

Mary Bennet, M.S. LPC, LCDC
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INFORMED CONSENT – MINOR

TRAINING AND BACKGROUND

Mary Bennett is a Licensed Professional Counselor in Fort Worth, Texas. Her practice serves a wide range of individuals, including adolescents, families, couples, and adults.

Mary has experience in an array of clinical settings. After completing her Master’s Degree in Clinical Mental Health Counseling at the University of North Texas, Mary worked as a Licensed Chemical Dependency Counselor Intern, providing hope and guidance to clients struggling to maintain and establish sobriety. As a Licensed Professional Counselor, she then established and led an Intensive Outpatient Program in a hospital setting before moving to private practice.

In her work, Mary utilizes a variety of Cognitive Behavioral tools and Dialectical Behavioral skills, including mindfulness and radical acceptance, to help meet her clients’ individual needs and support them in their personal growth. Mary takes a person-centered approach with her clients; she meets them where they are presently to help them get where they are going without judgment or pressure. Mary provides her clients with a kind and open ear, as well as usable, buildable skills to enrich their lives.

Originally from Mississippi, Mary now lives in the heart of Fort Worth with her husband and their young daughter. In her free time, she enjoys eating Mexican food (it’s much better in Texas), adding to her shoe collection, and getting to re-experience the world through the eyes of her spirited toddler.

FEES

The fee is \$150.00 per 50-55 minute session. Payment in full is due at the time services are rendered. Fees must be paid at the beginning of each session. When payments are collected at the end of a session, the momentum of the session can be de-railed.

Should Mary Bennett, M.S., LPC need to attend parent/teacher conferences, attend ARD meetings, conducting classroom observations, communicate with lawyers, communicate with insurance companies, complete documentation for medical needs, complete documentation for psychological evaluations, complete FMLA forms, complete ESA documentation, etc. Mary Bennett, M.S., LPC **charges a fee is \$80 per half-hour**. Should you request Mary Bennett, M.S., LPC to complete any documentation or attend any meetings without 48 hours’ notice an additional expedited fee of \$40 will be assessed. Should you subpoena Mary Bennett, M.S., LPC as a factual case witness or involve her in any court-related processes, Malissa Melton-Otunba, M.S., LPC **charges a fee of \$2,500.00 for legal depositions, case preparation, travel, and witness time**.

_____ Parent Initials

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SESSION GUIDELINES

Sessions are 50 – 55 minutes. Sessions begin on the hour and end at the scheduled time. Late arrival on your part will not extend the scheduled ending time for a session. The frequency of sessions and the length of the psychotherapy are aspects of the work that you and **Mary Bennett, M.S., LPC** will decide together. Brief therapy is usually around 10 sessions. Some clients need additional sessions to reach their treatment goals. If there is a set time and day that works best for you and your child's schedule (e.g., every Monday at 5 PM) a recurring appointment may be arranged if that time and day is available. However, after 2 cancellations that recurring spot will be forfeited.

As a parent you have an input in the counseling relationship and may choose at any time to end the therapeutic relationship, **but please be aware that at all times the client is your child – not the parents/guardians nor any siblings or other family members of the child.** If at any time you are dissatisfied with Mary Bennett, M.S., LPC's services as a therapist, you have a right to let her know. If you do not feel that Mary Bennett, M.S., LPC will resolve your complaint, you may file a formal complaint through contact with the Texas Board of Examiners of Licensed Professional Counselors at 1-800-942-5540.

You are responsible for any appointments that are not canceled at least 24 hours prior to the appointment time with the EXCEPTION OF AN EMERGENCY. **If you need to cancel an appointment a 24 hours notice must be given otherwise a fee will be charged of \$150 for the missed appointment.**

Parent Initials

PARENT AUTHORIZATION FOR A MINOR'S MENTAL HEALTH TREATMENT

In order to authorize mental health treatment for your child, you must have either sole or joint legal custody of your child. **If you are separated or divorced from the other parent of your child, please provide a copy of the most recent custody decree that establishes custody rights of you and the other parent or otherwise demonstrates that you have the right to authorize treatment for your child.**

If you are separated or divorced from the child's other parent, please be aware that it is policy to notify the other parent that the therapist is meeting with your child. It is important that all parents have the right to know, unless there are truly exceptional circumstances, that their child is receiving mental health evaluation or treatment.

