

## **Informed Consent and Practice Policies**

Thank you for choosing to enter into a counseling relationship with me. I am honored to work with you in helping you make positive changes in your life.

I hold a Master of Science in Marriage and Family Therapy from Our Lady of the Lake University; I am a Licensed Marriage and Family Therapist Associate under the supervision of Leonard Bohanon, PhD. I practice as a certified Sex Therapist after gaining my certification from AASECT and The University of Michigan. I also am an active member in the Texas Psychological Association, American Association of Marriage and Family Therapy as well as Texas Marriage and Family Therapy, The American Association of Sexuality Educators, Counselor and Therapist, The Society for the Scientific Study of Sexuality and The International Society for the Women's Sexual Health.

**Counseling Process and Relationship:** I believe that counseling is a collaborative process between a client and a counselor. Participation in counseling involves listening to the counselor, being honest, discussing concerns about the process and completing outside assignments when appropriate. Effective counseling requires that the client and the counselor develop a relationship based on mutual trust and respect. I believe that each client is an individual with unique concerns, strengths and values. Please know that I am a professional that is committed to your welfare.

It is important to understand that we have a professional relationship. Contacts, other than chance meetings will be limited to scheduled appointments. If I see you in a public setting, in an effort to protect your confidentiality, I will not acknowledge you. I will wait for you to speak to me before I acknowledge you.

Initially, counseling often results in the client experiencing uncomfortable feelings or thoughts. Sometimes things get harder before they get better. This experience may affect the client's relationship with family members, spouse, or other significant relationships.

**Termination of Services:** Tina Whitehead, MS LMFT-A, CST, has the ethical duty to provide referrals to other professionals or agencies, if she deems the treatment required to be beyond her level of training or resources as a solo practitioner. In the event that such referrals are, in her professional opinion, necessary for treatment to be effective, continuing therapy with Tina Whitehead, MS LMFT-A, CST, will require me to follow-up on such referrals. Such situations may include, but are not limited to: recurrent suicidality, high-risk alcohol or chemical abuse or dependency, domestic violence, psychosis, or self-injurious behaviors. There are other situations that require that therapy be terminated between Tina Whitehead, MS LMFT-A, CST, and the client, such as if there is a conflict of interest or if she cannot provide the appropriate treatment modality or required level of care. In this case, Tina Whitehead, MS, LMFT-A, CST, will provide at least three appropriate referrals and will help to assist the transfer of care.

The number of sessions one will need will depend upon the circumstances that are taking place in each person's life. Each person's journey is unique. Some clients may require only a few sessions in order to reach their goals while others may take several months or possibly even longer. You, the client, are in complete control. You may choose to end our professional relationship at any time. When you are ready to terminate therapy, please allow at least one session so we can have closure.

**Emergency Care:** Please be aware that when I am out of town there may be no back up therapist, but I will make every effort to plan for this and schedule our appointments around these breaks. For life-threatening emergencies, call 911 or go to the nearest emergency room. Please note that as an independent practitioner, I do not offer after-hours services. While on vacation, I will attempt to give you names of other therapists you can contact if you would like a therapy appointment while I am away. If you require a level of support greater than the resources I can provide, I will refer you to a higher level of care program, such as an inpatient program or intensive outpatient program. I may also require that you seek additional care from a psychiatrist or group therapist in order to continue therapy with Tina Whitehead, LMFT-A, CST.

**Fee Schedule:** My fee is \$185.00 for the initial session and \$175.00 for each session thereafter. Payment by cash, check or major credit card is due at the time of your session. Please have exact cash if you are paying in cash, as I will not have change for appointments for safety reasons. **Forensic Rates:** I do not provide legal testimony services. If compelled to provide legal testimony services my fee is \$500.00 per hour (or portion of hour) for court testimony or deposition. \$175.00 per hour for local travel, waiting and preparation for testimony. For out-of-area court appearance, all transportation and lodging expenses must be paid in advance. Records review, consultation with clients, litigants, attorneys (in person or via phone), reports or any other service provided will be charged at the rate of \$175.00 per hour or prorated accordingly.

