

## ~Progressing on Purpose Counseling, PLLC~

8300 Cypress Creek Parkway Ste 472 \* Houston, Texas 77070

Office: 281-671-6804 \* Business Cell: 713-302-1030 \* Fax: 281-671-6601

---

### Professional Disclosure and Informed Consent

Counseling provides the provision of assistance and guidance in resolving personal, psychological, and/or social problems and difficulties by a professional. The purpose of this document is to provide a clear and more in-depth explanation of the therapeutic process, services, benefits/risks, confidentiality, and the understanding of participating in the process.

**Qualifications:** I earned my Master of Education in School Counseling, and I hold my license as a License Professional Counselor with the Texas State Board of Examiners of Professional Counselors. My focus as it relates to theory of counseling is Solution Focused Therapy. As I believe, we all as individuals have the capacity to evoke change in our lives.

**Therapeutic Overview:** Counseling is a collaborative method that requires full engagement by the counselor and client. It is vital to understand the roles and relationship of the counselor-client in this process. The tools and skills that will be provided during therapy will require clients to dig deep, be honest, and actively participate. The purpose of counseling is to identify problems and vigorously work towards a solution. My role as the counselor is to be ethically and morally sound in providing solution focused and goal oriented therapeutic techniques that assist clients in reaching their goals. These techniques at times may require them to have homework, and it is important that they be prepared to complete these tasks. I cannot guarantee the results of therapy; however, your results will match your efforts. Counseling is not a quick fix, and it is imperative that you prepare to commit to at *least six sessions*.

*Benefits and risks of counseling go hand in hand.* Therapy will take you on an emotional rollercoaster and unveiling that will evoke emotions such as fear, sadness, anger, sorrow, guilt, anxiety, and frustration that will lead to healing and restoration. Often therapy causes a change in a person that makes alterations in the many relationships in their lives. One must prepare to accept the risks as well as the benefits. However, the benefits in therapy come when you learn how to 'do life' differently than you have previously. Using the tools daily throughout the healing process is key to progression.

*The counselor-client relationship is strictly professional and should be clearly understood.* It is my job to provide professional services that are governed by the Texas State Board of Examiners of Professional Counselors. Therefore, despite the emotional bond or information shared throughout therapy, our relationship is never intended to be social or personal. I will not engage or partake in any relationship or conversation with any client outside of the therapeutic setting as this will result in a dual relationship which is unethical. In receiving professional services, it is important to understand that termination of services can take place at any time if: (1) The client submits a written request, (2) It is determined that your need is outside of my scope of expertise and competence, (3) A referral is needed/requested (three will be provided), and/or (4) Any boundaries are crossed that will result in an unethically practice or relationship.

*Confidentiality is a major factor in therapy.* It is your right/duty to clearly understand confidentiality as it pertains to this agreement and the overall therapeutic process. The law protects all communication and documentation between the client and counselor. However, there are legal limits that must be explained that will obligate me to disclose pertinent information as necessary to the appropriate authorities/agencies/individuals:

- It is suspected that you pose danger or express harm to yourself or another identifiable person.
- It's reported or suspected that a child or elderly person has been physically/sexually abused or neglected.
- Information required by insurance for payment purposes.
- Parent/legal guardian requested information if the client is a minor.
- Release of information consented by the client in a written form.
- Ordered release of information by state or federal courts (including family and group counseling).
- Consultation purposes in treatment planning (identifying information will be withheld).

*Emergency situations are important to discuss in the therapeutic process.* If you have a life-threatening emergency after hours, please call 911 or go to the nearest hospital. In case of all other crisis, contact the Houston Crisis Hotline at 832-416-1177 or the National Suicide Prevention Hotline 1-800-273-8255. **Do not email or leave voicemail messages during emergency situations...seek immediate help.**

## ~Progressing on Purpose Counseling, PLLC~

8300 Cypress Creek Parkway Ste 472 \* Houston, Texas 77070

Office: 281-671-6804 \* Business Cell: 713-302-1030 \* Fax: 281-671-6601

**Therapist/ Client's Incapacity or Death:** In the event I, Trachelle Thomas, becomes incapacitated or dies, it will become necessary for another therapist to take possession of your file and records. By signing this form, you give consent to allowing another licensed mental health professional selected by myself to take possession of your records and provide you with copies upon request, or to deliver them to a therapist of your choice. Confidentiality also extends beyond your death. Therefore, in the event of your death, list who you would like your records released to:

Name (Please Print)

Relationship

Phone Number

**I request that in the event of my death that my records not be released to any party and remain confidential.**

**Minor Client:** Progressing on Purpose Counseling, PLLC provides therapeutic services to minors from the age of 12 to 17 for minor clients. A parent/guardian must provide consent for a minor to participate in therapy. There are limits to confidentiality in counseling for minors; therefore, I request that all parents/guardians be willing to allow the minor room for trust in the process. This means for parents to accept a general overview of sessions so that the child continues to engage fully in the process. This does not apply to emergencies and/or harm to self/others. Custody agreements can be requested to ensure the law is being followed, and it is understood that court appearances as it relates to custody/visitation of the minor should be avoided as best as possible. Parents/guardians are financially responsible for minor sessions.

