



Informed Consent for Psychotherapy

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I. GENERAL INFORMATION:

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by signing at the end of this document.

- a. Background of Clinician: Master's in Education in Counseling from Tarleton State University; Licensed Professional Counselor

Profession School Counselor Certification, Eye Movement Desensitization and Reprocessing (EMDR) Basic Certified, Saf-T Certified, Certified Clinical Sand Tray, Solution Focused Therapy

- b. Risks and Benefits of Psychotherapy: Most clients seeking counseling are experiencing physiological, psychological, and spiritual issues that are causing internal distress associated with these issues, and to help clients enjoy a better quality of life. Some individuals may not experience relief and may experience exacerbation of issues or new and different issues during counseling. If this happens, a recommendation will be made for a different or more intensive treatment.

Clients in counseling can benefit from the support of family, friends, and a vibrant spiritual community. Clients may also benefit from other types of modalities, such as experiential treatment methods and outside support groups, such as 12-step groups. Where these modalities are not available from Sunshine-Counseling, referrals to appropriate providers can be made.

II. PHILOSOPHY OF COUNSELING:

The philosophy of counseling used in our office is based on striving to maintain the highest clinical and ethical standards. We recognize and honor your belief system and realize that it may differ from ours. We will not impose our beliefs on any client against his or her wishes.

III. SERVICES OFFERED:

We offer the following counseling services: Individual, Pre-Marital, Marital, and

Family Counseling. We offer Cognitive Behavioral Therapy, Solution Focused Counseling, Sand Tray, and Eye Movement Desensitization and Reprocessing (EMDR). The counselor and the client(s) will mutually decide which specific form of counseling. Referrals will be made if an expert in an area in which our counselors are not proficient would best serve you.

IV. MEDICAL CONDITIONS

I am not a medical doctor and I am not licensed to recognize or diagnose medical conditions. It is our advice that you seek a medical examination to determine whether any of your symptoms are as a result of a physical rather than psychological origin. I am also not a psychiatrist, and I cannot prescribe psychiatric medications. You will be referred to a psychiatrist for a consultation if it appears that medication may be helpful.

V. PROFESSIONAL RECORDS

The law and ethical codes require that records of treatment be kept. You are entitled to a copy of these records unless it is believed that you would be emotionally damaged by seeing them, in which case they will be sent to the counselor of your choice to review them with you. These records are kept in a locked cabinet behind a locked door or are encrypted and stored electronically with password protection.

VI. CONFIDENTIALITY

All communication is confidential and your permission is necessary to release any information to outside persons except for limitations required by the laws of the State of Texas. Exceptions to confidentiality include (a) reasonable suspicion of incidents of child abuse or neglect; (b) incidents of elder abuse, neglect, or exploitation; (c) a determination that you are a danger to yourself or others; (d) a request from you in writing, directing me to deliver confidential information to a specified individual or agency; or (e) I am ordered by a court to disclose confidential information.

In addition, with your permission your information may be shared with other clinicians, if to do so will enhance your treatment and my professional expertise. This includes: collaborating and consulting with associates within this counseling group, all of whom agree to maintain confidentiality of your information solely within the group; engaging in supervision with a qualified supervisor for purposes of improving my clinical expertise, in which case the supervisor will have access to your information but is bound by the same confidentiality laws as I am; or in the event I am unavailable or another professional is providing emergency care for my clients, in which case this professional may require access to client files.

VII. BOUNDARIES

In order to get the most out of counseling, the therapeutic relationship between

client and counselor is of utmost importance. Our goal is to make that relationship as efficacious as possible by keeping that relationship primary and not confusing it with other relationships. In non-therapeutic settings such as restaurants, shopping, churches or other social settings. I will not be able to discuss counseling issues with you. I want to make sure you understand I am not trying to be rude when I do not initiate a conversation outside the office; I am just complying with the ethical rules that bind our profession. As social media has become popular, you should know that I cannot accept requests to connect via any of the social media platforms with any current clients.

To maintain professional boundaries and protect your confidentiality, I do not accept friend or connection requests from clients on any social media platform (Facebook, Instagram, X, LinkedIn, etc.). While you may follow my professional practice pages, I encourage you to avoid commenting or liking posts to protect your privacy. Email and text messaging are used solely for scheduling purposes, with responses typically within 24 business hours. For your confidentiality, these communications should not include therapeutic content, and all emergency situations should be directed to 911 or the crisis hotline provided. Please note that I cannot respond to online reviews to maintain your confidentiality, and I do not conduct online searches of clients.

VIII. NO SECRETS POLICY FOR COUPLES AND FAMILIES:

When I begin treatment of a couple or a family, I consider the couple or family to be the patient (the treatment unit), rather than an individual. During the course of treatment, I may see or speak separately with a smaller part of the treatment unit, such as an individual or sibling. These discussions should be seen by you as part of the work that I am doing with the family or the couple. If you are involved in one or more of these discussions with me, please understand that these discussions are confidential with regard to parties outside of the treatment unit, unless required by law or when I have written authorization from the treatment unit. If I am to effectively serve the treatment unit, I may need to share information learned in an individual discussion with the entire treatment unit. I will use my best judgement as to whether, when, and to what extent I will make disclosures to the treatment unit, and will first give the individual the opportunity to make the disclosure. This if you feel necessary to talk about matters that you do not want to share with others in the treatment unit, you may want to consult with a therapist who can treat you individually.

This no secrets policy is intended to avoid conflicts of interest when the individual's interests may not be consistent with the interests of the treatment unit. For instance, if information learned in the course of an individual discussion is relevant to the proper treatment of the treatment unit, I must be free to exercise my clinical judgement regarding the need to bring this information to the family or couple during their therapy. Otherwise I might be placed in a situation where I will have to

terminate treatment of the treatment unit. This policy is intended to prevent the need for such a termination.

If there is a request for the treatment records of the couple or the family, I will seek the authorization of all members of the treatment unit before I release confidential information to third parties. Also, if my records are subpoenaed, I will assert the psychotherapist-patient privilege on behalf of the entire treatment unit.

IX. FEES:

An individual counseling session is 55 minutes. The fee per session is \$90.00
Pre-Marriage/Couples counseling sessions are 50 minutes. The fee per session is \$150.00.

Payment methods are Checks, Cash, Bank Cards and Venmo.

While we are not a member of any company's provider network, this is not always a disadvantage. We will provide you with a detailed statement to present to your insurance provider for payment and it is up to you to file for benefits and follow up with the company. Any payments will be directed to you. Diligent clients may be able to secure acceptable benefits.

X. CANCELLATIONS

You may cancel an appointment more than 24 hours before your scheduled time. If an appointment is cancelled less than 24 hours before the appointment, or if you do not show up for the appointment. If sessions are missed a \$50.00 fee will be assessed.

XI. LATE ARRIVALS

If you are more than 15 minutes late, your appointment will be considered cancelled.

XII. REPORTING COMPLAINTS AND VIOLATIONS

For licensure and compliance information, you may call: (512) 305-7700 or write to the Texas State Board of Examiners of Professional Counselors, 1801 Congress Ave., Ste 7. 300, Austin, Texas 78701.

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