

Informed Consent for Services

1. **Counseling** is a collaborative process between you and a counselor to work on areas of dissatisfaction in your life and assist you with life goals. For counseling to be most effective, it is important that you take an active role in the process. Counseling activities are governed by the Texas State Board of Examiners for Professional Counselors. I do not take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about our progress.
2. **Time Parameters:** Individual appointments are scheduled for 50-minute segments. *Being late for an appointment by 20 minutes or more may require that you reschedule.*
3. **Confidentiality:** As a Licensed Professional Counselor in the State of Texas, I am bound by the Texas Administrative Code, Chapter 681 and the Health and Safety Code, Chapter 611. In accordance with these rules, information obtained in the counseling session or in written form will **not** be disclosed to any outside person(s) or agency without your written permission except when such disclosure is necessary to “protect you or someone else from imminent harm” or is otherwise legally required and/or allowed by law (such as abuse of a child, elder, or disabled person or court order). If you are under 18, your parents or legal guardian(s) may have access to your records and may authorize release to other parties.
4. **Risks:** In counseling, major life decisions are sometimes made, including decisions involving separation within families, development of other types of relationships, changing employment settings and changing lifestyles. The decisions are a legitimate outcome of the counseling experience as a result of an individual’s calling into question many of their beliefs and values. Furthermore, symptoms may be intensified and the emotional experience may be too intense to deal with at this time. I will be available to discuss any of your assumptions or possible negative side effects in our work together.
5. **Records:** I am required by law to maintain records of each time we meet or talk on the phone. These records include a brief synopsis of the conversation along with any observations or plans for the next meeting. A judge can subpoena your records for a variety of reasons, and if this happens, I must comply. I can be called to testify about the contents of the records and I must comply.
6. **Consultation:** Information about you may be discussed in confidence, without revealing your identity, with other counseling professionals for the purpose of consultation and providing you the best possible service.
7. **Fees and Payment** will be collected at the time of service.
8. **Cancellation:** If you find it necessary to cancel an appointment, please contact me at 281-891-3318 at least 24 hours in advance. ***Cancellations with less than 24 hours advance notice will be charged a \$60 no-show fee.*** The provider may also terminate counseling in the event the client has missed 3 appointments without calling to cancel 24 hours prior to the scheduled appointment.
9. **Emergencies:** If an emergency situation for which you feel immediate attention is necessary, please contact emergency services (911) immediately or go to your nearest hospital emergency room. I will follow those emergency services with standard counseling and am available to be paged at 281-891-3318 – please indicate when a call is urgent as calls are returned during normal business hours.
10. **Telehealth Guidelines:** Telehealth, or distance counseling is the online delivery of mental health services through a virtual platform and this service may be provided in certain circumstances. Staff will at all times exercise discretion to serve you through the most secure means possible within the guidelines established by the Texas Board of Examiners of Licensed Professional Counselors. You understand that your choice to utilize any method that is not HIPPA compliant will not provide the same guarantee of security as a HIPPA compliant method.

I have read, understood, agree, and consent to the above conditions of service stated. I have also received the notice of privacy practices on this date and have had the opportunity to ask questions about and understand these policies.

Client Signature

Date

(**For Minors Only) I hereby grant permission to GAS to counsel/assess my child, _____

Parent Signature

Parent Printed Name

Date