**Amy Teel, LPC**

**8101 Boat Club Road, Suite 206**

**Fort Worth, Texas 76179**

**817-307-1367**

**INFORMED CONSENT**

About Your Counselor

Amy Teel is a Licensed Professional Counselor who holds a master’s degree in Counseling from the University of North Texas. She specializes in play therapy, counseling with pre-teens and adolescents. The issues that Amy primarily addresses are child abuse, sexual abuse, domestic violence, conduct disorders, self-esteem, parenting, divorce issues, anxiety and stress management, and depression.

Confidentiality

Trust, openness, and genuineness are extremely important in the counseling process; therefore, clients are assured that information will remain confidential. Clients should understand, however, that in some situations counselors are mandated by state or federal law to release information (e.g., cases of abuse, neglect, or exploitation of a child, elderly, or disabled person, when there is clear indication that you are in danger of physically harming yourself or another person, client discloses sexual contact with another mental health professional with whom the client had/has a professional relationship or when otherwise required by law to disclose information).

Effects of Counseling

While benefits are expected from counseling, specific results are not guaranteed. Counseling is a process that may stimulate personal growth and development and may lead to major life changes. These changes may affect significant relationships, your job, and/or your understanding of yourself, others, and God. Some of these life changes could be temporarily distressing. The exact nature of these changes cannot be predicted. Your counselor will work with you to achieve the best possible results for you.

Financial Policy

Your counselor is committed to providing the best possible care to you, and will be pleased to discuss professional fees with you at any time. Your clear understanding is important to the professional relationship, so please ask if you have any questions.

*Fees:* The fee for a 45-minute session is $100 per session. Payment is due at the end of each session.

*Insurance*: It is the client’s responsibility to verify coverage, and provide correct insurance information in order for claims to be filed. Please notify the counselor of any changes that occur to your insurance policy at any time. While the counselor will file for payment with your insurance, that is not a guarantee of payment. Claims not paid by the insurance company then become the client’s responsibility.

Your signature below gives your counselor consent to file with your insurance company.

*Copays are due at the end of each session.*

 *Missed Appointments:* A $**50 fee** will be charged for missed appointments which are not cancelled at least 24 hours in advance. A $25 fee is charged if your check is returned from your bank.

**Payment in full is expected when services are rendered.**

*Professional Fees:* Court appearances are $250.00 per hour. Depositions and attorney consultations are $150.00 per hour (including all time involved in preparation, research, parking fees, mileage, travel time to and from the court house and all other expenses incurred in relation to testifying). A retainer deposit of $900.00 is to be paid in advance of (and clear the bank) prior to the court date. If the full amount of the retainer/deposit is not needed to complete the court testifying process, then the remainder of the funds will be refunded. If the costs for the court testifying process exceed the amount of the retainer/deposit then those fees will be immediately billed to you and are due upon receipt of the invoice.

The party issuing the subpoena is responsible for the testifying fees.

Note: Even though you are responsible for the testimony fee, it does not mean that testimony will be solely in your favor. Only the facts of the cases and professional opinion of your counselor can be testified.

Liability

I understand that the counselor and myself will hold Eagle Ranch Office Park harmless from any liability or damages to myself resulting from counseling services at this office.

With an understanding of all of the above requirements, I hereby give my consent to receive counseling services and release the counselor from liability. I also understand that I have the right to terminate treatment at any time.

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 Client Signature Date

If the client is a minor, the legal guardian must sign the statement below:

 I affirm that I am the legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client’s name). With an understanding of the above requirements, I do grant permission for my child to participate in counseling and release the counselor from liability.

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 Guardian/Managing Conservator Signature Date