5870 Highway 6 North, suite 320. Houston, TX 77084. Phone: 713-588-0410
MG@Lifecyclescounseling. com Fax: 713-955-0275

Life Cycles Counseling

Informed Consent - Minors

Thank you for choosing Life Cycles Counseling, with therapist Marcel Gamboa. This document is intended to describe different policies and procedures, State and Federal laws, and client's rights. If you have other questions or concerns, please don't hesitate to ask.

Please read the following information and initial each section where indicated. By initialing, you acknowledge that you have read and understood the information provided and that you agree to abide by the procedures indicated by Life Cycles Counseling.

Overview

_____ Life Cycles Counseling is an independent center, owned and operated by Marcel Gamboa, Licensed Professional Counselor (license number: 18855). I have a Master's degree in Clinical Psychology from Sam Houston State University, and I have been an LPC since 2004. I am a member of American Counseling Association (ACA). Business hours are: Monday – Friday 8 am – 7 pm, and Saturdays 9 am – 1 pm.

Services

_____ Services are provided to adults, adolescents and preteens. Families and couples are also welcome, while small children are seen on a case-by-case basis. Sessions last 45-55 minutes and are usually conducted weekly or bi-weekly.

With over 14 years of experience in the public sector, my theoretic approach has mainly been cognitive-behavioral therapy. In short, it's the idea that our thoughts affect our feelings, which in turn affect our behavior. By working on the connection of these components – and being able to adapt more reasonable and accurate thoughts – we can often resolve many of the issues that make us unhappy. It should be noted that I also use an eclectic approach, often combining techniques to fit the client. For example, for some people it's necessary to discuss and resolve some childhood issues; for others, we may deal primarily with the problems here and now. I sometimes take an educational approach, teaching clients about stress management, coping skills, relaxation techniques and so on. In terms of goals and what to accomplish for therapy, it is always a collaboration between the counselor and the client. The counselor will often identify a client's unmet needs, work through the difficulties in life, and establish goals for the sessions.

Financial Issues and Payment

_____ Payments must be made prior to each session, either through the "Make a Payment" option at Lifecyclescounseling.com, or in person at the beginning of the visit. There are no refunds for payments made. Please do not ask to be seen by counselor if all payments have not been made at the beginning of the session. Gifts, bartering or trading services are not appropriate.

_____ If you chose to use your insurance, you should provide insurance information to Life Cycles Counseling at least one business day prior to your appointment to allow time for verification. If you have a co-pay, you are expected to pay your co-pay prior to the appointment. In the event that you have not met your deductible, the full insurance rate is due at each session until the deductible is satisfied

_____ Marcel Gamboa, LPC is credentialed with several insurance companies. In the event that your child has an insurance that I do not currently accept, you have the option of paying "out-of network". The counselor will provide with you with a receipt that you can submit to your insurance company to attempt to get the fee reimbursed. NOTE: If you chose this option, you do it at your own risk. Life Cycles Counseling, including owner Marcel Gamboa, is not responsible for any portion of the payment not being reimbursed by your insurance company.

_____ **Please read this cancellation policy carefully. Please contact Marcel Gamboa via phone (713-588-0410) or E-mail (MG@Lifecyclescounseling.com) if you need to cancel or reschedule your child's appointment. Life Cycles Counseling adheres to a 24 hour cancellation policy. If you no-show with your child to the appointment, or you cancel or reschedule less than 24 hours before the appointment, you will be charged a $50 cancellation fee. If you run late, you may give me a courtesy call; however, your appointment time will be shortened accordingly. If you arrive more than 20 minutes late, you will most likely not be seen due to subsequent appointments. If proper cancellation notice has not been given, an invoice will be sent to your E-mail, and you are expected to pay this fee within 10 days, or by your next appointment, whichever comes first. Multiple cancellations may result in termination of services. If you cancel or reschedule three or more sessions within a short time frame, you will be asked to pre-pay the $50 cancellation fee before your next appointment. This fee will not be refunded if you cancel another session, even if it's done more than 24 hours in advance. There is a $25 charge for returned checks, or declined/invalid credit card charges.**

_____ If there is a 45 day lapse in services, your file will be closed. If you later chose to resume services, you will be considered a new client.

_____ Standard billable rate is $120. If you chose "Private Pay", the current discounted rate is $95 for a 45-55 minute session. This will not require Life Cycles Counseling to verify your child's insurance. If at any time you chose to have Life Cycles Counseling verify and/or file with your child's insurance, the current, standard rate applies from that point forward.

_____ Client files and records are the property of Life Cycles Counseling. Client files and records will be maintained in accordance with current State and Federal laws and will consider the end date of the treatment episode as the basis of file destruction. **Life Cycles counseling does not provide Custody Evaluations or Expert Witness court testimony.** If I'm asked to produce a copy of client records, there is a minimum charge of **$50 for up to 25 pages** and a cost of **$1 per page** thereafter. Copy fees are due prior to release of record. If Life Cycles Counseling or Marcel Gamboa is subpoenaed by a judge to testify, the minimum charge is **$750**, due prior to the court date, for any time up to three hours (this includes preparation time, travel, and testifying). Additional time is charged at **$250 per hour**.

