

# OpenDoor

## Counseling and Assessment Services, PLLC

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An Association of Individual Professionals

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### **COUNSELING SERVICES AGREEMENT INFORMED CONSENT**

#### **THE COUNSELING PROCESS**

Counseling is a very personal process and requires active effort on your part. Your therapist uses a cognitive behavioral (focus on your thinking and behavior) approach and other methods to help you deal with the problems that you hope to address. Please feel free to ask any questions you may have concerning the counseling process.

#### **COUNSELING RELATIONSHIP**

Our relationship is a professional one rather than a social one. Please concentrate exclusively on your concerns. Please do not inquire about me personally, invite me to social gatherings, offer me gifts or ask me to relate to you in any way other than the professional context of our counseling sessions.

#### **EFFECTS OF COUNSELING**

Counseling can have both benefits and risks. Since it often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings. On the other hand, counseling has shown to have many benefits including better relationships, solutions to specific problems, a better understanding of yourself, and changes in your life perspectives and decisions. While benefits are expected from counseling, specific results are not guaranteed. Together we will work to achieve the best possible results for you.

#### **APPOINTMENTS**

Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. Please be punctual for your appointments. If you are late, you forfeit that time in your session. If you arrive 15 minutes or more after your scheduled time and have not called in advance, your appointment will be cancelled.

#### **FEES**

Payment is due at the time services are rendered. The cost of sessions are dependent upon the type of session and therapist providing the service and your rate is set out below. A sliding scale is available for those (not referred through a probation department) with financial needs. If you feel you qualify, discuss this with your therapist during the initial session. **Full payment is made to your therapist at the time of service** and checks should be made out to OpenDoor Counseling. We request you keep a credit card authorization form on file for billing purposes. If you wish to pay by personal check or with cash, you may do so but we still need a credit card number on file to bill for no show or late cancellations. If payment becomes a hardship for you, please discuss this with your therapist so a suitable payment plan can be arranged for you. At this time, no one in our office accepts insurance as a form of payment.

Fee assessment and payment have been discussed with me and I have agreed to the following:

**Counseling Fees:**

**Self:** Group/Individual \_\_\_\_\_

**Third Party:** Group/ Individual \_\_\_\_\_

**Assessment Fees:**

**Self:** Abel: \_\_\_\_\_ Psychosexual: \_\_\_\_\_ Drug/Alcohol: \_\_\_\_\_ Mental Health: \_\_\_\_\_

**Third Party:** Abel: \_\_\_\_\_ Psychosexual: \_\_\_\_\_ Drug/Alcohol: \_\_\_\_\_ Mental Health \_\_\_\_\_

**Court Safety Plan** \_\_\_\_\_

**Chaperone Training** \_\_\_\_\_ per person

**Other services for which additional may fees apply** include: telephone calls, clinical consultations with other providers that you give consent for your therapist to speak with; preparation of treatment summaries or treatment plans, letters or documents for employment, disability, or legal purposes; and photocopying and/or mailing of medical records to you, to another provider, attorneys, or insurance companies.

**For legal proceedings that require your therapist’s response, we bill \$200 per hour** (includes time spent responding to subpoenas, depositions, time spent waiting to testify, driving time to the court, etc.). **Payment will be expected from you, regardless of whose attorney subpoenas our involvement.** Patient records will not be released without written consent, unless court has ordered OpenDoor to do so. Please note: a subpoena does not constitute a court order.

**CANCELLATION POLICY:** If you are unable to keep a scheduled appointment or need to change an appointment, please notify our office as soon as possible. Appointments not kept or cancelled less than 24 hours in advance will be billed for the time scheduled at your regular session rate.

**UNPAID BALANCES**

If for some reason you are unable to provide a credit card number, any balance unpaid by the last business day of the month will be assessed a late charge of \$30. If your account has an unpaid balance past the 15<sup>th</sup> of the next month it may be necessary to suspend counseling sessions.

**RETURNED CHECKS**

A penalty fee of \$35 will be assessed on all checks returned by the bank for any reason. Payment on the returned check must be made by cash, or money order.

**CHILDREN**

We do not provide care for your children while you are in a counseling session and children cannot be left unattended in our waiting room. Unless your child is a part of the treatment process, it is not appropriate for him/her to attend sessions with you.

**RECORDS**

All of our communication becomes part of the clinical record. Records are the property of OpenDoor Counseling and Assessment Services. Adult client records are disposed of seven years after the file is closed. Minor client records are disposed of seven years after the client’s 18<sup>th</sup> birthday.

**USE OF INTERNS/STUDENTS**

OpenDoor Counseling often contracts with mental health professionals that, while providing counseling services, are also obtaining hours to fulfill licensing requirements for primary and/or secondary licenses. In this process, those professionals will observe individual and group sessions and will be asked to assist in the counseling process. These individuals are licensed to serve in this capacity and hold to the same ethical and legal standards as any mental health professional.

**CONFIDENTIALITY**

We hold your confidentiality in the highest regard, from your identity to the information you offer in session. Most of our communication is confidential but the following limitations and exceptions do exist if:

- a. I am using your case records for purposes of supervision or consultation. In such cases, to preserve confidentiality, I will identify you by first name only,
- b. I have reason to believe that you are a danger to yourself or someone else,
- c. You disclose abuse, neglect, or exploitation of a child, elderly or disable person,
- d. You disclose sexual contact with another mental health professional,
- e. I am ordered by a court to disclose information,
- f. You direct me to release your records,
- g. I am otherwise required by law to disclose information.

If I see you in public, I will protect your confidentially by acknowledging you only if you approach me first.

**AGREE:**

By your signature below, you are giving consent for counseling and/or related services and you are indicating that you read and understood the above polices, or that any question you had about them were answered to your satisfaction, and that you were furnished a copy. Also, that you were provided a Notice of Privary Practices (HIPPA). By my signature, I verify the accuracy of this statement and acknowledge my commitment to conform to its specifications.

**For minor child:**I affirm that I am the legal guardian of \_\_\_\_\_ and hereby grant permission for my child to participate in counseling services.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Counselor Signature \_\_\_\_\_

Date \_\_\_\_\_