TROY L CALLAWAY, LMFT
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# Client Information and Informed Consent for Services

Welcome and thank you for choosing me for your counseling services. Today's appointment will take approximately 50 minutes. I realize that beginning a process s of counseling may be a major decision and you may have many questions. This document is intended to inform you of policies, state and federal laws, and your rights. If you have any questions or concerns, please ask and I will try my best to give you all the information you need. When you sign this document, it will represent an agreement between you and I as well as a consent for treatment.

Psychological Services

Psychotherapy is not easily described in general statements. It varies depending on the personality of the psychotherapist and the client and the particular problems you bring forward. There are many different methods your therapist may use to deal with the problems that you hope to resolve. Psychotherapy calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

While beneficial, Psychotherapy can also have risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Psychotherapy has also shown to have great benefits for people who go through the process. Therapy often leads to an improved relationship, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience every client is different.

Sessions

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about the procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

Sessions last 50 minutes and normally an evaluation that will last for at least two sessions will be conducted. During this time, you and I both decide whether I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy has begun, we will usually schedule one 50 minute session per week or according to your needs.

If you have any complaints, you may contact the Texas Board of Examiners of Professional Counselors at Texas Department of State Health Services MC-1982, 1100 West 49th Street, Austin, Texas 78756-3183
E-mail: lpc@dshs.state.tx.us
website: http://www.dshs.state.tx.us/counselor
Telephone: (512) 834-6658
Fax: (512) 834-6677

COURT APPEARANCES

It is the policy of each therapist in this office to avoid court appearances whenever possible. As mental health professionals, we view our role in an individual's or family's life to be one of assessment and treatment, not to provide testimony in a legal setting. Please be advised that the only time I appear in court is when required by court and issued a subpoena. Attending and preparing for court hearings is time consuming and costly, not only to me, but to my clients as well.

Attending court requires that I cancel and re-schedule all of my clients during that time, which may inconvenience or prohibit their ability to receive needed services. This time demand directly impacts my ability to maintain my commitment and service to all of my clients. It is important that clients understand that my testimony in court may or may not help your case.

If required to testify, the only information I can provide is any truth of which I have firsthand knowledge. Fees for court testimony are: $300.00 per hour, per professional subpoenaed, from the time that person leaves this office until the time that person returns to same location, with a minimum of three hours being billed. Fees are also required for copying of records, or creating summaries or documents for court. Fees are due 24 hours prior to the court appearance.

**Initials _____**

Confidentiality & Limitations:

All communication with your counselor, psychologist, or psychiatrist is confidential and will not, except under circumstances explained below, be disclosed to anyone outside of Counseling Services unless you give written authorization to release information.

A record is kept of your work with me. It contains information you have provided in writing as well as counseling notes of your sessions. The record remains in my counseling services for a period of seven years following your last visit; at that time, it is destroyed. Your record never leaves the counseling center.

It is important that you understand that all identifying information about your therapeutic treatment is kept confidential. Information solicited by phone, written, or in person about clients will not be provided. You will need to sign consent to release information before any information is provided to a third party outside our office. This condition applies also in cases where coordination of treatment is necessary with another health professional (physician or psychiatrist). However, there are exceptions and/or limitations to confidentiality. The following are limitations to confidentiality:

- In cases of immediate risk/threat of suicide or homicide on the part of the client.
- In cases of child or elderly abuse or neglect
- In cases required by law or court subpoena.
- In the event that I should become incapacitated, you may be contacted by one of our licensed counselors.

**Initials_____**

Insurance**:**

Fees and/or co-pays vary according to insurance companies (I do not accept all insurance). I authorize the release of any medical or other information necessary to process an insurance claim. I also request payment of government benefits either to myself or to the party who accepts assignment. I authorize payment of medical benefits to the undersigned counselor or physician.

**Initials_____**

I understand that my appointment reserves this time exclusively for me and if I don't cancel or re-schedule my appointment with at least 24 hour advance notice, I will be responsible for a fee of $50.00.

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**CONSENT TO TREATMENT**:

By signing this Client Information and Consent Form as the client or Guardian of said client, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receiving mental health assessment treatment and services for me (or my child if said child is the client), and I understand that I may stop such treatment or services at any time.

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|---|---|
| _____ | _____ |
| Signature – Client / Parent /Guardian | Date |
| _____ | _____ |
| Signature **– *Other Parent*** Guardian | Date |
| _____ | _____ |
| Signature – Therapist | Date |

APPOINTMENT REMINDER NOTIFICATION:

Would you like to receive an appointment 24 hours prior to your visit? ☐ YES ☐ NO

Do you prefer to be reminded via email? ☐ YES ☐ NO Email:
_____

Do you prefer to be reminded via text? ☐ YES ☐ NO Cell phone number :
_____