SUMMARY OF FEES

Service type	Description	Service fee
Standard billable rate	Individual session (45-50 minutes)	$120
Phone/E-mail rate	Over 10 minutes billed at	$1.50/minute
Appointment no show fee	No show/cancellation less than 24h	$50
Letters for court/work/school	72 hours notice must be given. Does not include school/work excuse	$35
Request/Copy of records	$50 for first 25 pages	$1/page thereafter
Group/workshop	Not currently conducting groups	n/a

_____ If using my health insurance, I give Life Cycles Counseling permission to verify and bill services under my insurance. By initialing, I also understand that I am responsible for any portion that is not covered or paid by the

insurance company, including, but not limited to copay, deductible, and co-insurance. I understand that if my insurance is terminated or I chose to terminate it, I am obligated to let Life Cycles Counseling know about the termination.

_____ _____ TRICARE ONLY. Tricare requires both an authorization and a referral form to be signed by a doctor in order for Licensed Professional Counselors to be reimbursed for services. Hence, it is imperative that a MD signs and faxes the form 'Physician Referral and Ongoing Communication" to Tricare. Please bring a signed copy of this form to your first visit. By initialing, I understand and acknowledge that if the counselor is not able to verify that Tricare has received this form, or you do not have a copy of this form signed by a MD, you will be charged the full Tricare rate. This amount will be reimbursed (less any copay) only if Tricare later verifies the receipt of this form and reimburses Marcel Gamboa, LPC, for services.

_____ Life Cycles Counseling requires all clients to have a credit card number on file. By initialing, I understand that I must provide Life Cycles Counseling with my credit card information and I authorize Marcel Gamboa to charge my credit card for all late-cancellation and/or no-show balances due. I understand that I am responsible for any additional fees incurred by Marcel Gamboa for any disputed credit card charges. Prior to disputing credit card charges, please contact me to discuss the charges to avoid these fees. I understand that this form is valid unless I cancel the authorization through written notice to Marcel Gamboa, LPC.

Name of Cardholder/Person Financially responsible to Marcel Gamboa, LPC

_____

TYPE OF CARD: ____ VISA ____ DISCOVER ____ MASTER CARD _____ OTHER

NAME ON CREDIT CARD: _____

BILLING STREET ADDRESS: _____

BILLING STATE AND ZIPCODE: _____

CREDIT CARD #: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

EXPIRATION DATE: _____ (MONTH) _____ (YEAR)

CIC: ____ ____ ____ (3 digits on the back of the card)

Cardholder/Person Financially Responsible Signature _____

Date: _____

Potential risks and benefits of counseling

_____ Counseling is a dynamic process in which no two people respond the same. Some clients improve as quickly as a few sessions, while others may need longer time (usually when lifelong problems or mental illness is involved). Your child may learn some things that he/she does not like about him/herself, or he/she may experience painful emotions that may seem overwhelming. For most clients, this is a temporary experience that in the long

run, will help him/her get better. Change is rarely easy for anyone, and in order for things to move in the right direction, change is almost always needed, either in the environment or within oneself. The progress of your child's treatment depends on many factors, included (but not limited to): the client's readiness for change, the compatibility of client and counselor, the dedication and completion of homework, and willingness to explore various sides of oneself. While the vast majority of clients experience improvement, you should be aware that there is a possibility your child will not benefit from therapy, or in extremely rare cases, potentially feel worse.

Emergencies:

_____ The counselor will make every effort to return phone calls within a few hours. However, as I am frequently seeing clients back-to-back with no opportunity to check for messages, Life Cycles Counseling should not be relied on for emergency situations. Please call 911 or the crisis line in the county you live in.

Harris County: 713-970-7000 or toll free 866-970-4660
Ft. Bend and Waller County: 800-633-5686

Confidentiality

_____ Life Cycles takes confidentiality extremely seriously and only releases information in accordance with State and Federal laws and the ethics of the counseling profession. The full explanations are provided to the client in 'Private Practice and Clients Rights' Document.

Communication with client

How do you wish that I remind you of your child's appointments? Please circle at least one!

Automated text message	Yes	No
Phone call	Yes	No
E-mail	Yes	No

If necessary (for example to reschedule an appointment), can I leave a voicemail for you? Yes ___ No ___

Besides yourself, will anybody else make appointments for your child? (Including cancellations, rescheduling)?
No ____ If so, who _____

(If applicable) I _____ give permission for _____ to make, cancel or reschedule appointments for my child. NOTE: I understand that any appointments made in my child's name are subject to Life Cycles Counseling's cancellation/no-show policy.

_____
Parent Name (or Legal Guardian)

_____
Minor name

_____
Address

_____

City, Zip

_____

Cell E-mail

_____

Sex Age Grade Date of birth

Please list any other family members that live at home.

Name Age Relationship to child

_____

_____

_____

_____

_____

_____

_____

Parents Status: Married ___ Divorced ____ Separated ____ Parent deceased ____
Living together ____ Co-parents name: _____

I acknowledge that I have read this document in its entirety and understand the policies outlined. By signing this document, I give consent for treatment of my child,

_____ by Marcel Gamboa, LPC at Life Cycles Counseling.

_____

Signature of Parent or Legal Guardian Date

_____

Signature of Marcel Gamboa, LPC-S Date