Life Solutions Counseling Center
Deborah Ferguson-Cain
Licensed Professional Counselor
912 W. Mitchell Street
Arlington, Texas 76013
817-975-1449 Fax 817-375-0593

Informed Consent

Welcome to Life Solutions Counseling Center. I am pleased you have selected me as your counselor. Many clients have questions when they first come to therapy and this document is meant to answer some of those questions and to inform you of important information. I am committed to providing you with the best possible care and will discuss any of your concerns. Your clear understanding of my policies is important to our professional relationship. Please ask me if you have any questions.

What to Expect. I am Licensed Professional Counselor (LPC). I use a variety of therapeutic approaches. Some people need only a few counseling sessions to achieve their goals and others may require months or perhaps years of counseling. If counseling is successful you and/or your family should feel and believe that you are better able to cope with life's circumstances and to face future challenges without my support.

See Your Doctor. I may recommend that you or a family member get a physical examination from your primary care physician as soon as possible. This is to ensure that the problems are not the result of physical health or a medical condition. Since I am not a physician, I cannot determine if there maybe a medical problem which might be related to our work. You should notify your physician that you are going to be working with me. It is also important that I and your physician are informed about any related issues.

Appointments. Each appointment is scheduled to last 50 minutes. If we must begin late due to my schedule, we will be together for the full 50 minutes. If you arrive late for an appointment we will have to end the session at the predetermined time and you will be charged for the entire 50 minute session.

Missed Appointments. To continue your progress in therapy it is important to keep your appointments unless there is an emergency. If you are unable to keep an appointment, please notify my office immediately by calling and leaving a message on my voice mail. You will not be charged for a session if you notify me 24 hours before your scheduled appointment. **You may be charged for the 50 minute session if I am not given a 24 hour notice.**

Emergency Appointments. I will try to be available for you as much as possible. I will notify you in advance if I plan to be out of town for vacations or professional meetings. If you feel the need for immediate help and cannot reach me please contact your primary care physician, a hospital, or call 911.

Treating Minor Children. Under Texas law, permission to treat minors of divorced parents must be given by the Managing Conservator, or the parents are specifically authorized by a Court Order to do so. Therefore, I may ask for a copy of your current divorce decree. If pertinent, please provide a copy of a decree of guardianship or power-of-attorney.

Ending Therapy. We should agree together when it is time for our sessions to end and to end therapy. Our last session will include a final discussion and summing-up about our sessions and things to do in the future. Of course, we can resume sessions if you wish. We might decide together to stop because we have reached your goals, or we might decide we are not going to reach them. This is a possibility, because I cannot guarantee that we will reach all of the goals we establish together. You may, at any time, tell me you wish to stop, for whatever reason. If you stop coming without letting me know in advance, I cannot assume responsibility for your care and well-being. I would prefer for you to come in for one final session.

If you miss 2 consecutive appointments without notifying me within 24 hours I will consider our work to be terminated, and I cannot assume responsibility for your care and well-being.

_____Initials

***Costs.** I charge $90.00 an individual session and $95.00 for couples for a 50 minute session for office visits, and $250.00 for non-office visits (i.e. home, school). Payment will be due at the end of every session. Charges for missed appointments will be due at the beginning of the next session. If we agree in advance to have meetings that are longer than 50 minutes, the charges will be based on the amount of time we are together.

Method of Payment. You may pay by Cash or a personal check.

Returned Calls. I will return your calls within 24 hours between 9:00 AM-6:00 PM Monday through Friday. Any calls that I receive during the weekends will be returned on Monday after 9:00 AM.

Confidentiality. My profession and my professional ethics require me to keep everything you discuss in the strictest of confidence. I have no intention of ever giving out any information about you to anyone without your permission. If the client is your child, while you have the right to general information on issues and progress, some information shared in this professional relationship will be held in confidence by me. There are some legal and ethical limitations to confidentiality of which you should be aware. These apply to me and all other mental health professionals in this state. In some rare circumstances I could be called upon (subpoenaed) to testify about you and/or your child(ren) in court. If you seriously indicate to me that you intend to harm yourself or someone else, I am bound to take steps necessary to prevent that harm from occurring, including alerting the authorities and/or warning the person who is being threatened. In an emergency where your life or health is in immediate danger, I may release information to another professional which would protect your life. I may do this without your permission and will discuss this with you as soon as possible afterwards. I am also required to report any suspected child or elder abuse or neglect to the appropriate state agency. The law is designed to protect children and elders from harm and the obligation to report is legally mandatory.

Acknowledgements: I, the undersigned, have read this document and understand it and agree with its terms. I understand our respective responsibilities with regard to the issues therein and will comply with all the points. I shall not sign this Informed Consent until I have discussed any questions or concerns. I understand that if I have any reservations regarding any of the provisions set forth therein I should not sign this Acknowledgement. I understand that I will be provided a copy of this Informed Consent. I acknowledge that I have been provided a copy of the *Notice of Privacy Practices* that explains the uses and disclosures of my personal health information.

If applicable, this document includes named minor child(ren) or other person(s) for whom I am legally responsible.

_____ _____

Signature Date

_____ _____

Print Name Date

_____ _____

Name of minor (if applicable) Date of Birth

*Fees are subject to change without notice