



CLIENT NAME: _____

INFORMED CONSENT FOR THERAPY

The therapeutic relationship is unique in that it is highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me.

About Therapy

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. We cannot promise that your behavior or circumstance will change. We can promise to support you and do our very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and #4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.
8. If the client discloses that he/she or any other named victim has been the victim of emotional, physical or sexual misconduct by a current/previous psychotherapist, the therapist will report any incidences to the appropriate Board.

We work in a group setting, meaning that other therapists at Houston Relationship Therapy may have access to your confidential data. Every staff member is held to the same strict confidentiality practices. Occasionally we may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name. If we see each other accidentally outside of the therapy office, we will not acknowledge you first nor should you feel obligated to acknowledge us. Your right to privacy and confidentiality is of the utmost importance, and we do not wish to jeopardize your privacy. However, if you acknowledge us first, we will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Initial Here to Agree to our Confidentiality Policy: _____

Fees and Payment/Cancellation Policy

You are ultimately financially responsible for any balance. Houston Relationship Therapy does not bill to any third-party payers nor do we provide any information other than receipts of payment made by you to you should you decide to seek reimbursement for our services.

Initial Here to Agree to Our No Third-Party/Insurance Payments Policy: _____



CLIENT NAME: _____

Payment is due at the time services are rendered. Our team members' fees per hour of psychotherapy services range from \$95 to \$425. Because we operate "By Appointment Only", cancellations with less than 24 hours' notice will result in a fee equal to the total amount of the missed session debited from your credit card. After two no-shows/late cancellations, client will pre-pay before services are rendered. Clients who have pre-paid agree to have the entire hourly fee deducted from their pre-payment in cases of no-shows and late cancellations. Other services include emergency phone calls over 15 minutes, generating reports, consulting with other agencies and professionals at your request, and the time spent performing any other services you may request. These services will be charged as they occur.

PLEASE NOTE: By scheduling a session at Houston Relationship Therapy, you have agreed to have your credit card on file to be used under the circumstances outlined here. You may discontinue therapy at any time. If you have purchased a pre-paid counseling package and choose to discontinue therapy, you may receive a 50% refund of the discounted amount you paid for any unused pre-paid therapy sessions. All pre-paid sessions must be used within 1 calendar year of purchase. (No exceptions please.) Any credit card disputes will result in Houston Relationship Therapy producing a copy of this signed agreement to the company notifying us of the "chargeback" in order to recover our fees. Any additional "chargeback" fees will also be assessed to you the client. Failure to pay for our services or fees incurred by fraudulent credit card disputes will result in immediate termination of services and referral to other agencies.

Initial Here to Agree to Our Fees and Payment/Cancellation Policy: _____

Minors and Parents

Clients under 18 years of age and their parents: be aware that the law may allow parents to examine their child's treatment records. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is sometimes our policy to request an agreement from parents that they consent to give up their access to their child's records. If they agree, during treatment, your counselor would provide them (if requested) only with general information about the progress of your treatment, and your attendance at scheduled sessions. Any other communication to your parents will require your Authorization, unless we feel that you are in danger or are a danger to someone else, in which case, we will notify the parents of our concern. Before giving parents any information, your counselor will discuss the matter with you, if possible, and do her/his best to handle any objections you may have. In cases of divorce, a copy of the divorce decree indicating parental rights to view records and participate in treatment will be required.

Initial Here to Agree to our Minors and Parents Policy: _____

Kids in Session

Infants are allowed in session but please be aware that they may be a distraction to either you or your therapist. Children of any age are NOT allowed to sit outside of the therapy office unaccompanied. Please be advised that your therapist will ask you to reschedule your session (your session fee will not be refunded) should you bring children to your session who are not directly in counseling.

Initial Here to Agree to our No Kids in Session Policy: _____

If You Come to a Session Impaired

We will not engage in therapy with individuals who appear to be impaired by drugs or alcohol of any sort. Please note that if you come in to session and appear to be under the influence of any drugs/medications (legal or illegal) or alcohol, I will ask you to reschedule (your session fee will not be refunded) and refuse to see you at that time.

Initial Here to Agree to our Impaired in Session Policy: _____



CLIENT NAME: _____

Regarding Sex Therapy

Due to the nature of intimate relationships, sexual issues are often discussed at Houston Relationship Therapy. Please note that our therapists are trained to provide sexual education in several formats including, but not limited to, books, videos, models, samples, verbal explanation, paper handouts, etc. Your therapist will NEVER touch you or encourage you to touch them. She will also NEVER encourage you to touch yourself or your partner in a sexual manner in her presence. Please contact our office should you have any questions or concerns regarding the practice of Sex Therapy.

Initial Here to Agree to our Sex Therapy Services Policy: _____

Our Interns and Their Supervisors

Our Pre-Licensed Interns are under the supervision of Board-Approved Supervisors. Our Master's-Level Interns are under the supervision of University-Approved Supervisors. The names and contact information for each supervisor can be found on our website: www.HoustonRelationshipTherapy.com/OurTeam Complaint Process

An individual who wishes to file a complaint against a Licensed Professional Counselor or Licensed Marriage and Family Therapist may write to: Complaints Management and Investigative Section, P.O. Box 141369, Austin, Texas 78714-1369 or call 1-800-942-5540 to request the appropriate form or obtain more information. This number is for complaints only.

I HAVE READ THIS AGREEMENT IN ITS ENTIRETY AND AGREE TO ENTER IN TO THERAPY AT HOUSTON RELATIONSHIP THERAPY ON THIS DATE:

DATE: _____

CLIENT'S NAME: _____

CLIENT'S SIGNATURE: _____

MINOR'S NAME: _____

GUARDIAN'S NAME: _____

GUARDIAN'S SIGNATURE: _____