One risk of child therapy involves disagreement among parents and/or disagreement between parents and the therapist regarding the child's treatment. If such disagreements occur, the therapist will strive to listen carefully so that they can understand your perspectives and fully explain their perspective. We can resolve such disagreements, or we can agree to disagree, so long as this enables your child's therapeutic progress. Ultimately, parents decide whether therapy will continue. If either parent decides that therapy should end, that Mary Bennett, M.S., LPC will honor that decision, unless there are extraordinary circumstances. However, in most cases, it is best to have a few closing sessions with your child to appropriately end the treatment relationship.

Individual Parent/Guardian Communications with Me

In the course of treatment of your child, that Mary Bennett, M.S., LPC may meet with the child's parents/guardians either separately or together.

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If Mary Bennett, M.S., LPC meets with you or other family members in the course of your child's treatment, he will make notes of that meeting for your child's treatment records. Please be aware that those notes will be available to any person or entity that has legal access to your child's treatment record.

Mandatory Disclosures of Treatment Information

In some situations, that Mary Bennett, M.S., LPC is required by law or by the guidelines of the profession to disclose information, whether or not she has the parent's or your child's permission.

Confidentiality cannot be maintained when:

- Child clients disclose they plan to cause serious harm or death to themselves, and there is belief they have the intent and ability to carry out this threat in the very near future. Steps must be taken to inform a parent/guardian or others of what the child has disclosed and how serious this threat is, and to try to prevent the occurrence of such harm.
- Child clients disclose they plan to cause serious harm or death to someone else, and there is belief they have the intent and ability to carry out this threat in the very near future. In this situation, steps to inform a parent/guardian or others must be taken, including informing the person who is the target of the threatened harm [and the police].
- Child clients are doing things that could cause serious harm to them or someone else, even if they do not intend to harm themselves or another person. In these situations, clinical judgment will be used to decide whether a parent/guardian should be informed.
- Child clients disclose, directly or indirectly, that a child is being neglected or abused--physically, sexually or emotionally--or that it appears that they have been neglected or abused in the past. In this situation, Mary Bennett, M.S., LPC is required by law to report the alleged abuse to the appropriate state child-protective agency.
- When Mary Bennett, M.S., LPC is ordered by a court to disclose information.

Disclosure of Minor's Treatment Information to Parents

Therapy is most effective when a trusting relationship exists between the therapist and the patient. Privacy is especially important in earning and keeping that trust. As a result, it is important for children to have a "zone of privacy" where children feel free to discuss personal matters without fear that their thoughts and feelings will be immediately communicated to their parents. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy.

It is Mary Bennett, M.S., LPC's policy to provide you with general information about your child's treatment, but NOT to share specific information your child has disclosed to me without your child's agreement. This includes activities and behavior that you would not approve of — or might be upset by — but that do not put your child at risk of serious and immediate harm. However, if your child's risk-taking behavior becomes more serious, then she will need to use clinical judgment to decide whether your child is in serious and immediate danger of harm. If he feels that your child is in such danger, she will communicate this information to you.

Even when you have agreed to keep your child's treatment information confidential if Mary Bennett, M.S., LPC believes that it is important for you to know about a particular situation that is going on in your child's life she will encourage your child to tell you, and he will help your child find the best

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way to do so. Also, when meeting with you, he may sometimes describe your child's problems in general terms, without using specifics, in order to help you know how to be more helpful to your child.

Disclosure of Minor's Treatment Records to Parents

Although the laws of Texas may give parents the right to see any written records kept about your child's treatment, by signing this agreement, you are agreeing that your child should have a "zone of privacy" in their therapy sessions. The Texas State Board of Examiners for Licensed Professional Counselors requires to notify you who would maintain my records in the case of my death or disability. Penny Haight is the named custodian of my records and she has agreed to follow the guidelines set forth by the above-mentioned board. Additionally, you may sign a release form granting Mary Bennett, M.S., LPC permission to designated third parties to receive and send information that you request. Mary Bennett, M.S., LPC will never disclose your child's information for any reason without your knowing of his intent.

