any objections he/she may have. We understand that as a parent, you are concerned and may want to know about the content of your child's discussions. It is our experience that a child will progress better in treatment if they know their parent will not know the specific content of the therapeutic discussions. Many times, this is not due to the child wanting to "keep secrets" from the parents, but due to the child being embarrassed, guilty, or otherwise lack the communication skills.

Initial indicating understanding and agreement

____ I will refrain from requesting detailed information about individual therapy sessions with my child. I understand that I will be provided with periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed.

____ Although I know I have the legal right to request written records/session notes since my child is a minor, I agree NOT to request these records in order to respect the confidentiality of my adolescent's treatment.

____ I understand that I will be informed about situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is up to the therapist's professional judgment and may sometimes be made in confidential consultation with her consultant.

Signature of Client: _____ Date: _____

Signature of Guardian (if client is under 18): _____ Date: _____