

# Lara Neely, DBH, MED, LPC

## INFORMED CONSENT FOR PSYCHOTHERAPY

### Therapist Credentials

Lara Neely, DBH, MED, LPC is a Doctor of Behavioral Health and a Licensed Professional Counselor (TX License Number 84996). She holds a Bachelor of Science degree in Psychology from the University of Houston, a Master of Education in Clinical Mental Health Counseling from Lamar University (CACREP Accredited), and a Doctor of Behavioral Health from Arizona State University. She has experience working with adults, adolescents, and children in private practice, emergency mental health care, and community health care. She is not a Medical Doctor and does not prescribe medication. She does collaborate with other clinicians with your consent on an as needed basis.

### 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 finding solutions to life's problems and issues. If counseling is successful, clients should feel that they are able to face challenges in the future without support or intervention from the therapist. Lara Neely, DBH, MED, LPC views the therapeutic relationship as a collaborative, warm, accepting, confidential partnership.

Although sessions can feel intimate psychologically, it is important for you to realize that this is a professional, rather than a personal, relationship between you and the therapist. Contact will be limited to the paid sessions you have with the therapist. Please understand that your therapist cannot attend social gatherings with you, write references for you, or relate to you in any way outside of your counseling sessions. You will best be served if the relationship stays strictly professional and if sessions concentrate exclusively on your concerns. You will learn a great deal about your therapist as you work together during your counseling experience. However, it is important for you to remember that you are experiencing the therapist only in her professional role.

### Effects of Counseling

Counseling is expected to bring many benefits. However, specific results are not guaranteed. Counseling is a personal exploration and may lead to personal changes in your life, perspective, and the decisions you make. These changes may affect significant relationships, your job, and/or your understanding of yourself. Some of these life changes could be temporarily distressing. The exact nature of these changes cannot be predicted. Together, you will work with your therapist to achieve the best possible results. Services will be rendered in a professional manner consistent with accepted ethical standards.

### Client Rights

As a client, you are in complete control and may end the counseling relationship at any point. Your therapist will be supportive of that decision but will request that you participate in a termination session. It is important to note that the therapist may also end the counseling relationship with you at any point.

### Confidentiality

Information you share is treated with the greatest respect, so we want to be as clear as possible as to how it will be handled. Our communication is completely confidential with the following limitations and exceptions:

- When there is suspected suicidal risk or danger/harm to self or others.

- If the therapist believes there is intent to commit a crime that will endanger society or another person.
- If you inform your therapist about suspected child abuse.
- If you inform your therapist about suspected elder abuse.
- If you inform your therapist about suspected abuse of a disabled person.
- When a client requires psychiatric hospitalization.
- When there is written informed consent for disclosure.
- When there is a court-appointed request or subpoena.
- When third-party billing is authorized by the client.
- When it is required for obtaining fee collection for services.

In case of family or couple's counseling, your therapist will keep confidential (limits cited above) anything disclosed without your partner's or family member's knowledge. However, open communication between family members is encouraged. The therapist reserves the right to terminate the counseling relationship if she believes that any part of the arrangement is detrimental to the therapeutic process.

## **Licensing Board**

In the event you are dissatisfied with the services provided by your therapist, please let us know. If we are unable to resolve your concerns, you may report your complaints to:

Texas Behavioral Health Executive Council  
333 Guadalupe St., Ste. 3-900  
Austin, Texas 78701  
Main Line (512) 305-7700  
Investigations/Complaints 24-hour, toll-free system (800) 821-3205

The Council is open Monday – Friday, 8:00 A.M. to 5:00 P.M., but closed on state holidays.

## **Record-Keeping**

Your therapist keeps records of the professional services provided, noting details of your appointments, including but not limited to, your mental health diagnosis, what interventions happened in session, what interventions were recommended outside of therapy, and other topics discussed which are relevant to therapy. If you would like a copy of your records, please give 24-hour notice to your therapist and fill out a separate Records Request Form. If you would like your records sent to another practitioner, your therapist will be happy to send a summary of your records with a signed Records Request Form on file. Our office uses a HIPAA-compliant email and fax transmittal service to transfer your records, or you may pick them up in person.

## **Treatment Duration**

Therapy typically lasts 3 to 12 months with once-weekly sessions. The therapist uses evidence-based treatments based upon your presenting problems, background, and diagnoses. It is important to note, however, that treatment duration can vary greatly depending on the problem(s) being treated and the severity of symptoms. Treatment duration is customized to each individual.

