

The Helping Heart
Leann Gabel, L.P.C.
INFORMED CONSENT AND AGREEMENT

THE THERAPEUTIC PROCESS

I believe that the therapeutic process can be one of the most challenging and the most rewarding endeavors anyone can take. Those involved in therapy can begin to better understand their own life as well as their relationships with other people. Therapy can provide an opportunity for an individual or a couple to set aside time to focus on the issues prevalent in their lives, and to actively begin to communicate desires, goals, and dreams.

I believe you are the expert on your life and that you have the solutions to your issues or concerns. I can help you in uncovering those answers by asking you questions that you may not have asked yourself before. My role in the therapeutic process is not to give you the answers that you seek but, instead, to give you a space and an opportunity to find those answers within yourself. We will spend time exploring the concerns that brought you into therapy. We will also talk about your relationships with significant people in your life as well as your view of yourself. We will work together to develop an appropriate plan to achieve your therapeutic goals. I will frequently evaluate progress toward these goals; looking back at the time you began therapy as a place for comparison.

The process of achieving your therapeutic goals will require that firm and committed efforts be made on your part to change thoughts, feelings, and interactions that may be getting in the way of you living the life you desire. As a result, you may experience significant discomfort initially, and this is to be expected. Changes such as these involve flexing personal resources that may not have been used in quite some time. Remaining open to new experiences and possibilities can lessen these potentially negative effects.

An important factor in determining the success of your therapeutic efforts lies in the amount of energy and attention you give to your issues outside of the therapy office. It is not unusual for me to ask that you complete specific assignments on your own between sessions as an integral part of the therapeutic process. As a major part of this therapeutic agreement, I am asking you to commit to attempting these assignments to the best of your ability, and your signature below attests to your willingness to do so.

THE THERAPEUTIC RELATIONSHIP

Your determination to explore the possibility of entering into therapy for personal and relationship issues is a process that is deserving of thoughtful consideration. As therapy is a very personal experience built upon mutual trust and respect between the client and the therapist, our mutual sense of compatibility is an essential element of a successful therapeutic relationship. Therefore, if at the conclusion of our initial visit, you do not feel this is the appropriate environment for you, I will be happy to assist you in finding a more suitable place and therapist.

LENGTH OF THERAPY

Therapy sessions are initially scheduled on a weekly basis lasting approximately one hour each. It is almost impossible to predict how many sessions it will take in order for you to complete your therapeutic process. It is my belief that you will know when therapy has served its purpose for you. Some clients prefer to address a specific issue and then to conclude therapy. Others prefer to maintain an on-going therapeutic relationship once the original issue has been resolved. I will check with you periodically regarding your perceived value in continuing therapy. You can trust that I will focus my efforts effectively and efficiently during our sessions so that we may maximize our therapeutic time together.

YOUR RIGHTS AS A CLIENT

- As a client of The Helping Heart you are entitled to certain consumer rights that include:
- The right to ask questions about any process or techniques used during therapy.
- The right to end therapy at any time without any moral, legal, or financial liabilities, other than those already incurred.
- The right to request a copy of your records.
- The right to file a complaint if our services fail to conform to our professional code of ethics or licensing laws. In order to file a complaint with the Texas State Board of Examiners of Professional Counselors, you may notify the Consumer Complaints Hotline at 800– 942–5540.
- The right to have your anonymity as a client of The Helping Heart protected at all times. To that end, I will *never* initiate interaction with you in a public setting. However, you are welcome to initiate interaction with me to which I will happily respond.

BENEFITS OF COUNSELING

One major benefit that might be gained from participating in counseling is the resolution of the concerns brought to therapy. Other benefits include an improved mood, and improved ability to cope with marital, family and other interpersonal relationships, or a greater understanding of personal goals and values.

RISKS OF COUNSELING

To allow you to make informed decisions about your counseling, I wish to make you aware of certain risks involved in counseling. You might experience discomfort such as anger, depression, or frustration during therapy as you process memories and therapeutically resolve concerns. Seeking to resolve concerns between family member, marital partners, and other persons can similarly lead to discomfort as well as result in changes to relationships that might not have been originally intended. Please discuss any discomforts regarding your counseling journey if they arise. It should be kept in mind that counseling alone might not resolve your concerns. I do my best to assess progress and provide referrals to other sources if deemed necessary and appropriate.

FEES

Charges for Therapeutic Services - Therapy sessions are typically scheduled in one-hour increments. My fee is \$125.00 per hour for individual and couple therapy. Longer sessions are prorated from these fees. Because session scheduling is based on one- hour increments, we are not able to offer adjustments for sessions ending prematurely. Any phone consultation lasting 15 minutes or more will be charged at these same rates. Court-ordered sessions, court appearances, and written reports will be charged at the rate of \$250.00 per hour.

Payment Method – Due, in part, to the increased demands of health insurance companies, and in an effort to maintain strict confidentiality of my clients’ personal information, I do not participate as providers of mental health services for any insurance plan. Consequently, I must ask that full payment for all services rendered is required at the time services are received. Payment may be made by cash, a check made payable to **Leann Gabel**, or by Master Card, Visa, American Express or Discover credit cards. Should you choose to file a claim with your health insurance provider for partial reimbursement to you for the services you received from *The Helping Heart*, I can provide you with the required diagnostic information.

