

Client Information and Consent Form

Nathaniel Smith is a Licensed Professional Counselor providing mental health care services to clients.

Mental Health Services

While it may not be easy to seek help from a mental health professional, it is hoped that once such treatment is undertaken, you will find that you are better able to understand your situation and feelings and move toward resolving your difficulties. Your therapist, using his knowledge of human development and behavior, will make observations about situations as well as suggestions for new ways to approach them. It will be important for you to explore your own feelings and thoughts and to try new approaches in order for change to occur.

Goals, Purposes, and Techniques of Therapy

The initial goals, purposes, and techniques of therapy agreed upon by you and the therapist are as follows:

The number of sessions prescribed for you will depend upon many factors and is a subject that you should address openly with your therapist. Therapy sessions are usually 50 minutes in length, but may take longer in the event psychological testing is to be performed. If you have any questions regarding your treatment plan as described above, you should address them directly with your therapist. There may be alternative ways to effectively treat any problems you are experiencing. It is always important for you to discuss your questions with the therapist and to have input into setting the goals of your therapy. As therapy progresses, the goals, purposes and techniques described above may change.

Your Relationship with Your Therapist

Your relationship with the therapist is a professional and therapeutic relationship. In order to preserve this relationship, it is imperative that your therapist not have any other type of relationship with you. Personal and/or business relationships can undermine the effectiveness of the therapeutic relationship.

Confidentiality

Discussions between a therapist and a client are strictly confidential. Your therapist will not release confidential information about your therapy to your employer, your family or to anyone else without legal authorization to do so. In the event you wish to bring family members or other persons to a therapy session, please discuss that issue with your therapist well in advance of the appointment. After discussion with your therapist, you may bring such additional persons if you feel it would be helpful and if it is recommended or approved by your therapist. **FOR FURTHER INFORMATION REGARDING CONFIDENTIALITY, PLEASE REVIEW THE NOTICE OF PRIVACY PRACTICES PROVIDED TO YOU UPON YOUR INITIAL VISIT.**

Risks of Therapy

While undergoing therapy, you may learn things about yourself that you don't like. Often growth cannot occur until you experience and confront issues that induce you to feel sadness, sorrow, anxiety, or pain. The success of your work in therapy depends, in large part, on the quality of your efforts and your realization that you are responsible for lifestyle choices/changes that may result from therapy. Specifically, one risk to recognize up front with respect to marital therapy is that one possible outcome is that the parties opt for divorce.

Office Procedures

Appointments

Making and keeping regular appointments in accordance with your treatment plan is a critical step on the road to successful therapy. Appointments can be made directly with your therapist at the conclusion of any therapy session, or, at any other time by calling 214-205-0237 Monday through Friday between the hours of 8:00 am and 7:00 pm. If you find that you have to leave a message, please indicate in the message detailed information regarding how you can be reached and whether or not you wish to have a message left in your absence.

Cancellations

If it becomes necessary to cancel or reschedule an appointment, please call at least 24 hours in advance, or you will be charged for the missed appointment. Insurance will not usually cover or reimburse you for missed appointments.

Payment for Services

The charge for your initial session is \$100.00 - \$120.00 and the charge for any subsequent sessions will be \$100.00 - \$120.00. Payment is expected at the time services are rendered. In the event you have health insurance that provides a mental health benefit, you may be eligible for reimbursement of any payments you make to the therapist. This should be handled directly with your insurance company. **The undersigned therapist will look to you for full payment of your account, and you will be responsible for payment of all charges.**

Insurance

While this office does not normally accept assignment of insurance benefits, certain managed care contracts may require that it do so. If you are covered by such insurance, you will be asked to make a co-payment, and this office will file the remainder of the claim with your insurance company. You are responsible for and shall pay the co-payment portion of the therapist's charges for services at the time the services are provided.

Additional Services

In the event you or an authorized agent on your behalf requests that the therapist spend time outside the parameters of therapy (for example to give prepare for or give expert testimony regarding your condition or progress), you will be responsible for and shall pay the therapist's normal hourly rate for the time involved in preparing for and giving testimony. Such payments are to be made at the time the services are rendered by the therapist. The therapist may require a deposit for anticipated court appearances and preparation.

Complaints

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.

After-Hours Emergencies

Emergency mental health services are available around the clock by calling the Crisis Line, a Dallas County program providing mobile assistance to adults, adolescents and children in need of urgent psychiatric care. **You can call for assistance anytime, twenty four hours per day, seven days per week at the toll-free number: (866) 260-8000 or by dialing 911.**

Therapist's Incapacity or Death

In the event your therapist becomes incapacitated or dies, it will become necessary for another therapist to take possession of your file and records. By signing this information and consent form, you give your consent to allowing another licensed mental health professional to take possession of your file and records. You will be responsible for making the decision to establish a relationship with the appointed mental health professional chosen by your therapist to take over his files or to choose another therapist of your choice. Upon request, you or your new therapist of choice will be provided with copies of your records.

SIGNATURE PAGE TO FOLLOW

Consent for Treatment

I request mental health assessment, care, treatment and services and hereby consent to the provision of such services as described herein. My therapist will be Nathaniel Smith, LPC. I understand and agree that I will participate in the planning of my care and that I may stop such care, treatment or services at any time.

By signing below, I agree that I have read and understood all the information presented to me in this document. I have been provided an opportunity to ask questions and am satisfied that I fully understand what I have read.

Signature of Client (or Parent of
Minor Client)

Date

Consent for Treatment Involving Professional Counselor Intern

Nathaniel Smith, LPC is a trained supervisor of Professional Counselor Interns (“Intern”) approved by the Texas State Board of Examiners of Professional Counselors. All Interns have completed their graduate education, obtained temporary licensure with the Texas State Board of Examiners of Professional Counselors, and are engaged in a required supervised counseling experience. With your consent, services described herein may be provided by an Intern at the discretion of Nathaniel Smith, LPC. Nathaniel Smith, LPC is responsible for the direct and/or indirect supervision of Interns providing service in his practice and will make determinations regarding the appropriate level of supervision for Intern/Client interactions. Please direct any concerns you have regarding this process to Nathaniel Smith, LPC.

By signing below, I agree that I have read and understood all the information provided regarding Professional Counselor Interns and consent to their participation in treatment or services rendered by Nathaniel Smith, LPC.

Signature of Client (or Parent of
Minor Client)

Date

Client Contact Information

I request that my therapist and/or his office staff communicate with me by mail and phone at the following addresses and phone numbers, and I will IMMEDIATELY advise the therapist in the event of any change:

TELEPHONE NUMBER _____

I do / do not (**circle one**) wish to have the therapist leave a message on any answering machine that may pick up at such number.

ADDRESS: _____