L.V. Doubleday
COUNSELING

Counseling Services, Policies and Informed Consent Adult Form

Services and Treatment

My goal is for you to find this experience positive and productive. **I'm glad that you have chosen to be here!**

There are several components for successful therapy. Of course, the therapist requires skill in empowering the client to change and improve. However, therapy cannot be accomplished only in the course of weekly sessions. The clients must be willing to be insightful and look at him or herself in ways that may feel uncomfortable at times and implement positives changes in your life. My challenge is to help you determine changes in your life that will benefit you and how to work toward effecting those changes. You will accomplish the greatest results if you strive to be honest, face the situations even if they are painful, and look for resolution to problems.

Please feel free to talk with me if you should ever feel uncomfortable. This will help the therapy process and help you be more confident in being assertive regarding your treatment. I am pleased you have come for counseling and look forward getting to know you!

Number and Length of Visits
The counseling process is different for every person. Some clients may have counseling for 6-10 sessions and feel they are significantly helped. Others may need longer-term therapy. The number of sessions depends on many factors and will be discussed between us. Therapy sessions are 45 – 50 minutes in length.

Relationship
This is a professional therapeutic relationship and I cannot accept gifts from you or your child. In public, I cannot acknowledge you or your child unless you or your child acknowledges me first. In that case, there cannot be any conversation of a clinical nature between us outside of a therapy appointment.

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Payment for Services

The charge for each session is $80.00 for individual and $100.00 for marriage or couples therapy. By consenting to treatment, you acknowledge that you are responsible for the cost of these provided services to and agree to pay them at the time of service. Payments may be made by cash, check, or credit card. There is a $25.00 service charge for all returned checks. If your account is not paid, then you agree to pay a service charge after 30 days notice and if collection services are required, you agree to pay attorney fees and/or collection fees and expenses. I have the right to terminate treatment if fees are not paid in a timely fashion. If rates should increase in the future, I will advise you at least 90 days prior to the increase. If at any time you have questions about the fees or insurances, please feel free to discuss them with me.

If legal actions occur in which I am requested or subpoenaed to provide testimony you will be responsible to provide the following even if the subpoena is sent from the opposing side of the case and even if our ongoing relationship has ended:

1. Travel expenses (gas, parking, etc.).
2. Hourly rate of $200.00 from the time I leave the office until I return.
3. Fees at the current rate, plus 20% of that fee, for the time expended in preparation and research.
4. At least 50% of the anticipated cost or $1500 (whichever is lowest) will be due prior to the court appearance.
5. Record copying fees are $1.50 per page plus $95.00 per hour copying fee.

Cancellations

In the event that you will not be able to keep an appointment, please notify me at least 24 hours in advance. I maintain a full practice and typically have a waiting list in which other clients could utilize the time for a missed appointment. If advance notice is not given, you will be billed the full fee for the missed appointment or $40 for cancelling less than 24 hours before your appointment. Please be advised that insurance does not pay for canceled or missed appointments. Therefore, you are responsible for the entire fee.

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Telephone Calls
I recognize the occasional need for a phone call and I'm happy to offer a response within 24 business hours. Telephone calls that exceed 10 minutes will be charged by the half hour on a pro-rated basis.

Emergencies
Should you need emergency assistance after hours, you may go to the nearest hospital emergency room, call 911 or call the 24 hour Mental Health Crisis Hotline at 972-562-7722, the Suicide & Crisis Center at 214-828-1000, or the Counseling and Crisis Line at 214-233-2233. For non-emergencies, you may leave a message and I will return your call in a timely manner.

Records and Confidentiality
In the event of my death, your records will be forwarded to another professional selected by you. All communication becomes part of the clinical record.

I will keep confidential anything you or your child reveals to me with the exception of the following

1. I determine any information revealed in a session indicated physical, sexual, or emotional abuse or illegal neglect of children, or abuse, neglect, or exploitation of elderly or disabled persons.
2. I determine you or your child is a danger to yourself or to others.
3. I am ordered by the court to disclose information.
4. You (parent or legal guardian) sign a written consent.
5. I learn of sexual exploitation by another mental health services provider.
6. If I receive supervision and/or consultation in order to provide you with quality care (you or your child's name will not be disclosed).
7. I may engage staff or an Administrative Services provider to assist in the administrative aspects of handling your case. To the extent the law allows, they will be bound to honor all confidentiality. It is important to remember that if you choose to utilize your insurance, we will be obligated to provide them certain information about your case including (but not necessarily limited to) a diagnosis, type and dates of service. By assigning benefits to me, you are authorizing me to provide your insurance carrier (or its intermediary () whatever information is necessary to process the claim. If you choose to utilize your insurance, it may affect your insurability. You are also authorizing the use of this signature for all insurance submissions and authorizing that this authorization will cover all mental health services rendered until you revoke such authorization and that a copy of this form may be used in lieu of the original document.
8. If you or your child receives concurrent services from another practitioner, we are both obligated to disclose our involvement to one another.

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Adult Consent for Treatment

By signing this Counseling, Services and Informed Consent, I the undersigned adult client, acknowledge that I have read and understand all the terms and information contained herein. I have had the opportunity for clarification and discuss anything unclear to me.

_____	_____
Client - Print Name	Date
_____	_____
Client – Signature	Date
_____	_____
Counselor Signature	Date

Concerns regarding ethical questions may be addressed to the following consumer hotline: 1-800-942-5540.