

**Solutions of Heart & Mind, PLLC
Kendra Lee- Martin, LPC-S, SAP**

Statement of Informed Consent

Therapy

Therapy can have benefits and risks and it is important to consider both when making any treatment decisions. Since therapy may involve discussing unpleasant aspects of your life, there is a risk that you may experience temporary uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. Counseling has also been shown to have many benefits including improved relationships, a significant reduction in feelings of distress and resolutions of specific problems. I am unable to make any guarantees about how the therapy process will be for you, specifically.

Minor clients

If you are the parent or guardian and are requesting services for your child/adolescent under the age of 18, I will need your permission to provide counseling services to him/her. Keep in mind while you have the right to question and understand the nature of your child/adolescent's sessions, treatment is usually more effective if your child/adolescent has some privacy. It is therapeutically important that your child/adolescent develops a level of trust with me so if you agree, I will only provide you with a general overview of each session along with your child's level of participation and progress. However, there are limits to confidentiality (listed under "Confidentiality").

Confidentiality (limits of confidentiality)

All information discussed in sessions will be completely confidential, unless specified in writing on the Consent for the Release of Information form. There are three (3) other conditions under which Federal Law requires counselors to breach confidentiality. These are:

1. Situations involving the abuse or neglect of children, the elderly or people with disabilities.
2. Situations in which a person's life is in immediate danger.
3. If the therapist is court ordered.

Release of Information

If information needs to be released, it will only be done so according to state law and with a written consent from the client. The consent for the release of information can be withdrawn at any time. The therapist reserves the right to use discretion when releasing information, to protect the therapeutic relationship. In the case of marital therapy, the client is the couple, not individuals; therefore, all records can only be released when both parties consent in writing or if mandated by the court.

Electronic Communication

Although electronic communication (email/text) has become a major means of communication between individuals, it has significant limitations. Please note the following guidelines for use of electronic communication as a form of communication with your therapist.

- Your therapist does not provide personal counseling through via e-mail or text.
- Your therapist cannot guarantee that your e-mail/ text will remain confidential. Although your therapist may keep your e-mail message private, your therapist cannot ensure administrators of the system and experienced computer users may be able to access e-mail, so confidentiality cannot be ensured.
- Although e-mail/ text may seem like a fast way to contact someone, your therapist may not have the ability to check e-mail/text as frequently and as consistently. Please call your therapist on their designated phone line to ensure communication.

Professional Records

Upon request, you may review your counseling records. You will be asked to arrange an appointment with your therapist to review the information. You reserve the right to request the therapist to make corrections or additions to your records. You may be charged a full or partial session fee for administrative costs/time related to preparing copies of your records. Counseling records are maintained for 10 years after you last contact with your therapist.

If you are requesting a written letter for any purpose relative to counseling services provided, the therapist is not mandated to provide you with such letter. The therapist understands in some circumstances, a letter is beneficial/ necessary. Requests for written letters will be taken under consideration immediately, however, a letter will not be written or provided until the client has attended a minimum of 3 counseling sessions. The therapist reserves the right to decline writing a letter based on clinical judgment.

Fees

Therapy sessions are \$100 per 50 minute session. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. If I am an in-network provider for your insurance carrier, I will bill in accordance with their policy less any applicable co-payments. If I am an out-of-network provider, the client is responsible for payment at the time of service, and may then submit bills to his or her insurance provider for reimbursement. I will provide you with whatever assistance I can in helping you receive the benefits to which you are entitled.

Fees for professional services:

- Preparation of records, letter writing (for employers, teachers, MD's, etc.)- \$100/hr
- Attendance at meetings or phone consultations with other professionals (that you have authorized)- \$100/hr
- Clinical Supervision- \$50/hr
- Court Appearances- \$200/ hr
- DOT Substance Abuse Assessment- \$400/ per assessment

Electing to Self-pay

Despite being insured, I do not wish for Solutions of Heart & Mind, PLLC to submit a claim to my insurer for services provided to me. I elect to self-pay for all services received from Solutions of Heart & Mind, PLLC. I understand services and payments made will not be credited towards satisfying any deductible I may have under my health insurance plan and I agree to not submit claims at a later time. _____ (initial)

Cancellation Policy

A 24 hr notice is required for cancellations to avoid being charged a fee of \$50.00 for missed sessions. Failure to present to your appointment w//in 15 minutes of the scheduled appointment time is considered a no-show and the cancellation fee applies. Should I need to cancel your sessions for any reason, you will not be charged. If already paid for a session cancelled by me, you will be refunded that session fee, or that fee may be applied to the next session.

Tele-therapy

I understand that therapy conducted online is technical in nature and that problems may occasionally occur with internet connectivity. Difficulties with hardware, software, equipment, and/or services supplied by a 3rd party may result in service interruptions. Any problems with internet availability or connectivity are outside the control of the therapist and the therapist makes no guarantee that such services will be available or work as expected. If something occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via online video conferencing, I agree to call my therapist back at: (713) 703-6369.

I AGREE TO TAKE FULL RESPONSIBILITY FOR THE SECURITY OF ANY COMMUNICATIONS OR TREATMENT ON MY OWN COMPUTER AND IN MY OWN PHYSICAL LOCATION. I understand I am solely responsible for maintaining the strict confidentiality of my user ID and password and not allow another person to use my user ID to access the Services. I also understand that I am responsible for using this technology in a secure and private location so that others cannot hear my conversation.

I understand that there will be no recording of any of the online session and that all information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without my written permission, except where disclosure is required by law.

Emergencies

My confidential voicemail (832)703-6369 is always available for leaving messages when I am in session or out of the office. If an emergency arises when I am not available to speak with you, please call 911 and /or present to the nearest emergency room. Crisis Intervention Houston (713)468-5463 provides 24-hour crisis intervention services.

Right to terminate therapy

While I strive to partner with all of my clients, I do understand that there may be circumstances when you or I may need to terminate therapy. In most circumstances, we will be able to determine together when therapy is not a good fit or complete, and thus, plan a smooth transition. At

any time, the client or clinician may terminate the relationship and referrals to other therapists can be provided, who may be a better fit to provide services.

Reporting Ethical Concerns

Should you need to report any Licensed Professional Counselor to their licensing board for ethical violations, please contact:

**Texas State Board of Examiners of Professional Counselors
1100 West 49th Street
Austin, Texas 78756-3183
512-834-6658**

*****I encourage you to ask any questions you may have concerning the above policies, either now or as they occur.*****

Please Initial

_____ I voluntarily agree to receive therapeutic services and authorize Solutions of Heart & Mind, PLLC to provide such services, that are considered necessary and advisable.

_____ I acknowledge that I have read and understand all of the foregoing statements and that my signature below indicates that I agree to abide by all of the above conditions.

_____ I authorize the release of any medical information necessary to process my insurance claims.

Client Signature

Date