



# LATITUDE COUNSELING, PLLC

## Consent for Counseling Services

Federal and state law requires that you understand the counseling philosophy and practice of behavioral health facilities and your rights as clients or the caretakers of clients. Please read this information carefully and initial or sign where indicated. Feel free to ask questions should there be anything you do not fully understand. A full copy of this Form will be furnished for your records.

\_\_\_\_\_ Initial here if you have read and understood this section.

### **Clinical Background and Philosophy**

Latitude Counseling, PLLC provides a full range of counseling services with the purpose of supporting and promoting personal growth, positive relationships, and emotional wellbeing. We do not provide psychiatry or psychology services.

While there are no guarantees for the outcome of the counseling process, the counselor will work with you to determine counseling goals, treatment plans and techniques to help you. The counseling process is difficult; you may experience negative feelings during the process in order to bring healing and/ or resolution to the identified issues. The counselor understands that you have a choice of whether or not you participate in the counseling process, and that you may wish to discontinue it at any time (a termination or transition session is highly recommended). For the process to work you must bear the responsibility to attend you sessions consistently and to maintain open communication with your counselor.

Vivian D. Echevarria, is a License Professional Counselor in the State of Texas, she holds a Master's Degree in Science of Community Counseling and is member of the American Counseling Association and the National board for Certified Counselors. If at any time you are concern that you rights as a patient may have been violated you may contact the Texas Board for Certified Counselors. An individual who wishes to file a complaint against a Licensed Professional Counselor may call 1-800-942-5540 to request the appropriate form or obtain more information.

\_\_\_\_\_ Initial here if you have read and understood this section.

### **Length of Counseling Therapy and Treatment**

You will normally be the one who decides the length of the counseling therapy treatment. However, in most cases, we will agree on a certain number of initial sessions during your intake session to efficiently establish a counseling relationship. If we are not able to help you, because of the kind of problem you are experiencing, or because our training and skills are, in our judgment not appropriate, we will inform you of this fact and refer you to another counselor who may better meet your needs.

\_\_\_\_\_ Initial here if you have read and understood this section.



### **Online and Telephonic Counseling**

The Counselor is available online or telephonically to help talk a client through difficult moments, although these conversations are necessarily brief, they should not last more than 10 minutes. Occasionally, client circumstances are such that coming into the office is not feasible. When that is the case, online and/or telephone sessions may be scheduled after an initial intake session face to face.

\_\_\_\_\_ Initial here if you have read and understood this section.

### **Records**

HIPPA, state law, and standards of the mental health profession require that treatment records are kept in a documented file. These records include all aspects of individually identifiable information that we have obtained from you or others participating in your care. The records reflect face-to-face encounters, telephone contacts, clinical impressions and interventions as they relate to your past, present or future. These records are kept electronically. You have the right to request a copy of the information contained in your file unless your therapist believes it reasonably likely to cause substantial emotional or physical harm to you or others, in which case you have a right to appeal.

\_\_\_\_\_ Initial here if you have read and understood this section.

### **Limits of Confidentiality**

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

- **Duty to Warn and Protect**

When a client discloses homicidal intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

- **Abuse of Children, Dependent Adults or Elders**

If the counselor suspects, or a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

- **Insurance Providers** (when applicable)

Insurance companies and other third-party payers are given information that they request regarding services to clients.

- **Court Order**

If a court of law issues a legitimate subpoena for your records.

Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

\_\_\_\_\_ Initial here if you have read and understood this section.



**The Need for Children and Adolescents for Confidentiality**

In order to ensure that a child or an adolescent client is receiving the best possible treatment, the parents and therapist must work together. In order to accomplish this, the youth needs to begin to trust the counselor, and have the confidence that anything discussed during a session will not be revealed to their parents. If a situation escalates into something potentially harmful or life threatening, the counselor will notify parents and other authorities as required by law.

\_\_\_\_\_ Initial here if you have read and understood this section.

**Fees**

Latitude Counseling is not subsidized financially or in any other way by referring organizations. To provide quality services, we must charge for counseling services in session, online counseling, telephone conversations lasting longer than 12 minutes, letter or report writing, preparation of records and treatment summaries, as authorized by you. We will provide you with a schedule of fees and billing information separately from this document.

\_\_\_\_\_ Initial here if you have read and understood this section.

**On Time Responsibilities No Show/Cancelation Policy**

You are responsible for coming to your session on time and at the time we have scheduled. Sessions are scheduled to last 50 minutes with 10 minutes between sessions for record keeping and preparation. If you are late, will have to end on time in order to not run over into the next person's session. If you are more than 25 minutes late your session will be considered absent.

If you fail to show to a scheduled appointment, we cannot use this time for another client and you will be billed for the entire cost of your missed appointment. A full session fee is charged for missed appointments or cancellations with less than a 24-hour notice unless it is due to illness or an emergency.

\_\_\_\_\_ Initial here if you have read and understood this section

**Release**

FOR, AND IN CONSIDERATION OF the receipt of information and counseling services provided by Latitude Counseling PLLC, the undersigned being legally competent and fully authorized and empowered to do so, does hereby RELEASE, ACQUIT, AND FOREVER DISCHARGE Latitude Counseling, Vivian D. Echevarria, and any referral source, from any and all actions, courses of actions, claims, demands, injuries, damages, costs loss of service, expenses and compensation, on account of any and all known and unknown personal injuries, mental anguish or agitation, and damage claim to person or property resulting from or arising out of or related to counseling services provided by Latitude Counseling PLLC, and their agents, representatives and/or employees in any way affecting the undersigned parties.

\_\_\_\_\_  
Print Client's/Guardian full name

\_\_\_\_\_  
Client's/Guardian Signature

\_\_\_\_\_  
Date