Cancellation Policy – Unlike many medical offices who often times “double book” their patients in order to accommodate for those who “no show” without notice, I schedule only one client per hour for therapy. If you are unable to keep an appointment, I ask that you please notify me immediately so that I can offer your appointment time to another client who may be on a wait list. Except in the event of circumstances beyond your control, if you miss your appointment or do not cancel it with 24 hours prior notice, you will be billed for the session you missed.

EMERGENCIES

Should you feel you must contact me in the event of an emergency you may call my office number directly by dialing 806-676-0130. Your call will be returned immediately or upon the conclusion of any on-going therapy session I may be conducting. If you are an immediate emergency situation please call 9-1-1 or go to the nearest hospital emergency room.

During times I am out of town or unavailable for a long period of time, I will make arrangements for a professional colleague to be available for such calls.

CONFIDENTIALITY

At The Helping Heart, I am ethically and legally bound to maintain strict client confidentiality. Consequently, I will not provide any person or agency any information from therapy sessions without signed written permission by the client, or if served with a legally binding subpoena for such information. However, I am required by the State of Texas legal statutes to report any **suspicion** of sexual and/or physical abuse of children or the elderly; and any threats of death or bodily harm made by anyone attending a therapy session toward their self or another person or agency.

As a provider practicing at The Helping Heart I work with a team of therapists. By signing this contract you understand it is possible your case will be processed in supervision with other therapists. I may occasionally consult another therapist outside of The Helping Heart regarding your treatment in order to provide you with the best possible care. The primary therapists I may consult with include but are not limited to:

Twilla Wolsey, M.Ed., LMFT Stephanie Clayton, M.Ed., LPC Lindsey Wesley, M.Ed., LPC-Intern
Cathy Burns, M.Ed., LPC Wib Newton, Ph.D., LPC, LMFT

“NO SECRETS” POLICY WHEN TREATING A COUPLE OR FAMILY

This written policy is intended to inform you, the participants in therapy, that when I agree to treat a couple or a family, I consider that couple or family (the treatment unit) to be the patient. For instance, if there is a request for the treatment records of the couple or the family, I will seek the authorization of all members of the treatment unit before I release confidential information to third parties. Also, if my records are subpoenaed, I will assert the psychotherapist-patient privilege on behalf of the patient (treatment unit).

During the course of my work with a couple or a family, I may see a smaller part of the treatment unit (e.g., an individual or two siblings) for one or more sessions. These sessions should be seen by you as a part of the work that I am doing with the family or the couple, unless otherwise indicated. If you are involved in one or more of such sessions with me, please understand that generally these sessions are confidential in the sense that I will not release any confidential information to a third party unless I am required by law to do so or unless I have your written authorization. In fact, since those sessions can and should be considered a part of the treatment of the couple or family, I would also seek the authorization of the other individuals in the treatment unit before releasing confidential information to a third party.

However, I may need to share information learned in an individual session (or a session with only a portion of the treatment unit being present) with the entire treatment unit – that is, the family or the couple, if I am to effectively serve the unit being treated. I will use my best judgment as to whether, when, and to what extent I will make disclosures to the treatment unit, and will also, if appropriate, first give the individual or the smaller part of the treatment unit being seen the opportunity to make the disclosure. Thus, if you feel it necessary to talk about matters that you absolutely want to be shared with no one, you might want to consult with an individual therapist who can treat you individually.

This “no secrets” policy is intended to allow me to continue to treat the couple or family by preventing, to the extent possible, a conflict of interest to arise where an individual’s interests may not be consistent with the

interests of the unit being treated. For instance, information learned in the course of an individual session may be relevant or even essential to the proper treatment of the couple or the family. If I am not free to exercise my clinical judgment regarding the need to bring this information to the family or the couple during their therapy, I might be placed in a situation where I will have to terminate treatment of the couple or the family. This policy is intended to prevent the need for such a termination.

In order for therapy to be a safe place for all members it is important that the information shared during the therapeutic process be honored as privileged information between the therapist and the treatment unit. As a result, I agree not to request clinical records or subpoena **Leann Gabel, M.A., L.P.C.** as a witness in situations where a couple chooses to divorce.

VIDEO TAPING OR AUDIO RECORDING

It is understood that no part of the therapeutic session will be videotaped or audio recorded without the consent of the client. I also agree as the client, that I will not audio record, video, or use any method which would allow session content to be heard by members outside of the therapy office. Example: It would be a violation of this contract for a client to have an open phone call in progress during session without the therapist consent.

CONSENT

- I voluntarily consent to receive therapeutic services from **Leann Gabel, M.A., L.P.C. at the Helping Heart**. I understand that services will be provided by Leann Gabel, a Licensed Professional Counselor licensed by the Texas State Board of Professional Counselors.
- I understand that this consent to services will be valid and remain in effect as long as I am a client of **The Helping Heart** unless revoked by me in writing.
- If I have any questions or concerns now or in the future, I understand that I should consult with my therapist.
- I certify that this form, including the statements on the limits of confidentiality, has been fully explained to me, that I have read it or had it read to me, and that I understand its contents.
- I agree to pay for all services received by **Leann Gabel, M.A., L.P.C.** according to the terms of this agreement. I understand my rights and responsibilities as a client of **The Helping Heart**.
- If client is a minor, the parents/legal guardian of client consent that **Leann Gabel, M.A., L.P.C.** may provide counseling services for the minor.

Date

Therapist's Signature

Client Signature

Please print your name

Client Signature

Please print your name

Client Signature

Please print your name

Client Signature

Please print your name