

Welcome to MC Wellness

Client Information and Informed Consent for Services

Welcome and thank you for choosing MC Wellness for your counseling services. Today's appointment will take approximately 50-90 minutes including completion of all required forms. We realize that beginning a process of counseling is a major decision and you may have many questions. This document is intended to inform you of our policies, state and federal laws, and your rights. If you have any questions or concerns, please ask and we will try our best to give you all the information you need. When you sign this document, it will represent an agreement between you and the **MC Wellness** counselor you are working with.

Our Counseling Center

MC Wellness is dedicated to providing the highest quality in our areas of respective expertise to our clients. Our mission is to promote a positive emotional and psychological lifestyle through counseling and psychotherapy services.

Our Therapist

Our therapists are graduates from a major accredited University, holding a Masters degree in Counseling. Each therapist is a Licensed Professional Counselor or Licensed Professional Counselor-Intern through the Texas State Board of Examiners of Professional Counselors. Our interns are in the process of completing the required 3,000 supervised hours after passing their state licensure examination. **MC Wellness** carefully selects LPC-Interns based on their knowledge, character, ethics, experience, and passion to help. If you have any questions regarding any intern experience, ask to speak with the Director of **MC Wellness**, Cristal Clark, LPC-Supervisor.

If you have any complaints, you may contact the Texas Board of Examiners of Professional Counselors at Texas Department of State Health Services MC-1982, 1100 West 49th Street, Austin, Texas 78756-3183
e-mail: lpc@dshs.state.tx.us
website: <http://www.dshs.state.tx.us/counselor>
Telephone: (512) 834-6658
Fax: (512) 834-6677

Psychological Services

Psychotherapy is not easily described in general statements. It varies depending on the personality of the counselor and the client as well as the particular problems you bring forward. There are many different methods your counselor may use to guide you on your journey of change. Psychotherapy calls for a very active effort on your part. In order for the therapy to be most successful, you may have work to focus on not only during session, but between sessions also.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Psychotherapy has also shown to have great benefits for people who go through the process. Therapy often leads to improved relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, your counselor will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinion of whether you feel comfortable working with your therapist. Therapy involves a large commitment of time, money, and energy, so you should be diligent in choosing a therapist. If you have questions about the procedures, you should discuss them whenever they arise. If your doubts persist, your therapist will be happy to help you set up a meeting with another mental health professional for a second opinion.

Sessions

Normally an evaluation (that will last for at least two sessions) will be conducted. During that time, you and the therapist are getting to know each other, are you a "good fit"? Together, the two of you will determine your treatment needs and goals. A 50-90 minute session will be scheduled per week, the duration and length between appointments will fluctuate throughout treatment as needed. Once an appointment is scheduled, you will be expected to pay for it unless you provide a 24-hour advance notice of cancellation or re-schedule (unless both therapist and patient agree that you were unable to attend due to circumstances beyond your control). Treatment typically lasts up to 6 months. Sessions are scheduled in a progression, beginning once a week, transitioning to every 2 weeks, every 3 weeks and then once per month. Scheduling is easily adjusted per individual needs.

Confidentiality & Limitations

All communication with your counselor is confidential and will not, except under circumstances explained below, be disclosed to anyone outside of **MC Wellness** unless you give written authorization to release information. (see Medical Information Release Form).

A record is kept of your counseling progress. That record contains information you have provided your counselor in writing as well as counseling notes of each session. The record remains in possession of your counselor for a period of seven years following your last visit; at that time, it is destroyed. **Your record never leaves the office of MC Wellness, EXCEPT if your counselor relocates. In the event of a move, your file will travel with your counselor.**

It is important that you understand that all identifying information about your therapeutic treatment is kept confidential. Information solicited by phone, in writing, or in person will not be provided. A Release of Information form must be completed prior to the release of any information to a third party outside **MC Wellness**. This condition applies also in cases where coordination of treatment is necessary with another health professional (physician or psychiatrist). However, there are exceptions and/or limitations to confidentiality. The following are limitations to confidentiality:

- In cases of immediate risk/threat of suicide or homicide on the part of the client.
- In cases of child or elderly physical abuse, sexual abuse or neglect.

Initials

Emergency Situations

Typically, a staff member is available Monday through Friday from 9:00 AM to 5:00PM. You may leave a message in the **MC Wellness** voicemail, please include your name and phone number along with your therapist’s name. Your call will be returned within 24 hours. In the event you leave a message over a weekend, your call will be returned on the next business day. If you are unable to reach **MC Wellness** and are experiencing an emergency, please go to the nearest emergency room and ask for the clinician/psychologist/psychiatrist on call.

Professional Fees & Fee Agreement

Hour Fee Schedule is as follows:

- Diagnostic & Evaluation Session (1st visit) – \$150.00 (\$100.00 if you are working with an LPC-Intern)
- Regular Office Visits (50-90 minutes) (Individuals, Couples & Play Therapy) - \$ 125.00 (\$80.00 if you are working with an LPC-Intern)
- Family Sessions (50 minutes) – \$125.00 (\$80.00 if you are working with an LPC-Intern)

The following is a fee agreement between _____
And **MC Wellness**. You are expected to pay for each session in the amount of \$ _____
At the beginning of your session.

Initials

I understand that my appointment reserves this time exclusively for me. If I do not cancel or re-schedule my appointment with at least 24 hour advance notice, I understand that I am responsible for the entire fee of the appointment. This fee is NOT eligible for insurance reimbursement. The standard appointment fee is \$125.00. If I reschedule an appointment more than 2 times, I will be required to pre-pay for the next appointment before I am able to schedule.

Initials

CONSENT TO TREATMENT:

By signing this Client Information and Consent Form as the client or Guardian of said client, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receiving mental health assessment treatment and services for me (or my child if said child is the client), and I understand that I may stop such treatment or services at any time.

Signature – Client / Parent

Date

Signature – Therapist

Date