



Informed Consent and Cancellation Policy

PHILOSOPHY: This is a Christian Counseling Center. We will endeavor to meet you where you are and respect your religious views.

COUNSELING RELATIONSHIP: Counseling session will last for approximately 45 - 50 minutes for adults and 30 - 45 minutes for minors based on attention span. The counseling contact will be limited to counseling sessions you prearrange with your staff counselor except in cases of crisis.

EFFECTS OF COUNSELING: Counseling is a personal exploration and may lead to major changes in your life perspective and decisions. These changes may affect significant relationships, your job, and your understanding of yourself. Some of these life changes could be temporarily distressing. The exact nature of these changes cannot be predicted. We will work to achieve the best possible results for you.

CLIENT'S RIGHT: Some clients need only a few counseling sessions to achieve their goals while others require months or sometimes years of counseling. You are in complete control and may end the counseling relationship at any time, though we do ask that you participate in a termination session.

COUNSELING MINORS:

Goal: It is important that your child is able to establish a trusting relationship with the assigned staff counselor; therefore the ***assigned staff will only give the parent his or her opinion about their interaction with the minor client when deemed necessary*** by the assigned counselor.

- **Staff Counselor's Duty to Couselee:** The Couselee is the person whom is receiving counseling, NOT the Parent(s) and/or Legal Guardian. The Staff Counselor has no legal duty or obligation to disclose information obtained during meeting with minors unless State or Federal Laws deem otherwise.
- **Disclosure To Parent(s)/Legal Guardian:** Sometimes during a discussion with a minor, a disclosure may occur which may be necessary to share with the parent/legal guardian (i.e. drugs, pregnancy, etc.), at which time the assigned staff counselor will strongly encourage the minor to make the appropriate disclosure to the parent **OR** with the minors expressed consent, the assigned staff member will make the disclosure in the presence of the child when appropriate.

Parent(s)/Guardian's Duties: ***Also since meetings with minors often concern parental issues, the parent(s) must be willing to address those issues and make appropriate changes based on the recommendations of the counseling staff.***

COUNSELING WITH LPC-INTERNS, PASTORAL COUNSELORS, OR PRACTICUM STUDENTS: I understand that myself and/or son/daughter may be assigned to a LPC-Intern, pastoral counselor, or counseling practicum student who is under the supervision of Sharon L. Good, M.A., L.P.C.-S or Audra Dahl, M.A., L.P.C.-S. I also understand that s/he will be discussing the case with his/her supervisor and will receive direction and instruction based on those discussions.

FEES: The Rush Creek Counseling Center has a sliding fee schedule according to counselor credentials. The fees are \$45 per session for a counseling practicum student; \$55 per session for a LPC-Intern or pastoral counselor; and \$75 per session for a LPC; and \$85 for LPC Director. There is an additional \$10 discount for Rush Creek members. ***The fee for each session must be paid at the beginning of each session. Cash or personal checks made out to "Rush Creek Counseling Center" are acceptable for payment.*** We also accept most major credit cards, but please note that some employee flexible spending debit cards will be declined.

CANCELLATION POLICY: Due to the high volume of clients seeking our services, we require that you attend all scheduled sessions ***unless*** we are notified **24-hours in advance**. Emergency cancellations will be considered on a case-by-case basis. Please note that if for some reason you did not receive an automated email or text

message reminder of your appointment, you are still responsible to give 24 hours notice according to the cancellation policy. **If appropriate notice is not given, then you may be charged "in full" for your missed session.**

PROTECTED INFORMATION: While RCCC takes reasonable precautions to ensure privacy and confidentiality, this cannot be guaranteed when using email and text messages to communicate. Please initial in the provided space if you choose to communicate with the staff counselor using the following forms of communication:

_____ Text Messages (SMS and MMS) _____ RCCC Email _____ RCCC Voicemail

APPOINTMENT CONFIRMATIONS AND REMINDERS: Automated emails and SMS text messages for appointment confirmations and reminders are a part of our calendaring system. This calendaring system is HIPAA compliant and your consent to receive these notifications is needed. Please check all that apply:

- Appointment confirmations and reminders via email
- Appointment reminders via SMS text message (cell provider fees apply)
- Email Surveys
- Email alerts for counseling center news and blogs
- I do NOT wish to receive any notifications regarding any upcoming appointments.**

REFERRALS: Should you and/or your staff counselor believe that a referral is needed, some alternatives including programs and/or professionals will be provided who may be available to assist you. **Note: You will be responsible for contacting and evaluating those referrals and/or alternatives.**

RECORDS AND CONFIDENTIALITY: All of our communications become part of the clinical records. Records are the property of Rush Creek Counseling Center. All client records are disposed of six years after the file is closed. All of our communications are confidential with the following limitations and/or exceptions: a) it is determined you are a danger to yourself or someone else; b) you disclose abuse/neglect/exploitations of a child, elderly, or disabled person; c) you disclose inappropriate behavior by another mental health professional; d) a court orders the disclosure of client information; e) you direct the counseling center to release your records to another professional; f) we are otherwise required by law to disclose information. **If your staff counselor encounters you in public, s/he will maintain your confidentiality by acknowledging you only if you approach first.**

In case of emergency, we may contact: _____.

Relationship: _____ Telephone: _____.

FUTURE LITIGATION: Since it is important to maintain the confidentiality of the client(s) both now and in the future (including minors), the undersigned agrees not to involve Rush Creek Counselors in any current or future arbitration, mediation, and/or litigation within the court system.

LEGAL NOTICE: *By placing your signature below you certify and acknowledge that you have fully read and understand this Counseling Informed Consent, and agree fully to the terms and conditions stated within.*

Signature of client (or guardian, if minor)

Date

An individual who wishes to file a complaint against a Licensed Professional Counselor 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.
Texas LPC Board www.dshs.state.tx.us/counselor/
TX Attorney General www.texasattorneygeneral.gov/consumer/complain.shtml
Dept. of Health & Human Services <http://www.hhs.gov/ocr/office>



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Please provide a credit card number below. This card will **only** be used when there is a lack of notification for cancelled or “no show” appointments.

Name on Credit Card: _____

Type of Card: Visa MasterCard American Express Discover

Credit Card No: _____

V-Code (3-digit): _____

Billing Address: _____

Card Expiration Date: _____

By signing this policy, I agree to the terms and conditions as stated above.

Signature of cardholder