

Consent to Treatment

Counseling and Consulting Associates of North Texas are committed to providing high quality services to our clients and to providing them with all of the information necessary to be informed about the treatment process. As part of our effort in this regard, we are providing the following information about legal and ethical issues. If you agree to these stipulations, please sign the last page of this form, please discuss it with your therapist before signing the consent.

1. Confidentiality: We are committed to confidentiality to the fullest extent allowed by Texas law. There are several exceptions, the following are common: 1) any evidence of child abuse (past or present) must be reported. 2) If an individual intends to take harmful, dangerous or criminal actions against another human being or against him/herself, it is our duty to report such action or intent to authorities. 3) Sexual improprieties by a former therapist are a criminal offense and must be reported. (You have certain rights in such reporting which your therapist can explain to you.) 4) Certain court orders/actions such as custody cases, malpractice actions, criminal cases, etc. 5) Collections of fees: If you have questions about this area, please feel free to discuss it with us.

2. Fees and insurance: Our standard fee is \$125.00 per 50-minutes session. Some insurance companies may cover part of this cost. If you have coverage, you are welcome to assign the benefits and pay only your co-pay portion at the time of each visit. If your policy deductible has not been met, you are responsible for paying that amount. **By law we are not allowed to waive deductible or co-payments.**

By consenting to treatment, you acknowledge that you are responsible for the cost of these provided services (to you or your minor child) and agree to pay them when billed or at the time of services. If services are not paid, then you agree to pay a service charge within 30 days notice. After 60 days the account may be assigned to an outside agency, in which case you will be responsible for paying attorney fees and/or collection fees and expenses.

It is important to remember that if you choose to utilize your insurance, we will be obligated to provide them certain information about your case including (but not necessarily limited to) a diagnosis, type and dates of service. By assigning benefits to CCA you are authorizing us to provide your insurance carrier (or their intermediary) whatever information is necessary to process the claim. If you choose to utilize your insurance, it may affect your insurability. If at any time, you have questions about the fees or insurance, please feel free to discuss them with us.

3. **Appointments: If you need to cancel an appointment, 24-hours notice is required. If you miss an appointment without sufficient notification, you will be charged. Missed appointments CANNOT be filed with insurance. Therefore, you are responsible for ½ of the fee .**
4. Right to withdraw from treatment: If a conflict arises for the client or the therapist, either has the right to withdraw from the treatment process. If the therapist feels the need to withdraw from providing treatment, he/she will so inform the client and provide appropriate referrals.
5. Record storage/interruptions in service: If an unforeseen event occurs which renders your therapist unable to continue to provide service (illness, death, ect.) or if your therapist retires, Counseling and Consulting Associates will provide you with information on obtaining your records should you need a referral. In the event of a sudden illness, ect., a member of our staff will be available to provide services in the interim until your therapist is able to return to work, or until a referral is made.
6. If legal actions occur in which your therapist is requested or subpoenaed to provide testimony (such as in a custody case) you will be responsible to provide the following **even if the subpoena is sent from the opposing side of the case:** 1) Travel expenses: 2) Hourly or per diem fees based on our existing fees, from the time the therapist leaves the office until he/she returns. At least 50% of the anticipated cost will be expected prior to the court appearance. Record copying fees begin at \$25.00.

7. If cultural or language differences may negatively impact prospects of successful therapy, you may ask for a referral to a therapist of your culture or who speaks your language. Your therapist will assist in such a referral if one can be found.
8. In the unlikely event that your therapist in his/her clinical judgment believes you to be dangerous to yourself or to someone else, by signing the consent you authorize him/her to contact either the persons listed as your emergency contacts, or someone else to provide assistance through this crisis situation.
9. The services provided by the staff of Counseling and Consulting Associates of North Texas are clinical psychotherapy. There will be an assessment phase, a treatment phase, and a termination phase to the process. In the assessment phase, the therapist will talk with you to gain historical information and may request that you take some assessment instruments. He/she will discuss the result of any assessment with you. You will be encouraged to work with your therapist to establish some goals for your work together. In the treatment phase, which will vary in length depending on the issues to be addressed, your therapist will work with you using various methods to help you resolve the issues that brought you to treatment. In the termination phase, therapy will often be concluded by spacing out visits over a period of time.
10. In an emergency situation, the office phones are answered after hours by an answering service and message forwarded to your therapist. Calls are returned as soon as possible. However, in the event that your therapist is unavailable, you may call the Suicide and Crisis Center at any time at 214-828-1000. Non-emergency phone calls will be returned the following business day.

If you have read and understand these aspects of consent, please sign below. Feel free to take a copy of the consent if you wish. If you have questions about any of the information on this form, discuss them with your therapist and wait to sign the form with him/her. Insurance questions may be addressed to the office manager. We are looking forward to working with you.

Signature

Date

ANY PROBLEMS REGARDING ETHICAL QUESTIONS AND/OR CONCERNS MAY BE DIRECTED TO THE FOLLOWING CONSUMER HOTLINE: 1-800-942-5540