



# SAMARITAN'S WELL

## Client Informed Consent Form - Mark Verkler

### **Welcome to Samaritan's Well**

Our goal is to assist you in achieving solutions to your problems and experience healthy satisfying relationships that will add meaning and purpose your life. It has been shown that more favorable results are achieved in therapy when clients have a good understanding of the therapy process. Please read the following information very carefully so you may be able to make an informed consent to the counseling process. Please ask any questions you may have.

### **Therapist**

My name is Mark Verkler and I founded Samaritan's Well in April 2009. I began my private practice in 1995 and also spent years of service in treatment centers and inpatient clinics. My practice includes but is not limited to treatment for marriage and family issues, personality disorders, depression, sexual integrity issues, affair recovery, and crisis and trauma management. Along with my wife, we have four wonderful children who are all in their 20s. We attend Upper Room Church in Dallas and are elders there.

### **Benefits and Risks of Therapy**

Counseling is both an art and a science. Many individuals show great benefit from counseling, although results cannot be guaranteed. People come into therapy with various problems that cause internal distress and relational issues. Often, growth may not occur until you experience and confront uncomfortable issues that may make you feel sadness, sorrow, anxiety, or pain. Sometimes changes made during the therapy process affect other relationships such as family, friends, or in the workplace. The success of the therapeutic relationship between you and your therapist depends on the quality of the effort expended.

## **Client Involvement**

Much of the success in achieving goals and therapy rely on you to take responsibility for certain things. Keeping all scheduled appointments and being on time is very important and being open, honest and active in sessions is essential also. Additional effort in between sessions such as completing assignments and thinking through or being aware of thoughts and behaviors will also affect results. Please realize you are responsible for lifestyle choices or changes that may result from therapy.

## **Confidentiality**— Initial \_\_\_\_\_

Discussions between a therapist and the client are confidential. No information will be released without the clients written consent unless mandated by law. It is the goal of the therapist to protect the confidentiality of your records; however, there are exceptions to confidentiality when limited according to legal requirements or specific consent.

## **Exceptions to Confidentiality**

Exceptions to confidentiality are prescribed by the licensing board in the state of Texas and include the following situations: abuse or neglect of minors; abuse, neglect, or exploitation of the elderly; a therapist's duty to warn due to physical danger to the client or another person; a subpoena of court order; fee disputes between the therapist or the client; or the filing of a complaint with the licensing board.

## **Payment for Services**— Initial \_\_\_\_\_

Payment is expected at the time services are rendered, after each session. The standard fee for an individual is \$160 per 50 minute session. Samaritan's Well accepts cash, checks and all credit cards. Fees incurred for return checks are the clients full responsibility. Please discuss any payment problems with office staff.

## **Cancellations**

Please call 24 hours or more in advance for cancellation of an appointment to avoid being charged for the session.

## **Court Appearances** Initial \_\_\_\_\_

Payment is expected at the time services are rendered, prior to the court appearance. The standard fee for a full day (4-8 hours) of court time is \$1,600. The fee for a half day (up to 4 hours) of court time is \$800. Time assessed includes the commute to and from the court and the appearance at court. Samaritan's Well accepts cash, checks and all credit cards. Fees incurred for return checks are the clients full responsibility. Please discuss any payment problems with office staff.

## **Insurances**— Initial \_\_\_\_\_

My office does not bill insurance, nor are we contracted with any specific insurance panels. My staff will provide clients with fee ticket receipts containing procedures and diagnosis codes. These tickets may be submitted by client to insurance carriers for reimbursement should their insurance allow for out of network mental health benefits. Clients are responsible for all charges whether or not they are covered by insurance.

**Phone Messages**— Initial \_\_\_\_\_

Appointments are made for Tuesdays through Saturdays from 8AM-5PM. In addition you may leave phone messages that will be retrieved at the first of each day. Emergencies are urgent issues requiring immediate action. If there's a life-threatening emergency, go to the emergency room or call 911.

In the event of a crisis that requires immediate intervention you may dial 469-296-8569 and we will respond as quickly as possible. This option is reserved for truly urgent matters only and should be an uncommon occurrence.

**Consent to Treatment**

I voluntarily agreed to receive counseling services from Mark Verkler, LMFT, MSSW and authorize him to provide such care, treatment or services, that are considered necessary and advisable.

By signing this client information and consent form, I acknowledge that I have both carefully read and understand all the terms and information contained herein. I will ask for clarification on any unclear terms or concepts at this time. I also acknowledge that I have agreed to all the terms in this form and received a copy if requested.

**Name(s)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Office Staff** \_\_\_\_\_