## **Goal Setting, Progress, & Measurement**

As early as possible, you will solidify treatment goals with your therapist, and to the degree possible, your therapist will identify indicators of progress and will begin monitoring your progress throughout the course of therapy. Some

outcomes are more difficult to monitor than others, and so your therapist will work with you to best measure and track your progress over time using SMART goals. Even though you have achieved your initial goals, your therapist may work with you to identify any new and additional goals that are meaningful for you to work on in therapy. Termination typically occurs once these outcomes are achieved.

## **Referrals**

Should you or your therapist believe that a referral is needed, we will provide some alternatives including programs and/or people, who may be available to assist you. You will be responsible for contacting and evaluating those referrals and/or alternatives.

## **Other Rights of the Client**

1. **You May Ask Questions.** You have the right to ask questions about anything that happens in therapy. Your therapist is always willing to discuss with you why you are doing what you are doing in session.
2. **You May Refuse/Make Suggestions.** While your therapist is trained to offer you helpful suggestions, you have the right to refuse any suggestion made by your therapists and/or ask your therapist to go in a different direction that you think will be helpful for you.
3. **You May Change Therapists.** It is most common for clients to not change their therapist. However, please know that you do have the right to request to change therapists at any time or stop therapy. If you want to request a change in therapist, we recommend you to meet your therapist for at least 3-5 sessions before deciding. This is because it is natural for it to take some time to develop rapport with your therapist, and frequently changing therapists tends to hinder therapeutic effectiveness. If any concerns arise, we recommend you to first try talking directly with your therapist so that you may build a closer relationship based around openness and trust. If you still would like to change your therapist, we can help refer you to someone else outside of our practice.

## **Your Responsibilities as a Client**

### **Cancellation Policy**

As with many organizations, we have a Cancellation Policy in place that you should be aware of. You are responsible for informing our Support Staff in advance when you need to cancel or reschedule your appointment. Notifying us in advance is important so that our therapists are able to provide services to other clients at that time.

- **Late Rescheduling/Late Cancellation Fee.** If you reschedule or cancel your appointment after 6pm on the day prior to your session (for example, after 6pm on Friday for your Saturday appointment), this is considered a 'Late Rescheduling/Late Cancellation,' for which you will be charged a 'Late Rescheduling/Late Cancellation' fee of \$25.00. In order to avoid this fee, please notify our Support Staff prior to that time if you need to cancel or reschedule your appointment.
- **No Show Fee.** If you do not show up for your session without notifying us in advance, or if you call us to cancel your session within 3 hours prior to your session (for example, if you call us to cancel after 12pm for your 3pm appointment), this is considered a "No Show," for which you will be charged a 'No Show' fee of \$50.00. In order to avoid this fee, please notify our office prior to that time if you need to cancel or reschedule your appointment.
- **Reasonable exceptions will be made to these Late Cancellation & "No Show" fees, depending on one's circumstances. We consider treatment terminated after three "No Shows."**

### **Confirmation**

You will receive a reminder/confirmation text of our appointment. By signing this document, you agree to receive such text. The text is a courtesy reminder only. You are responsible to remembering and attending your appointment. If you receive a text, please answer the text to confirm your appointment within 24 hours. If your

appointment is not confirmed in a timely manner, your appointment will be canceled. Please refer to the cancellation policy for related charges.

## Late Arrivals

You are responsible for coming on time to your sessions, which last for 50 minutes. If you arrive late, that time cannot be made up (since there are often other clients scheduled after you). We allow 15 minutes before cancelling your appointment and charging as a "No Show."

## Insurance

We do not accept any form of health insurance. Payment for service is due immediately following your completed appointment. We accept cash, checks, debit cards, and credit cards.

## Payments

You are responsible for paying for your sessions on the day of your appointment unless we have made other arrangements in advance.

## Other Fees/Rates.

90- Minute Initial Intake Session \$250.00

50- Minute Individual Session \$185.00

50-Minute Family Session \$185.00

90- Minute Group Session \$50.00

Package of 4 Individual Sessions \$600.00

Package of 4 Group Sessions \$180.00

Returned Check/Fees/Charges \$30.00

## Client Consent to Psychotherapy

I have read this consent form, I had sufficient time to be sure that I considered it carefully, I asked any questions that I needed to, and I understand it completely. I agree that this agreement has been set forth in English and the English language shall prevail over any translation hereof.

If I have any remaining questions, I may ask them now. I understand the issues of confidentiality, my rights and responsibilities as a client, and my therapist's responsibilities to me. I understand everything above, and I agree to receive services. My signature is acknowledgement and agreement of this understanding.

Client's Name (Last, First, Middle): \_\_\_\_\_:

Client's Signature: \_\_\_\_\_: