

## INFORMED CONSENT

Welcome to Whole Self Therapy! I appreciate your giving me the opportunity to be of service to you. This packet answers questions that clients often ask about therapy. I believe my work will be most helpful to you when you have a clear idea of what to expect from therapy. Please do not hesitate to ask me any questions you may have about this.

### About Therapy

Therapy is a collaborative partnership between you and your therapist. My goal is to create a safe environment necessary for exploration, understanding, healing and growth. Therapy requires your active participation. From time to time, you and I will evaluate your progress and goals. An important part of your therapy will be practicing new skills that you will learn in your sessions. I may assign “homework” like exercises, journaling, or reading to deepen your learning. You will probably have to work on relationships in your life and make long-term efforts to get the best results. These are important parts of personal change. Counseling may evoke feelings, memories and thoughts that are difficult or uncomfortable to experience. The specific goals, techniques and outcomes of counseling will be dependent upon the needs, abilities and motivation of each client.

### Potential Risks

As with any powerful treatment, there are some risks with therapy. For example, there is a risk that you will experience uncomfortable thoughts or feelings during the course of treatment. Also, clients in therapy may have problems with people they are in close relationships as dynamics may change throughout the course of therapy. Sometimes a client’s problems may temporarily get worse before they get better. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that you may not get the results you were hoping for, and there are no guarantees of specific results.

### What to Expect from Our Relationship

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the Texas State Board of Social Workers (hereafter referred to as the SW Board). In your best interests, the SW Board puts limits on the relationship between a therapist and a client, and I will abide by these. It is important that you understand these limits, so you will not think they are personal responses to you.

**First**, I hold a license to practice social work, which includes psychotherapy, but not the fields of law, medicine, finance, or any other profession. I am not technically qualified to advise you from these other professional viewpoints. I am also a Somatic Experiencing practitioner. My work is influenced by several schools of psychotherapy and somatic practices (bodywork), all of which help people understand their bodies, injuries, emotional lives, relationships, illnesses and personal dynamics as part of their healing process. There are times that integrating psychotherapy and somatic therapy might be helpful. You have the choice of working exclusively in somatic therapy or exclusively in psychotherapy, or integrating them. Which model and modalities/interventions I employ will depend on your situation and will be done with your informed consent. Modalities/Interventions can include talk therapy, guided imagery and meditation, exercise, manual (hands-on) therapy, and Somatic Experiencing. All therapeutic work, including hands-on therapy, is strictly at a professional, not a personal level. You have the right to withdraw from therapy at any time.

**Second**, state laws and the rules of the SW Board require me to keep your information confidential. Limits to confidentiality are explained in the “Confidentiality and Notice of Privacy” section of this packet. If you encounter me in public or socially, I will not take the initiative to greet you. I will, of course, acknowledge you if you approach me first, but to protect your privacy I will do my best to remain oblivious to your presence in a concerted effort to maintain the confidentiality of your relationship.

**Third**, in your best interest, and following the SW Code of Ethics, I can only have a professional relationship with you. I cannot have any other role in your life. I can never have a social, sexual or romantic relationship with any client before, during, or after, the course of therapy. And I cannot have a business relationship with any of my clients, other than the therapy relationship. Bartering for services is not allowed.

**Fourth**, if you ever become involved in a divorce or custody dispute, please understand that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because of our therapeutic relationship; and (2) the testimony might affect that therapeutic relationship. If I am ordered to appear, I require payment 72 hours in advance at the rate of \$250 per hour. This includes travel, preparation, consultation, appearances and time on-call. You are responsible for any legal fees I incur related to your case (litigation issues, lack of payment, etc.).

## Scheduling and Fees

My fee is \$150 per 50 minute session.

Therapy appointments are scheduled weekly, especially in the beginning weeks of treatment. Sessions are scheduled with me directly. You must inform me of any cancellations at least 24 hours in advance by calling 972-591-3167 and leaving a voicemail or emailing [sarah@wholeselftherapydallas.com](mailto:sarah@wholeselftherapydallas.com).

**Failure to cancel a session without 24 hours notice will result in a missed session fee of \$50 per missed appointment.** I keep the fee lower than the full session rate and apply it to all late cancellations to remove myself from determining acceptable reasons for a miss. Please note that this fee is not covered by insurance and is subject to change.

**If you “no show” an appointment, or cancel with less than an hour’s notice, the full \$150 charge will apply and will be billed to your card on file, either via Innovation360/TR Health Group or Ivy Pay.** I reserve your time for you and cannot use the time to make phone calls or start other work when I am sitting and waiting for you to arrive. Therefore, I must charge my full fee.

Please be on time for your appointments. Your session starts at the time scheduled and ends 50 minutes from that time. If you are late, please understand that I must end the session as scheduled so that I can start on time for the next client. Payment for services is an important part of any professional relationship. It shows that you value your healing and personal development. I accept cash, checks, and credit cards, and payments are due at the beginning of each session. I keep a credit card on file for most clients and have a form for that if you would like.

### Insurance

If you are using health insurance to cover all or a portion of the cost of treatment, please know that insurance providers require a mental health diagnosis and that services be “medically necessary” to use your benefits. There are many reasons to come to therapy and not all could arguably be considered “medically necessary.” Please consider this before deciding to use your insurance. In addition to requiring a diagnostic code, your insurance company is also provided with your service dates, and may inquire about your treatment progress as a matter of determining eligibility for payment. Insurance does not pay for missed appointments or late cancellations. At this time, I am not contracted with any insurance companies. If you are filing for out of network benefits with an insurance company I can provide you with a superbill to submit to your health plan for reimbursement. *The website [bettermc.co](http://bettermc.co) is a great resource to assist with out of network reimbursements, keeping 10% of what they recoup for you but saving you time.*

### Communication Between Sessions

My practice is not setup for crisis care. If you need immediate attention, please go to your nearest emergency room, call 911, or call one of the following hotlines: the **Suicide & Crisis Center of North Texas at 214-828-1000, 800-SUICIDE or 800-273-TALK**. Otherwise, you may contact me via phone or email. Please know that email and texting are not secure forms of communication and I cannot guarantee confidentiality. I do everything I can to safeguard the information and be HIPAA compliant, but breaches do happen. You may decide to contact me via text or email for clarification in scheduling or for minor issues, but it is important to know that I may not be able to respond quickly and that my responses will be brief to maintain confidentiality as best as possible. By signing the consent for treatment form, you acknowledge this risk.

### Social Media Policy

I will not accept friend or contact requests from any clients, past or present, on any social media site. I will not like, follow, or comment on your blogs or other postings on the Internet. This is to protect your confidentiality. I do maintain a business page on various social media sites, only to provide resources and updates about my practice. You may like or follow any of these pages, but this is not my expectation and I cannot request endorsements. You may view or share any of the content provided there, but please do not message or contact me via social media, as these communication platforms are not secure.

You may also find me on certain business review sites, like Yelp. It is unethical for counselors to solicit testimonials from their clients, so please do not misinterpret my listing as a request for ratings or reviews. That being said, you have every right to list a review on any platform you wish. It is very common that clients share information about their therapy, including the name or practice of their therapist, with people they trust. Many of my clients are referred to me in this manner.

### Grievances

As a social worker I am committed to upholding the rules and policies of the Texas SW Board. If you are not satisfied with me or your treatment, please raise your concerns with me immediately. I will make every effort to hear any complaints you have and to seek solutions collaboratively with you. If you feel that I have treated you unfairly or have been unethical, you may contact the SW Board directly at 1-800-232-3162.

### CONFIDENTIALITY AND NOTICE OF PRIVACY

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

My practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. I am also required by law to keep your information private.

\_\_\_\_\_ **HOW I USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITH YOUR CONSENT** I will use the information I collect about you mainly to provide you with treatment, to arrange payment for my services, and for some other business activities that are called, in the law, health care operations. After you have read this notice I will ask you to sign a consent form to let me use and share your information in these ways. If you do not consent and sign this form, I cannot treat you. If I want to use or send, share, or release your information for purposes other than the ones described below, I will discuss this with you and ask you to sign an authorization form to allow this.

\_\_\_\_\_ **DISCLOSING YOUR HEALTH INFORMATION WITHOUT YOUR CONSENT** There are some times when the laws require me to use or share your information. For example:

1. When there is a serious threat to your or another's health and safety or to the public. I will only share information with persons who are able to help prevent or reduce the threat.
2. When I am required to do so by lawsuits and other legal or court proceedings.
3. If there is any suspicion of abuse or neglect of a child, disabled, or elderly person, I am legally required to report this information.
4. If you are a client of Innovation 360 and sign their intake paperwork, I am included in their paperwork and this then allows me to release information in order to coordinate care without a separate consent form, as I am working with you as part of their agency. If you would like to revoke this consent, you may do so in writing.
5. HIPAA allows for providers that are covered entities to use or disclose protected health information, such as diagnoses, testing, and other medical information for treatment purposes without the patient's authorization. This includes sharing the information to consult with other providers, including providers who are not covered entities, to treat a different patient, or to refer the patient.

