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INFORMATION AND CONSENT

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This document is designed to inform you about my background and our professional relationship.

I am licensed by the Texas State Board of Social Work Examiners, license #29286. I hold a Masters of Social Work, MSW, from Louisiana State University. I only accept clients in my practice whom I believe have the capacity to resolve their own problems with my assistance.

I will keep confidential anything you say to me, with the following exceptions: (a) you direct me to tell someone else, (b) I determine you are a danger to yourself or others, (c) when children are abused, neglected, or in danger, or (d) I am ordered by a court to disclose information. I will require that a consent form be signed by you prior to releasing any information, with the exceptions of items (b) and (c). One of your responsibilities is to help your therapist understand your concerns about yourself or a family member. In cases where family members are seen both individually and together, strict confidentiality among family members cannot always be guaranteed. Within families, information which affects current well-being generally needs to be discussed. I will always use the best clinical judgment concerning in-family confidences. Specific effort will be made to help you and your family deal with such matters in useful, constructive ways.

If at any time for any reason you are dissatisfied with my services, please let me know. If I am not able to resolve your concerns, you may report your complaints to the Texas State Board of Social Work Examiners at (512) 719-3521 or (800) 232-3162.

I assure that my services will be rendered in a professional manner consistent with accepted ethical standards. Sessions are 50 minutes in duration. Please note that it is impossible to guarantee any specific results regarding your counseling goals. However, together we will work to achieve the best possible results for you.

In return for a fee of $135.00 per session, I agree to provide counseling services to you. The fee for each session will be due and must be paid at the conclusion of each session. Cash or personal checks are acceptable for payment. Please have your check written before the session begins. The rate is $175.00/hour for forensic work (e.g. depositions, preparation, court, and travel time). In the event that you will not be able to keep an appointment, you must notify me 24 hours in advance. If I do not receive advanced notice, you will be responsible for paying for the session that you missed. Third party consultations, extended sessions and telephone consults will be prorated and billed accordingly. Should you consider using insurance, I will discuss with you the benefits of not using such coverage, if you wish. Under some circumstances, your consultation with me may be considered as a tax-deductible consultation. Please note that your tax advisor must be consulted on the viability of this for you. Some health insurance companies will reimburse clients for my counseling service and some will not. Those that do reimburse usually require a standard amount be paid by you before reimbursement is allowed, and then usually a percentage of my fee is reimbursable. You should contact a company representative to determine whether your insurance company will reimburse you and what schedule of reimbursement will be used.

Health insurance companies often require that I provide a diagnosis and indicate that you have an “illness” before they will agree to reimburse you. In the event a diagnosis is required, I will inform you of the diagnosis I plan to render before I submit it to the health insurance company. Any diagnosis made will become a part of your permanent insurance records. Additionally your insurance may require my providing them with personal background information. **You may understandably elect not to use your insurance to protect your confidentiality or to avoid the "mental disorder" label.** Once information leaves my office, there is no control over what is done with that information. In all likelihood, a computerized record will result.

If you have any questions, feel free to ask. Please sign and date on following page.

INFORMATION AND CONSENT SIGNATURE SHEET

Our work together will be very personal. I appreciate the opportunity to hear your story, and thus, remain interested in your well-being. Please indicate if you give permission for me to send a follow-up notice or call to inquire about your well-being.

\_\_\_\_\_\_\_ Yes, you have my permission to send a follow-up.

Client’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May I send a thank-you note to the above named person(s) who referred you to me? If so, please sign and date below. Thank you.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_