

Cheri Brown, MS, LPC
2591 Dallas Parkway, Suite #300
Frisco, TX 75034
Phone: (972) 377-0040

CLIENT INFORMATION AND CONSENT

WELCOME! It is my desire to insure that your participation in counseling is a most productive and satisfying one. In order to facilitate a therapeutic relationship, I have set forth certain information, which will enable you to make an informed consent to counseling.

Therapist

My name is Cheri Brown, M.S., LPC, and I am a licensed professional counselor engaged in providing mental health services to clients.

Mental Health Services

While it may not be easy to seek help from a mental health professional, it is hoped that through therapy you will change in the following ways: 1) gain greater insight into your situation and feelings; 2) develop expanded conceptualizations of your life, relationships, circumstances, and future; 3) move toward resolving your concerns; and 4) forge a life plan that promotes greater realization of your human potential, happiness, and success. As your therapist, using my knowledge of human development and behavior, human change process, and Cognitive Behavioral Therapy, I will make observations about situations as well as suggestions for new ways to approach them. It will be important for you to explore your own feelings and thoughts and to try new approaches in order for change to occur. You may bring other family members to a therapy session if you feel it would be helpful or is recommended by your therapist.

Number of Visits

The number of sessions depends on many factors and will be assessed and discussed by the therapist.

Length of Visits

Standard therapy sessions are 50 minutes in length.

Relationship

Your relationship with the therapist is a professional and therapeutic relationship. In order to preserve this relationship and abide by the ethical standards of the Texas State Board of Examiners of Professional Counselors (681.32 Texas Administrative Code, Chapter 681), it is imperative that the therapist refrain from any other type of relationship with you. Personal and/or business relationships undermine the effectiveness of the therapeutic relationship. Gifts, bartering, and trading services are not appropriate and should not be shared between you and the therapist.

Appointments and Cancellation Policy

Appointments are made by calling 469-294-0028. To cancel or reschedule an appointment, it is necessary to call the office one full business day (24 hours prior to the appointment) to avoid unnecessary charges. To change a Monday appointment, it is necessary to call on the Friday before the appointment, prior to the appointment time. Missed appointments and late cancellations are billed at the regular appointment rate. Third party payments will not usually cover or reimburse for missed appointments.

Payment for Services

The charge for your sessions is \$150/session. Cheri Brown does not accept assignment of insurance benefits. The undersigned therapist will look to you for full payment following each session. Although it is the goal of the undersigned therapist to protect the confidentiality of your records, there may be times when disclosure of your records or testimony will be compelled by law. Confidentiality and exceptions to confidentiality are discussed below. In the event disclosure of your records or testimony is required by law, you will be responsible for and shall pay the costs involved in producing the records and the therapist's rate of \$350 per hour for time involved in preparing for and giving testimony. Such payments are to be made at the time or prior to the time the therapist renders the services.

Confidentiality

Discussions between a therapist and a client are confidential. No information will be released without the client's written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations; abuse or neglect of minors; abuse, neglect, or exploitation of the elderly; abuse of patients in mental health facilities (681.33 TAC, Ch.681);

(Client Information and Consent – Page 1 of 2)

criminal prosecutions (611.004 Texas Health & Safety Code, Ch. 611); child custody cases (611.006 Texas Health and Safety Code, Ch. 611); situations where the therapist has a duty to disclose, or where, in the therapist’s judgment, it is necessary to warn or disclose (611.004 Texas Health and Safety Code, Ch. 611); fee disputes between the therapist and the client (611.006 Texas Health and Safety Code, Ch. 611); or the filing of a complaint with the licensing board (611.006 Texas Health and Safety Code, Ch. 611). If you have any questions regarding confidentiality, you should bring them to the attention of the therapist when you and the therapist discuss this matter further. By signing this information and consent form, you are giving your consent to the undersigned therapist to share confidential information with all persons mandated by law and with the agency that referred you, and you are responsible for providing payment for services rendered, and you are holding harmless the undersigned therapist from any departure of your right of confidentiality that may result.

Duty to Warn

In the event that the undersigned therapist reasonably believes that I am a danger physically or emotionally to myself or another person, I specifically consent for the therapist to warn the person in danger, and to contact the appropriate medical and law enforcement personnel.

Name Telephone Number

I consent for the undersigned therapist to communicate with me by mail and by phone at the following addresses and phone numbers, and I will IMMEDIATELY advise the therapist in the event of any change:

Address

Telephone Number

Risks of Therapy

Therapy is the Greek word for change. Often, growth cannot occur unless you experience and confront issues that induce feelings of sadness, sorrow, anxiety, or pain. The success of our work together depends on the quality of the efforts on both our parts, and the realization that you are responsible for lifestyle choices/changes that may result from therapy.

Phone Calls and Emergencies: The telephone number (469) 294-0028 is answered in person or by voicemail. Your calls are very important to us, and every effort will be made to return phone calls in a timely manner. Due to appointment schedules, messages left during business hours may not be returned until the following business day. Messages are not obtained outside of regular office hours. Weekend calls are generally returned the following Monday. In a psychiatric emergency please call 911 or go to the nearest psychiatric hospital or emergency room for evaluation and treatment. Office closings for inclement weather, vacations, holidays are posted on the home page of the website.

Consent to Treatment

I voluntarily agree to receive mental health assessment, care, treatment, or services, and authorize the undersigned therapist to provide such care, treatment or services, as are considered necessary and advisable.

I understand and agree that that I will participate in the planning of my care, treatment or services, and that I may stop such care, treatment or services that I receive through the undersigned therapist at any time.

By signing this Client Information and Consent form, I the undersigned client, acknowledge that I have both read and understand all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

Client (or Parent/Legal Guardian)

Printed Name