**Sessions/Time Parameters:** Your session time is valuable; therefore, be sure to arrive on time. The amount of time that you are late will be deducted from the session time at no reduction in fees. Session times are as follows: (1) 60 minutes for individuals (2) 50 minutes for couples and families without the patient (3) 60 minutes for couples and families with the patient and (4) 60 minutes for groups. 24 hours' notice is required to cancel an appointment. **If a cancellation is not made within 24 hours, the card on file will be charged a \$50 fee. No shows will be charged \$65.**

**Payments/Fees:** All payments and fees must be paid in full prior to service being provided. Service fees are currently set as follows: (1) \$100/session for individuals, (2) \$135/session for couples and families (max of 6), (3) \$45.00/per client per session for group (minimum of 5). The acceptable forms of payment are cash, IVY Pay (credit/debit), and Insurance. Fee adjustments for self-pay can be considered on an individual basis based on client need and income at the provider's discretion (proof of income must be provided). If you cancel/reschedule the appointment within the allotted time, the deposit will be applied to the rescheduled appointment made within 2 weeks.

**\*\*It is vital to understand the use of insurance throughout the therapeutic process. Most insurance companies pay for short term mental health care to regulate normal functioning. It is imperative that you determine the allotted number of sessions that your insurance covers. Once the max benefit has been reached, you can receive a referral for a new therapist to continue care or become a self-pay client. Insurance companies also require a clinical diagnosis to be provided for payment to be established. This diagnosis will be on your permanent medical record. Copayments established by the insurance company are always the responsibility of the client to pay to the therapist prior to session.**

**Court:** As your therapist, I provide professional services to you as a client. I am in no way a forensic expert; however, if I receive a request or subpoena to appear in court, you as the client or parent/guardian will be responsible to pay the retainer fee set at \$1000. This fee will cover time spent in court and preparation. Written confirmation and payment are required from the attorney and client at least ten (15) days prior to the court date. Multiple days in court will require the retainer fee plus \$150 an hour after the second day.

**Communication:** All counselor-client communication outside of session must take place between 8am-5pm Monday-Friday. Acceptable forms of communication are by professional email and through business lines listed on the website and business cards. Please be advised that email communication is meant only for non-clinical issues. There is limited confidentiality in communicating by email. While safeguards are in place to ensure your privacy, confidentiality is not guaranteed, and you should not use email communication if you are concerned about any breaches of privacy that might inadvertently occur.

**~Progressing on Purpose Counseling, PLLC~**

8300 Cypress Creek Parkway Ste 472 \* Houston, Texas 77070

Office: 281-671-6804 \* Business Cell: 713-302-1030 \* Fax: 281-671-6601

---

**Records and Administrative Services:** During sessions notes can be taken. These notes constitute my clinical and business records, which by law, I am required to maintain. Should you request a copy of my records, such a request must be made in writing and takes up to 7 business days. The records fee is \$10 for up to 8 sheets and \$1 per sheet after. I reserve the right under Texas law, to provide you with a treatment summary in lieu of actual records. I also reserve the right to refuse to produce a copy of the record under circumstances that they may cause harm to the client, but may, as requested, provide a copy of the record to another treating health care provider. I will maintain client's records for five years following termination of therapy, and your records will be destroyed in a manner that preserves your confidentiality.

**Complaint/Grievance:** To file a formal complaint, you may email or write the licensing board:

Form: [www.bhec.texas.gov/forms-and-publications/index.html](http://www.bhec.texas.gov/forms-and-publications/index.html)

TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL

Attn: Enforcement Division  
1801 Congress Ave., Ste. 7.300  
Austin, Texas 78701  
512-305-7700  
Enforcement@bhec.texas.gov

**By signing below, you are agreeing to the terms that have been set forth. You acknowledge that you have read and understand the agreement. The opportunity to gain clarity on any area of the agreement that was unclear has been provided. You are fully aware that you have a right to terminate services at any time with written notice. This is a legally binding agreement by all parties and shall constitute your agreement to receive services.**

---

Client(s) Name (Please Print) Parent/Guardian (if applicable)

---

Client(s) Signature Parent/Guardian Signature (if client is a minor)      Date

**By checking this box, you acknowledge and accept the signature above as your own.**

**Having discussed with this client (and/or client's parent/guardian) the policies and procedures outlined in this document; I believe this person fully understands the information presented. I find no reason to believe this person is not fully competent and capable, legally, or otherwise, to give informed consent. Therefore, I agree to enter into a professional working relationship, as detailed above, with this client as shown by my signature.**

---

Therapist Signature Date

**Please retain a copy for your personal records.**