

Door of Hope Counseling & Education

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Cynthia A. Thompson, M. Ed., LPC

Psychotherapist-Client Contract

(Informed consent)

Welcome & Thank you for choosing Door of Hope Counseling & Education for your counseling services. Today's appointment will take approximately 45-50-minutes. To begin counseling is a major decision and you may have many questions. This document is intended to provide you with information regarding policies, state and federal laws and your rights. If you have other questions or concerns, please ask and I will provide you with the information you request. When you sign this document it will represent an agreement between you and the therapist.

The Psychotherapist

My name is Cynthia A. Thompson. I am a graduate of Southwestern Baptist Theological Seminary in Fort Worth, Texas. I have two masters of Arts degrees. One is in Marriage and Family Counseling and the other is in Education. I am a Licensed Professional Counselor – licensed through the Texas State Board of Professional Counselors.

I have been married for 28 years and have two children and 3 grandchildren. I have been practicing as a licensed counselor for 10 years. Prior to professional counseling I worked in various corporate management positions.

Psychological Services

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychotherapist and the client and the particular problems you present. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy calls for a very active effort on your part. In order for the therapy to be most successful, you will be expected to work on things we talk about both during our sessions and at home.

There are benefits and risks in psychotherapy. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who are willing to do the work that it takes to go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience. The end result depends greatly on how much you are willing to work through the process.

Our first session is a consultation. During this session we will discuss why you have chosen to seek counseling as a solution to your needs. The next few sessions will involve an evaluation of your needs. By the third session, I will be able to offer you some first impressions of what our work will include and a

treatment plan to follow, if you decide to continue with therapy. At this time I will ask you to evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a commitment of time, money, and energy, so it is important to select the right therapist to work with you and your family.

If you have any questions regarding my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to provide contact information for another mental health professional. It is important that you feel comfortable proceeding with anyone you seek as a counselor so please do not hesitate to express your concerns.

Sessions

I normally conduct an evaluation that will last for at least two sessions. During this time, we can both decide whether I am the best person to provide the services you need in order to meet your treatment goals. If you choose to work with me in your journey, I will usually schedule one 60-minute session per week or according to your needs. Once an appointment is scheduled, payment will be expected at the beginning of your session.

Telephone Consultation Policy

Telephone consultations can occasionally be useful. There is no charge for brief phone calls (under 5 minutes). Longer phone calls may be charged at a rate of \$25.00 per 10 minute segment. I will notify you if you will be charged for your calls once we reach the 10-minute mark in the phone call. Telephone calls with referral sources, family members, or others with whom you wish me to speak on behalf of your treatment needs are charged in the same manner when they are lengthy, frequent, or numerous.

Confidentiality & Limitations

I follow all ethical standards prescribed by state and federal law. I am required by practice guidelines and standards of care to keep records of your counseling sessions. These records are confidential with the exceptions listed below.

All identifying information about your therapeutic treatment is kept confidential. Information solicited by phone, written, or in person regarding my clients will not be provided unless prior consent is given. I will ask you to sign a consent form to release information before any information is provided to any third party. This condition applies also in cases where coordination of treatment is necessary with another health-care professional (i.e. physician or psychiatrist). The exceptions to confidentiality are:

- if the therapist suspects that a person has intentionally or unintentionally abused or neglected the care of a child, a disabled person, or an elderly person. Such cases of suspected abuse are reported to the appropriate protective agency for investigation and intervention.
- if the therapist suspects that the client may be likely to harm himself/herself or another person. In these cases reporting to appropriate agencies for intervention may break confidentiality.
- if you disclose having had sexual contact with another treating health professional.
- if you sign a Release of Information Form.

if a Court orders disclosure of the records. It is my legal obligation to report suspected abuse or neglect in these situations.

I understand the limitations to confidentiality described above.

