

## **Allisha Bonneaux MEd, LPC- Informed Consent and Disclosures:**

**Welcome to Mind Metier, office of Allisha Bonneaux MEd, LPC and thank you for choosing me to meet your counseling needs. As we start our counseling journey together, I want to make sure that I have informed you of what to expect in your time with the practice.**

I am a Licensed Professional Counselor with the Texas State Board of Examiners of Professional Counselors. I work with teens and adults that are struggling with goal setting, career choices, mental toughness, anxiety, depression, stress recovery, PTSD, eating disorders, and family dynamics and personal relationships. I will work to create the space to safely process, without judgement, and nurture the courage to be imperfect. Under the umbrella of cognitive behavioral therapy; modalities used in treatment may include family-systems based approach, mindfulness-based interventions and neurological and polyvagal approached.

I have been licensed since 1997 and worked with students and clients in academic and clinical settings. I am a Texas A&M and McNeese State University alumna with over 28 years of working with special populations. I have a passion for working with individuals ready to manage their thinking to manage their personal business. I believe helping is an honor, therapy is a collaborative adventure, and that we are all choice makers. I believe everyone should have a safe and healing place to work through life's difficulties and gain new perspectives and personal strengths.

**Confidentiality:** The law protects the privacy of all communication between a client and a licensed professional. However, there are legal limits to confidentiality and times when a licensed professional is obligated to disclose information, as necessary, to the appropriate authorities/agencies, individuals:

- If your therapist suspects that you pose a harm to yourself or others.
- If you report that child or elderly person has been or is being neglected, or physically or sexually abuse.
- Ordered court disclosure by state or federal courts.
- In the case of minors, parents or legal guardians have access to their child's records, unless emancipated
- Family or group counseling is not legally private and can be subpoenaed
- Provisionally-licensed therapists are required to discuss their cases with their supervisor.
- Cases are anonymously discussed with peer professionals to provide enhanced quality of service.

**Overview of Counseling Services:** Counseling is a collaborative process between you and a counselor to work on areas of your life and assist you with life goals. For counseling to be effective, it is important you take an active role in the process. Counseling and psychotherapy both refer to a supportive and guiding relationship with a professional clinician who has undergone extensive psychotherapy training and personal exploration to understand the dynamics of human experience and psychological development.

**Benefits:** Some of the benefits of from therapy include attaining a better understanding of yourself and your personal goals, developing skills for improving your relationships, overcoming specific problem areas such as depression and compulsive behaviors, and finding resolution to the concerns which led you to seek therapy. However, there are no guarantees about what therapy will do for you. Some people find that participating in psychotherapy results in changes that were not anticipated or intended at the outset.

**Risks:** There are certain risks associated with the counseling process some are but not limited to :  
1.)Experience uncomfortable levels of sadness, guilt, anger, anxiety, frustration, and other difficult feelings. 2.)Recall unpleasant memories. 4). Relationships are affected. 5.) Problems temporarily worsens 6,) Therapy does not yield the results initially desired.

**Therapeutic Relationship:** The client- therapist is purely professional relationship with appropriate boundaries. Social relationships or friendships cannot exist outside of the therapy room.

**Social Media:** Because of the nature of the therapeutic relationship, I will not accept friend or contact requests on personal social networking sites from current or former clients. Adding clients on these sites can compromise confidentiality and privacy of both counselor and client.

**Confidentiality in Public Settings:** If we see each other outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to and I do not want to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly to you. Be assured I will not be offended if you do not acknowledge me in public.

**Privacy through Technology:** All efforts are made to keep confidential all therapeutic records and identifying information in your electronic medical record. Understand that we treat your use of our technology platforms with the utmost respect to your privacy. We keep all information not disclosed above private between the therapist and the client, keeping only non-decimated “file” copies for reference in case of legal dispute by court order as we are required to under Federal Laws for seven years. File retention protects both the client and the therapist’s safety. The data will be protected at high levels of security and privacy. Allisha Bonneaux MEd, LPC is not responsible for data lost, exposed, or used due to the nature of the Internet and digital environments, illegal actions of hackers and criminals, technical malfunctions of servers and database etc. These are the accepted risks of users of the Internet in general.

**I have read, understood, agree, and consent to the conditions of service stated in this agreement.**

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Signature of Client

Printed Name

Date

\*\*For Minors only

I hereby grant permission to Allisha Bonneaux MEd, LPC to counsel/assess my child,

\_\_\_\_\_.

Child’s First/Last Name

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Signature of Guardian

Printed Name

Date

## Fee Policy

To help control costs, I ask my clients to pay for their office visit at the time services are rendered. For balances on an account, the client is required to pay the full amount before the client can resume counseling unless an alternate payment plan has been agreed upon.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Other Fees:

**Court Hearings:** *Please let me know before establishing a counseling relationship if you are attending counseling for court or related purposes/motivations.* I am not licensed or certified as a “Child Custody Evaluator” or “Parent Facilitator”. If you are coming to counseling for help during this stressful time in your family’s life, then my work is directed toward helping you through the stressful and emotional process of change.

If I am asked or required to attend or testify at depositions, hearings and trials (even if you are not the person who sought my attendance to testimony) concerning your case you agree to pay a \$1,500.00 retainer fee with an additional \$150.00 every hour involved including case preparation, travel, witness time, and any wait time related to court related process. A bill will be rendered to you or your attorney for immediate payment.

**Note:** *Even though you are responsible for the testimony fee, it does not mean that testimony will be solely in your favor. Only the facts of the cases and professional opinion of your therapist can be testified.*

If report preparation is requested or required, the time rate of therapy sessions (\$100.00) will be charged to the client.

For a personal records request, written summary, or paperwork completion request, the fee is \$35.00 and up based on the number of pages in the record paperwork.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

## Cancellation Policy for Non-Medical Clients

It is my/our policy to charge a fee for appointments not cancelled at least 24 hours in advance. My fee is \$50.00. If our offices are closed, you may leave a notice of cancellation on our voicemail, which we will note the day and time you called. For Monday appointments, cancellations can be left on our voicemail on the weekend 24 hours in advance. Your communication with our office allows us to offer that time to someone else who needs to be seen.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

## **Cancellation Policy for Medicaid Clients**

Because I am unable to bill Medicaid for No-Show appointments, I provide referral sources to pursue counseling from another provider once a No-Show occurs.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

## **Grievances**

I also acknowledge that I may submit a Grievance to the Provider at any time to register a complaint about any aspect of my care. If I am not satisfied with the responses I receive, I may submit the Grievance to the address below:

To report a rules violation by this licensee, contact the appropriate Board:

- Texas State Board of Examiners of Licensed Professional Counselors
- Texas State Board of Examiners of Marriage and Family Therapists
- Texas State Board of Social Work Examiners

At the following common address:

P.O. Box 141369

Austin, TX 78714-1369 (1-800-942-5540)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **Emergencies**

For after-hour emergencies, **call 911** or contact the **Crisis Center of Southeast Texas** at **1-800-793-2273**. This hotline is available 24 hours a day.