**Cancellation and Missed Appointments:** Please provide 24-hour notice for cancellation and/or rescheduling of an appointment. When you make an appointment, time is reserved for you. Please make every effort to keep and be on time for scheduled appointments. As a professional, I will give you the same respect. If you are unable to wait for me to return your call, please contact a hospital emergency room, your regular physician, or law enforcement authorities as the situation dictates. *You are financially responsible for the full session at the beginning of the session unless other arrangements have been agreed upon.*

**Insurance:** If you want to seek reimbursement for my services from your health insurance company, we can assist you by completing any necessary forms. Many health insurance companies will reimburse clients for my services, but some will not. Insurance plans that do pay typically require you to meet a deductible and usually pay only a percentage of the fee. Please contact your insurance company if you wish to determine whether or not you have mental health benefits. Health insurance companies require that I diagnose your mental condition and indicate that you have an illness before they will pay for my services. I will discuss with you the diagnosis I plan to render, if you wish, before I submit it to the health insurance company. Any diagnosis made will become a part of your permanent health record.

**Telephone Accessibility:** I make every effort to respond to my messages promptly. Calls are returned during normal business hours. Because technical difficulties do sometimes occur, please call again if you do not receive a return phone call by the end of the next business day.

**Electronic Communication:** Please be aware that email is not a secure means for communicating information. Thus, confidentiality cannot be guaranteed through email and it is best that you limit email use to scheduling issues. If you do send an email with other information, I will read it but will most likely wait until your scheduled appointment to respond to the content. If you wish to communicate at times via email, *please write your email address below:*

**EMAIL:** \_\_\_\_\_  
**Initial** \_\_\_\_\_

**Social Networking/Media:** If you choose to participate in the various forms of social networking/media offered by Village Counseling and Resources (i.e. Facebook, Twitter, or blog), please understand that your name and/or picture may be visible to others and therefore your identity cannot be protected in these situations. Colleagues, friends and others also participate in these communication tools and distinctions are not made about who is a client and who is not. Choosing to participate is voluntary. These tools will be used by Village Counseling and Resources and Tina Whitehead, LMFT (A), CST to disseminate general messages and will not address individual client concerns. We reserve the right to remove any follower's comments or block any individual from participating.

**Consultation:** In order to serve you best, I may desire to consult with colleagues or an expert in a particular area relevant to your psychotherapy. I do that without identifying information so that your privacy is protected.

**Privacy Rights:** Professional ethics and legal standards require that our conversations and my records (even the fact that you are a client) be kept confidential. However, under the following circumstances, I am legally and ethically obligated to breach confidentiality: (a) If you present a serious imminent danger to yourself or others (b) in



cases of apparent abuse or neglect of a child, an elderly person, or a disabled person (c) when required by legal proceedings. If I must breach confidentiality, the minimum amount of information will be revealed—only enough to protect you or others. **Initials** \_\_\_\_\_

If it is your child who is participating in psychotherapy, please understand that the specific content of the session will remain confidential. General reports of your child’s progress will be made to you and any information regarding danger to your child will be reported to you immediately.

Finally, if I want to consult with someone about the specifics of your case in order to better coordinate services (i.e. a doctor), I will request that you sign a release of information. Please review the *Policies and Practices to Protect the Privacy of Your Health Information* for a more extensive explanation of your privacy rights.

**Complaints:** If you have any complaints about my service, I invite you to discuss them with me at once. You may also contact Leonard Bohanon, PhD at 832-628-5253. This process may enhance the counseling process as well as your progress. If you would like to make a formal complaint, please contact: Texas State Board of Marriage and Family Therapist *Complaints Management and Investigative Section P.O. Box 141369 Austin, Texas 78714-1369 or call 1-800-942-5540.*

By signing these polices, I

- (1) Acknowledge receipt of the *Policies and Practices to Protect the Privacy of Your Health Information*,
- (2) Understand and agree to the stated practice polices as listed above and
- (3) Give full consent for myself or my minor child,

\_\_\_\_\_, to participate in psychotherapy. I certify that I have the legal right to seek and authorize treatment for myself or my minor child.

\_\_\_\_\_  
Client Signature (or parent/guardian if client is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name