Individual, couples, and family confidentiality

When working with an individual, the individual holds the right to confidentiality. When I am working with couples, I am obligated to preserve confidentiality on behalf of the couple. This means that I will not release any information about either member of the couple without the consent of both. This also means that I will not hold individual confidences of either party that will jeopardize my allegiance to both parties in the couple.

When working with an adolescent, the parents hold the right to confidentiality from a legal perspective. From a clinical perspective, I will not discuss the contents of counseling sessions. This would interfere with the need to establish trust and rapport with the child. However, if a child or an adolescent, discloses anything that makes me seriously concerned about his/her safety and well-being or the safety and well-being of someone else, the adolescent's only choice regarding confidentiality is to participate or not to participate with me in sharing the information with his/her parents.

Termination and Follow-Up

You are free to come once or twice to work on a specific problem and then not return again - depending upon your particular situation and needs. I may choose to follow-up with you after an extended period of time to make sure that things are going well with you.

On the rare occasion that you have achieved your treatment goals but want to continue seeing me anyway, I may make the decision to terminate your treatment based on my ethical obligation not to prolong therapy when it is no longer necessary. I will never terminate with you to establish any other type of relationship with you (friend, client, customer, supervisor, teacher, etc).

I may choose to terminate with you if I cannot provide therapy that fits your specialized treatment needs, if you do not comply with the mutually developed treatment goals and procedures, if you are not benefiting from therapy, if you do not comply with the fee agreement, if you become aggressive, abusive, or litigious, or if the therapy relationship is compromised in any way due to unforeseen circumstances. This non-voluntary termination will be accompanied by an appropriate referral.

Emergency Situations

I am available Monday through Friday from 9:00 AM to 6:00 PM. I will not answer the phone when I am with a client. Please leave a voice message with your name and phone number where you can be reached. I will make every effort to return your call on the same day, with the exception of Sundays and holidays. If you are unable to reach me and feel that your situation requires immediate attention, contact your family physician or the nearest emergency room and ask for the clinician/psychologist/psychiatrist on call.

In the event that I am unavailable for an extended time, I will provide you with the name of a colleague to contact, for emergency purposes only.

I understand what to do in emergency situations when I cannot reach my therapist.

Initials

Professional Fees

My hourly fees are as follows:

Individual Counseling	60 minute session \$85.00
Adolescent/Child Counseling	45 minute session \$65.00
Marital/Premarital Counseling	60 minute session \$100.00
Family Counseling	60 minute session \$125.00
Group fees	(Varies with type and length of group)

Fee Agreement

The following is a fee agreement between _____
and Cynthia A. Thompson, M. Ed., LPC.

I understand that payment in the amount of \$ _____ is expected at the beginning of each session.

I **do not** accept insurance as payment. I will provide you with a receipt that indicates that you have visited me and you can work directly with your insurance provider for reimbursement.

There is a \$35 charge for all returned checks.

Your signature below indicates that you have read the information in this document and discussed any questions or concerns with the therapist. By signing, you agree to abide by the terms and conditions of this agreement during our professional relationship.

Signature: _____

_____ Date

Name: _____
(Please print)

Signature: _____

_____ Date

Name: _____
(Please print)

Cynthia A. Thompson, M. Ed., LPC

_____ Date

CLIENT RIGHTS

You have the right to be treated by me in a consistently competent, ethical, and respectful manner

You have the right to a personal, individualized assessment of your treatment needs in which your expertise about yourself is as important as is my professional opinion about you.

You have the right to referrals to other competent professionals and services when this is indicated by your treatment needs.

You have the right to ask questions about the approach and methods we use and to decline the use of certain therapeutic techniques.

You have the right to confidential treatment except in the circumstances already described. This means that you determine the amount of information to be released to anyone outside this setting by signing a permission form that is specific to each situation, that determines the length of time in which the information may be released, and that may be canceled by you at any time.

You have the right to stop receiving therapy from me without any obligation other than to pay for the services you have already received unless you are dangerous to yourself or to someone else.

You have the right to resume service following termination.

You have the right to discuss your treatment, concerns, questions, complaints, or any other matter with me.