

~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 is being provided the provision of assistance and guidance in resolving personal, psychological, 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 your agreement/understanding to partake 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 important that you understand how vital your role is in this process. The tools and skills that you will be provided during therapy will require you 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 your counselor is to be ethically and morally sound in providing you solution focused and goal oriented therapeutic techniques that will assist you in reaching your goals. These techniques at times may require you to have homework, and it is important that you be prepared to complete these tasks. I cannot guarantee the results of therapy; however, your results can match your efforts. Counseling is not a quick fix and it is imperative that you prepare to commit to at least six sessions. My goal is for you to be in the forefront of your healing.

Benefits and risks of counseling go hand in hand. It is important that you understand that to gain clarity and solutions to your problems, you will have to go to places within yourself that will cause many different emotions. Emotions such as fear, sadness, anger, sorrow, guilt, anxiety, frustration, and even hopelessness; however, on the other side of your problems and unpleasant memories lies your victory, hope, solution, resolution, and self-awareness. The benefit in counseling comes when you learn how to take life on differently then you have been. Counseling is most beneficial when you learn to use the tools daily and accept the risks that come with the healing process.

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 unethically practice or relationships.

Confidentiality is a major factor in therapy. It is your right/duty to clearly understand confidentiality as it pertains to this agreement. 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 harm to yourself or another identifiable person.
- It has been reported or suspected that a child or elderly person has been physically/sexually abuse 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 the treatment plan (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.**

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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. In the event of your death, you would like your records released to the name below:

Name (Please Print)	Relationship	Number
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Minor Client: Progressing on Purpose Counseling, PLLC has elected to provide therapeutic service to minors from the age of 14 and up only. 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 harm to self/ours. Custody agreements are 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 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) 50 minutes for individual and (2) 60-80 minutes for couples, family, and group. A 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 also be \$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 four), (3) \$45.00/per client per session for group (minimum of 5). The acceptable forms of payment are cash, Square, IVY Pay (credit/debit), and checks. All returned checks will be subject to a \$35 fee that must be paid prior to the next appointment. At this time, insurance is not being accepted as a form of payment; however, fee adjustments can be considered on an individual basis based on client need and income at the providers discretion (proof of income must be provided). **Each appointment requires a \$25 session deposit that must be completed within 24 hours of setting the appointment; it will be deducted from your session total.** If you cancel the appointment, the deposit will be applied to the rescheduled appointment made within 2 weeks.

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 must take place between 8am-6pm 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.

Records and Administrative Services: During sessions notes will 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. Requests must be submitted with the intent to pay \$10 and receive records in no less than 7 days. 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 certain circumstances, 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.

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Complaint/Grievance: To file a formal complaint against a license professional, you may contact the licensing board:
Call: 1-800-942-5540

OR

Visit: www.dshs.state.tx.us/counselor

OR

Write:

TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS
MC1982
P.O. BOX 141369
AUSTIN, TEXAS 78714-1369

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. You are also aware that fees and payments are due prior to services being provided, and payments are not made as a direct relation to any promises made to the results of therapy. This is a legally binding agreement by all parties.

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 a professional working relationship, as detailed above, with this client as shown by my signature.

Trachelle D. Thomas M.Ed., LPC

Therapist Signature _____ Date _____

Please retain a copy for your personal records.