Minor's Therapy Information/Records in Custody Litigation

When a family is in conflict, particularly conflict due to parental separation or divorce, it is very difficult for everyone, particularly for children. Mary Bennett, M.S., LPC's responsibility is to your child but may require his helping to address any conflicts between the parents, his role will be strictly limited to providing treatment to your child.

If Mary Bennett, M.S., LPC is required to testify, I am ethically bound not to give my opinion about either parent's custody, visitation suitability, or fitness. If the court appoints a custody evaluator, guardian *ad litem*, or parenting coordinator, he will provide information as needed, if appropriate releases are signed or a court order is provided, but he will report determinations as to what is in the best interest of the child's mental health. Furthermore, if he is required to appear as a witness or to otherwise perform work related to any legal matter, the party responsible for Mary Bennett, M.S., LPC's participation agrees to reimburse at the rate of **\$2,500 per day** for time spent speaking with attorneys, reviewing and preparing documents, testifying, being in attendance, and any other case-related costs.

Parent/Guardian of Minor Patient:

Please initial after each line indicating your agreement to respect your child's privacy:

- I will refrain from requesting detailed information about individual therapy sessions with my child. I understand that I will be provided with periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed. _____ Parent Initials
- Although I may have the legal right to request written records/session notes since my child is a minor, I agree NOT to request these records in order to respect the confidentiality of my child's/adolescent's treatment UNLESS required by court. _____ Parent Initials
- I understand that I will be informed about situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is up to the therapist's professional judgment, unless otherwise noted above. _____ Parent Initials

CONTACT INFORMATION

You may leave a message for Mary Bennett, M.S., LPC on a private, confidential voice mail (817-657-1115) at any time. Messages are checked daily, and she will return your call as soon as possible.

However, this number is not an emergency phone number. **Mary Bennett, M.S., LPC does not provide**

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24-hour crisis counseling. Should your child experience an emergency necessitating immediate mental health attention call 9-1-1 or go to an emergency room for assistance.

Mary Bennett, M.S., LPC Contacting You

- Mary Bennett, M.S., LPC may leave appointment reminders or contact me via texting/calling this phone number

- Mary Bennett, M.S., LPC may leave appointment reminders via email

- Mary Bennett, M.S., LPC can call this emergency contact in the event I can not be reached

I have read the information contained in this Informed Consent. I consent to treatment for my child as described in this form. I have read a copy of Counseling By Mary Bennett, M.S., LPC Confidentiality/HIPAA Practices. I understand this agreement.

Parent/Guardian Signature _____ **Date** _____

INSURANCE

Insurance card with this form to be photocopied

Name of Insured: _____ SSN: _____

Insured's DOB: _____ Insurance Carrier: _____

Benefit/Eligibility Phone Number: (____) _____ - _____

ID#: _____ Group#: _____

Deductible: _____

Person responsible for bill: _____

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.

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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.

Parent/Guardian Signature _____ **Date** _____

Please describe your reason(s) for seeking treatment for you child at this time (Include when the problem started):

How would you know your child is doing better than before you started counseling?

Please list other health care professionals your child currently sees: _____

Please list any other health problems your child may have: _____

Please list any current medications and dosage: _____

Has your child ever received counseling before? If yes, please indicate when, for how long, with whom, and reason(s) for treatment: _____

Please list any relevant family history (family members, mental health diagnosis, abuse, divorce, etc.) or additional information related to your child’s mental health: _____

Please indicate past or current struggles:

- | | | |
|--|---|---|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Family Conflict | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Grief/Loss | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Relationship Issues | <input type="checkbox"/> Eating or Weight Problem | <input type="checkbox"/> Phobias/Fears |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Behavioral Problems | <input type="checkbox"/> Obsessions/Compulsions |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> ADHD | <input type="checkbox"/> Manic Episodes |

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Sexuality/Sexual Issues

Abuse/Victimization

Trauma

Stress

Schizophrenia/Psychosis

Legal Matters

Loneliness/Isolation

Drug/Alcohol

Suicidal Thoughts

Other: _____ (Please explain)