The Helping Heart

**Lindsey Wesley, M.Ed., LPC**

**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 to one's self as well as to one another.

It is my belief that 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. I will spend time exploring the concerns that brought you into therapy. I will also talk about your relationships with significant people in your life as well as your view of yourself. In time, you will determine what goals you would like to set for your time spent in therapy, and we will work together to develop an appropriate plan to allow you to achieve those goals. I will frequently evaluate progress toward these goals, looking back at the time you began therapy as a place for comparison.

In working to achieve the potential benefits of therapy, the process 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. Seeking to resolve issues between family members, relational partners, and others may lead to relationship changes you did not anticipate or originally intend. 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 on both your part as well as ours. 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 any time, 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 or your child to complete your therapeutic process; however, once a strong rapport is developed we will evaluate how frequently we need to schedule therapeutic sessions. I will check with you periodically regarding your perceived value in continuing therapy as well as offer my professional opinion on the frequency and duration of therapeutic sessions. You can trust that I will focus my efforts effectively and efficiently during our sessions so that we may maximize our therapeutic time together.

**FOLLOW UP**

A part of my continual commitment to the therapeutic process is to follow up with our clients once regularly scheduled therapy sessions are deemed no longer necessary. This follow up contact will take place prior to one year after the discontinuation of sessions. Please indicate your willingness to allow me to contact you by checking the appropriate boxes below:

I prefer NOT to receive any follow up contact. I agree to receive follow up contact via telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and/or email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**YOUR RIGHTS AS A CLIENT**

As a client of The Helping Heart you are entitled to certain consumer rights that include:

1. The right to ask questions about any process or techniques used during therapy.
2. The right to end therapy at any time without any moral, legal, or financial liabilities, other than those already incurred.
3. The right to request a copy of your records.
4. 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, please contact the Texas State Board of Licensed Professional Counselors.

P.O. Box 141369

Austin, TX 78714-1369

1-800-942-5540

1. 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. 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, whether conducted face-to-face or via telephone, are typically scheduled in one-hour increments. My fee is $135.00 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 no longer 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 ***Lindsey Wesley***, 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 806-584-8469. 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 your 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, individuals with disabilities, 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. The primary therapists in consultation at The Helping Heart include but are not limited to:

Twilla Woolsey, M.S., LMFT Leann Gabel, M.A., LPC Macy Williams, M.Ed., LPC-I

**CONSENT**

I voluntarily consent to receive therapeutic services from **Lindsey Wesley, M.Ed., LPC at the Helping Heart**. I understand that services will be provided by Lindsey Wesley, a licensed professional counselor licensed by the Texas State Board of Examiners of Licensed 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 understand the limits of confidentiality as explained by my counselor and have had the opportunity to ask questions about these limits.

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 **Lindsey Wesley, M.Ed., LPC** 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 **Lindsey Wesley, M.Ed., LPC** may provide counseling services for the minor.

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Date Therapist’s Signature

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Client Signature/Signature of Guardian Please print your name

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Client Signature/Signature of Guardian Please print your name

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Name/Signature of Minor (if applicable)