\_\_\_\_\_ **HIPAA AND YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

1. You can ask me to communicate with you in a particular way or at a certain place that is more private for you. For example, you can ask me to call you at home, and not at work, to schedule or cancel an appointment. I will try my best to do as you ask.
2. You can ask me to limit what we tell people involved in your care or the payment for your care, such as family members and friends.
3. You have the right to look at the health information I have about you, such as your medical and billing records. You can get a copy of these records, but there is a \$25 charge for it.
4. If you believe that the information in your records is incorrect or missing something important, you can ask me to make additions to your records to correct the situation.
5. You have the right to a copy of this paperwork. If I change this notice, I will provide you a copy and you can always get an additional copy from me.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with the Texas Attorney General at <https://www.oag.state.tx.us/consumer/hipaa.shtml>. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way. If you have any questions regarding this notice or my health information privacy policies, please do not hesitate to let me know. The effective date of this notice is 11/29/16.

\_\_\_\_\_ **I have read and understood the above information regarding confidentiality and privacy.**

### CONSENT TO TREATMENT

\_\_\_\_\_ I have read and received a copy of the Informed Consent packet and have had the opportunity to discuss any of the information found therein with my therapist. I know that I can ask about any of this information at any time with my therapist throughout the course of treatment. I understand that after therapy begins, I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy.

\_\_\_\_\_ I understand that no specific promises have been made to me about the results of treatment, the effectiveness of the procedures used, or the number of sessions necessary for therapy to be effective. I understand the benefits and risks of therapy.

\_\_\_\_\_ I understand the legal protection of my private records and personal health information, and also the limitations to confidentiality as outlined in the Informed Consent.

\_\_\_\_\_ I agree to pay for services at the rate of \$150 per session. I understand that missed appointments and cancellations made within 24 hours of my appointment time will be charged \$50. No shows and cancellations within an hour will be charged the full \$150 fee. I agree that my credit card on file can be charged for those missed sessions.

\_\_\_\_\_ I agree to act according to the points covered in the Informed Consent. I hereby agree to enter into therapy with this therapist and to cooperate fully and to the best of my ability, as shown by my signature here.

\_\_\_\_\_  
Client/Parent or Guardian Signature and Date

I, the therapist, have discussed the issues above with the client (and/or his or her parent, guardian, or other representative). My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent. I agree to enter into therapy with the client, as shown by my signature.

\_\_\_\_\_  
Therapist Signature and Credentials

**NEW CLIENT INTAKE**

Today's date: \_\_\_\_\_

Client's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Home street address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Emergency contact (name, number, and relationship): \_\_\_\_\_

May I email you at this address, leave voice mails at this number, or return texts from this number?

Email YES or NO      Voicemail YES or NO      Text YES or NO

How did you hear about me?

Google Search    Psychology Today    Social Media    Friend/Family    Other Professional: \_\_\_\_\_

What is your main concern at this time?

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How long has this been going on and what have you already tried to do about it?

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Have you been to counseling before?    Yes    No

Please check if you have experienced any of the following:

Car Accident    Fall from a distance    Natural disasters    Any near death experiences

Surgery    Major or prolonged medical issues    Anything else you felt was traumatic

Please check any of the following issues you are currently struggling with:

- |                                      |  |   |  |
|--------------------------------------|--|---|--|
| <input type="checkbox"/> Anger       | <input type="checkbox"/> Finances        | <input type="checkbox"/> Life Transitions           | <input type="checkbox"/> Sexual Issues   |
| <input type="checkbox"/> Anxiety     | <input type="checkbox"/> Gender identity | <input type="checkbox"/> Marriage/relationships     | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Career/work | <input type="checkbox"/> Grief/loss      | <input type="checkbox"/> Parenting/Fertility Issues | <input type="checkbox"/> Trauma          |
| <input type="checkbox"/> Depression  | <input type="checkbox"/> Health          | <input type="checkbox"/> Self Esteem                | <input type="checkbox"/> Other: _____    |

List any medications you are taking, what they are for, and the prescribing physician's name.

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List supports and resources that are available to you (family, friends, church, support group, etc.).

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What do you consider to be your greatest strengths?

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What would be different about your life if you no longer struggled with these issues?

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Is there anything else you would like me to know about?

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