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Counseling
by Penny Haight, M.Ed., LPC-S

INFORMED CONSENT

This form explains aspects of how I work. I encourage you to ask any questions you have about my way of working or about psychotherapy in general at any point in our therapy together.

Training and Background

I am a Licensed Professional Counselor Supervisor licensed by the Texas State Board of Examiners of Professional Counselors.

I received my M.Ed. in Counseling from Tarleton State University. I'm also a certified school counselor with a generic special education certification. I have completed additional training with National Institute of Trauma and Loss in Children. I served as lead counselor on a crisis intervention team responding to crisis situations in a large school district.

Confidentiality

I will treat with great care all information you share with me. It is your right that our sessions and my records about you be kept private. In all but a few rare situations, your confidential it is protected by state law, the rules of my profession, and my personal integrity. Texas state law requires me to inform you that in certain cases your confidentiality is not protected, and your information may be disclosed to the appropriate authorities/agencies. These cases are:

If I have reason to believe that you may harm yourself or others, If I have reason to believe that you are involved in or have knowledge of abuse or neglect of a child; or abuse, neglect, or exploitation of a person who is elderly or has a disability, or If I am ordered to disclose by state or federal courts. The Texas State Board of Examiners for Licensed Professional Counselors requires that I notify you who would maintain my records in the case of my death or disability. Debbie Thornton is the named custodian of my records and she has agreed to follow the guidelines set forth by the above mentioned board.

_____ Client Initials

Additionally, I may disclose information if you sign a release form granting permission to designated third parties to receive information that you request me to share.

I will never disclose your information for any reason without your knowing of my intent.

Informed Consent/Insurance

Therapeutic Relationship

The relationship between therapist and client is the container through which change can take place. As such, the relationship is often one in which close emotional bonds develop. It is also a professional relationship, in which appropriate boundaries must be maintained. Because the therapist-client relationship is so important, I cannot be involved in a social relationship or friendship that exists outside of the therapy room. Limiting our relationship to the therapy office keeps your therapeutic environment safe, secure, and free of outside complications that could interfere with your therapy work.

The Therapeutic Process In my view, working with clients entails tailoring therapy to meet the needs of each client individually. I have worked with clients experiencing grief, financial difficulties, relationship difficulties, and those who are alone without family support. My approach to therapy includes a strengths based approach while using Cognitive Behavorial Therapy techniques.

Fees

My fee is $125.00 per 50-minute session. Payment in full is due at the time services are rendered. Please make checks payable to "Counseling By Penny Haight."

If I am subpoenaed to court, my fee is $1000.00 per day as I would lose potenial income.

Because I respect the integrity of therapy sessions, fees must be paid at the beginning of each session. When checks are written at the end of a session, the momentum of the session can be de-railed.

Session Guidelines

I hold 50 minute sessions. If you need to cancel an appointment, you must give me 24 hours notice. Otherwise you will be charged for the missed appointment.

Sessions are expected to begin and end at the scheduled time. Late arrival on your part will not extend the scheduled ending time for a session. I am also expected to be on time, and I will make appropriate remedy if I am late, such as by making up the time, prorating the fee, etc.

The frequency of sessions and the length of the psychotherapy are aspects of the work that you and I will decide together as we proceed. Brief therapy is usually around 10 sessions. Some clients need additional sessions to reach their treatment goals.

Sessions can be difficult and it may seem you feel worse than when you started counseling. Give the process a chance to work. It takes time to heal and learn new ways to handle the very thing that brought you to counseling. You might be tempted to stop treatment too soon because you are not progressing as expected. If this is the case, let's talk about it. My main goal is to help you.

Outside Contact and Emergencies

You may leave a message for me on my private, confidential voice mail (817-657-1115) at any time. I check my messages daily, and I will return your call as soon as I can. However, this number is not an emergency phone number.

Informed Consent/Insurance

In case of an emergency, or if you need immediate assistance for any reason, please call 911.

Again, please feel free at any time to ask me any questions you may have about the information outlined in this or any of my other forms.

If you have a complaint, you can contact The Texas State Board of Examiners for Licensed Professional Counselors

Complaints Management and Investigative Section
P.O. Box 141369
Austin, Texas 78714-1369 / 1-800-942-5540

____ I have seen and read the information contained in this Information, Disclosure and Consent Form.

___ I consent to treatment as described in this form.

___ I agree to the fee of 125.00 and will pay for my therapy expenses as described above.

___ Court fee is $1000.00 per day with no hourly rate.

___ I authorize the release of healthcare information necessary to process claims generated by Counseling By Penny.

___ I hereby authorize payment directly to Counseling By Penny Haight of any benefits due me for counseling/psychotherapy/biofeedback.

___ I understand that I am responsible for any amount not covered by my insurance if Counseling By Penny is not in my insurance network or my insurance company does not provide coverage for services obtained.

___ I have read a copy of Counseling By Penny Haight Confidentiality/HIPAA Practices and understand that I may request a copy for my records.

I have understood and received a copy of this agreement.

_____

Signature of Client Date _____

Penny Haight

Date _____

Contacting You

- Penny Haight may leave appointment reminders by texting this phone number _____.
- Penny Haight may leave appointment reminders by sending a message to this email _____.
- Penny Haight can call me at the following phone number should she need to speak with me _____.

Insurance card with this form to be photocopied

Name of Insured: _____ SSN: _____
Insured's DOB: _____ Insurance Carrier: _____
Benefit/Eligibility Phone Number: (_____) _____ - _____

ID#: _____ Group#: _____

Deductible: _____

Address: _____ CITY: _____ ST: _____
ZIP: _____

Insured's Employer: _____

Address: _____ CITY: _____ ST: _____
ZIP: _____

I authorize the release of any medical or other information necessary to process this claim.

_____

Insured's or Authorized Person's Signature

I authorize payment of medical benefits to the provider of services. I understand that I am responsible for my bill, not my insurance company. I am aware that if my insurance company declines payment, I am responsible for my bill.

_____

Insured's or Authorized Person's Signature