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Informed Consent

First of all, thank you for coming today, and I look forward to our work together. Today's appointment will take approximately 50-60 minutes. I realize that starting counseling is a major decision that comes with many questions. This document is intended to inform you of my policies and procedures, professional status and qualifications, legal regulations, and your rights as a client. Please read all of the information carefully. If you have other questions or concerns that are not addressed in this document, please ask and I will try my best to give you the information you need.

Qualifications

My name is Crystal L. Stevenson. I am a Licensed Professional Counselor, licensed by the state of Texas. I am also licensed by the National Board for Certified Counselors as a National Certified Counselor. I obtained my Bachelor's Degree in Psychology from the University of Texas and my Master's Degree in Professional Counseling with an emphasis in Marriage and Family Therapy from Texas State University. I have been providing mental healthcare services for approximately 10 years. My clinical experience includes providing psychotherapy to individuals, couples, children, and families for various mental health issues, including anxiety, depression, bipolar, abuse, adoption, grief and loss issues, and learning to cope and function in the presence of life stressors and change. My formal education and professional experience has prepared me to counsel individuals, groups, couples, families, children, and parents.

As your counselor, I will conduct myself in a manner consistent with the professional and ethical standards of the American Counseling Association, which I am a professional member of. In the event that you are dissatisfied with something I am doing, you should immediately discuss your concerns with me.

Nature of Counseling

I practice from a systems oriented theory, which believes in the importance of interconnected relationships. I believe that most of our behaviors can be seen to repeat themselves in our relationships, and appear to stem from our family of origin and/or our relationships and experiences we have endured up to this point in our lives. These previous experiences and relationships have formed who we are today, and have influenced why we operate the way we do today in our current situations.

Some clients may need only a few counseling sessions to achieve their goals; others may require months or possibly years of counseling. As a client, you are in complete control and may end our counseling relationship at any time, although I do ask that you participate in a termination session. You also have the right to refuse or negotiate modification of any of my suggestions you believe might be harmful. At any

time, either you or I may initiate discussion of possible positive or negative effects of entering or not entering into counseling, continuing or not continuing counseling, and/or using or not using certain techniques.

Sessions can be held weekly, bi-weekly or monthly, depending on the present needs presented by the client. Although our session may be very intimate psychologically, ours is a professional relationship rather than a social one. Our contact will be limited to counseling sessions you arrange with me except in the case of emergency or appointment planning when you may contact me at the above number. Please do not invite me to social gatherings, offer me gifts, ask me to write a reference for you, or ask me to relate to you in any other way than the professional context of our counseling sessions. You will learn a great deal about me as we work together during your counseling experience. However, it is important for you to remember that you are experiencing me in my professional role only.

Cancellation

In the event that you will not be able to keep an appointment, please call and leave a message on my confidential voicemail (796-1128) or email me at least 24 hours in advance. If you do not cancel at **least 24 hours** before the scheduled appointment you will be assessed a **fee of \$25.00 for the first missed session and a full session fee for any following missed appointments**. Please remember that missing appointments disrupts the healing process.

Confidentiality

To facilitate the counseling process, what you say to your counselor will be held in the strictest confidence. However, there are certain circumstances and conditions under which the content of your counseling session may no longer be confidential. Below is a list of some, but not all, of the circumstances where your counselor may be legally or ethically obligated to disclose information about you:

- ❖ **Diagnosis and dates of service shared with the client's insurance company to collect payments. If you are planning on using insurance for our counseling sessions, please initial to acknowledge that you understand a diagnosis is REQUIRED to ensure insurance coverage.**
_____ / _____ (Client Initial/Date)
- ❖ When there is reasonable suspicion of child abuse or abuse to a dependent or elderly person.
- ❖ If I believe a client may harm her/himself or others.
- ❖ Cases where the client signs a release of information.
- ❖ Information necessary for supervision or consultation.
- ❖ Information released as outlined in the HIPPA Notice of Privacy Practice.
- ❖ Those required by law.

Please discuss with me any concerns you may have regarding confidentiality.

Emergency Situations

In the case of an emergency, please call 911 and/or go to your nearest emergency room. The Austin Hot Line to Help is also available 24 hours/day at 472-HELP (472-4357). This is a confidential crisis counseling line, which includes services for suicide prevention.

Should the use of these services occur, please call my confidential phone at 796-1128 within 24 hours and leave a voicemail. I will receive your call within the next business day and reply as needed. If possible and/or if deemed necessary, I will schedule you an appointment before your next previously scheduled session.

Financial

The following are my current session fees:

- Initial Session (50-60 minutes): \$100
- 45-50 minute sessions with beginning times from 9am-4:30pm: \$75.00
- 50 minutes sessions with beginning times from 5pm-8pm: \$100.00
- 90 minute sessions at any time: \$150.00
- Phone calls lasting more than 10 minutes will be billed \$1.00/minute of entire phone call
- Emails requiring an in-depth response or opinion from myself: \$5.00 each
- Any extra paperwork requested by patient or other provider for patient will be billed at an hourly rate of \$100
- My presence being subpoenaed by court for appearance and testimony is \$200/hr. with a retainer of \$200 payable prior to court date. Travel time is included in billing.

I accept cash, check, or credit card. Please make checks payable to Crystal Stevenson. To pay by credit card I will send you a request for payment through PayPal to your email address. You do not need a PayPal account to make a credit card payment.

If you have any questions or are not sure that you understand these policies, please discuss these issues with your therapist.

By engaging in the counseling process, I understand and commit to the activities and policies outlined in the Informed Consent. By signing below, I affirm that I have read and understand the information provided. I understand the risks and benefits of counseling, the nature and limits of confidentiality, and my responsibility as a client. I also understand that the results of counseling can be variable and that the attainment of a positive outcome is dependent upon the effort expended by both myself and my counselor.

