

## Informed Consent to Therapy Services

**Counseling relationship:** Welcome to therapy. Our focus is to provide you and your family with an individualized treatment plan that empowers you to live in possibility. We use an attachment-based model for therapy and design unique treatment plans that may include, but not limited to, expressive arts, cognitive behavioral therapy, traditional talk therapy, bibliotherapy, Theraplay, child-centered play therapy, filial therapy, family systems therapy, EMDR, sandtray, solution-focused, and structured sensory-based therapy. The therapeutic relationship begins with a thorough assessment of client functioning that may take 3-6 sessions. We expect parents/guardians to be involved in the therapeutic process, and will include them in several sessions throughout treatment, although some sessions will be with the child and therapist alone. Together we will work to achieve the best possible, and most long-lasting result for you. Due to the varying nature and severity of problems, I am unable to predict the length of your therapy or to guarantee a specific outcome or result. We recommend and schedule appointments based on the needs of the client. If you experience a mental health crisis, you may obtain services by dialing 911 or going to your nearest emergency room. \_\_\_\_\_

**Client Rights:** Some clients achieve their goals in only a few counseling sessions; others may take months or even years of counseling to achieve desired results. You have the right to discuss any concerns about counseling progress, changes in treatment plan, or any feedback with your therapist. You have the right to terminate treatment at any time, although we recommend discussing termination with your therapist to ensure proper closure. Any client not satisfied with the service relationship can discuss this with their therapist, and if the client's best interests are not being served at our location, we will provide referrals to other professionals. If we are not able to resolve your concerns, you can report your complaints in writing to Julia Ceden, LCSW, CTP, or to the Texas Board of Social Work Examiners or Board of Licensed Professional Counselors. \_\_\_\_\_

**Appointments:** Regular appointments are 60 minutes in duration, but only 50 minutes are spent engaging in the therapy. The last 10 minutes are used to schedule future sessions, make payment, and allow therapist to document notes. It is important to arrive on time to session, as late arrival decreases the amount of time available and payment for full session is still required. \_\_\_\_\_

**Session Fees:** Therapist fees range by licensure status and experience from \$100-135/hour. Your fee per session is determined once your intake packet is returned and insurance is verified, or self pay rates were discussed at the consultation phone call at booking. Fees for services are due at the end of each session. You are responsible for any charges that are not covered by insurance due to deductible requirements, or rendered CPT codes not covered. Any denials from insurance will be charged to the card on file; however a 72 hour notice will be given if other method of payment is preferred. Cash, check or credit card accepted.

**If paying with credit card, there is a flat rate of \$1.50 per charge as a convenience fee.** Also, any request for copying a client's records will incur charges up to \$50, depending upon the size of the file.

**First session:** Parents/guardians of children in child custody or divorce situations must both sign the consent for treatment form to avoid any litigious issues. In the event that both parents are unable or unwilling to consent for treatment, the custodial parent must provide the divorce decree including custody documentation showing authorization to exclusively obtain mental health services for your child.

Guardians of children in foster care must show the affidavit of placement from the Texas Department of Family Services. \_\_\_\_\_

**Cancellation Policy:** If you cannot keep an appointment, please notify us by phone **24 hours** in advance to reschedule. If this 24 hour notice is not respected, you will be charged a **\$75 fee on weekdays, and full session cost of \$135 (regardless of insurance) for weekend appointments**. Cancellations must be made during business days (i.e. Monday appointments must be cancelled by Saturday). However, if your first intake session is missed, you will be automatically charged the full amount of the 90 minute intake session of \$200 with the credit card used to schedule your appointment. This fee must be paid before additional sessions may be scheduled. If you use insurance, they will not cover this fee—therefore, you are responsible for paying this fee out of pocket. Any client who misses 2 appointments without notice will have any recurring appointments automatically cancelled. \_\_\_\_\_

**Confidentiality:** All of our communication is confidential, except in the following cases: a)we determine you are a danger to yourself or others; b)you disclose or we suspect abuse, neglect, or exploitation of child, elderly or disable person; c)we are ordered by court to disclose information; d)you direct us to release your records; e)otherwise required by law. If we see you in public we will protect your confidentiality by acknowledging you only if you approach us first. While working with children and teens, trust is an important part of therapy. While the goal is often to promote a stronger relationship with parents, a “zone of privacy” is necessary to develop with therapist/child in order to make progress towards goals. You will waive access to your child’s psychotherapy treatment records, and trust that necessary information will be given to you by your therapist about your child. If your child is an adolescent, it is possible he/she will reveal sensitive information regarding sexual contact or alcohol/drug use; sometimes these behaviors are within normal limits of developmental experimentation or exposure, and other times may require parental intervention or notification. If I ever believe your child is at risk of serious harm to self or others, I will inform you. \_\_\_\_\_

**E-mail and Phone Communication:** Phone calls may be taken to discuss appointments, billing, and other issues not related to the treatment plan. If you request phone consultation, you agree to pay the rate of \$35 per 15 minutes increments of phone time; however, I do not guarantee my availability to schedule this billable time. If you have a mental health emergency, it is your responsibility to call 911 or go to the nearest emergency room. You will receive emails/texts for appointment reminders; however, sensitive information regarding treatment will not be communicated via email or text because our email is not encrypted. \_\_\_\_\_

**Videotaping sessions:** We may choose to videotape our play therapy sessions in order to provide feedback to parents, gain professional consultation, and gain insight post session to the behaviors. All videos will be stored in encrypted files on the computer, and used only for treatment educational purposes, that the professionals involved will respect and protect the confidential nature of the sessions. I understand that the recordings will be the property of Julia’s Counseling and Play Therapy Group, PLLC and are deleted on a regular basis. I also understand that if I object to be videotaped, it will alter the treatment plan and may result in a referral to another mental health professional. We will discuss and inform any use of videotaping prior to doing so. Any request to change this policy for you must be made in writing. \_\_\_\_\_

**\*Legal fees:** We have no forensic experience; therefore we would generally not be a good expert witness. My focus in providing counseling and psychotherapy is on treatment and healing. It is NOT my intention to become involved in cases that require evaluation (either written or otherwise) or my testifying in court. You can hire another mental health professional for an evaluation you are seeking for testimony. You can instruct your attorney not to subpoena us. However, should this service be needed, when subpoenaed, our hourly fee is \$200 for any amount of work performed including responding to subpoena, preparing reports, drive time, wait time, depositions, and court proceedings. The fee for copying records will be \$50 flat fee. The client or guardian associated with the subpoena request will be required to pay these fees. We require a retainer fee of a minimum of \$600 no later than 72 hours prior to the court date.

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By signing below and initialing next to each section, you are indicating that you have read and understood these statement and policies. If you had any questions, you were able to ask them to your therapist and they have been answered to your satisfaction. You were also furnished a copy of this statement. By our signature, we verify the accuracy of this statement and acknowledge our commitment to conform to its specifications.

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| Client or Guardian Full Name | Client or Guardian Signature | Date  |
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| Therapist's Signature        | Date                         |       |