

Informed Consent and professional disclosure for Psychotherapy

Leslie Caffey, MA, LPC, CCTP

5925 Forest Lane Suite 415

Dallas, Texas 75230

(469) 994-1075

lesliecaffey@counselingmail.com

lesliecaffey.com

Welcome to my practice.

My name is Leslie Caffey and I am a Licensed Professional Counselor in the state of Texas.

License # 73025

Texas license verification is available on www.bhec.texas.gov website.

This document contains important information about my professional services and business policies.

Education and Areas of Competence

Master of Arts Professional Counseling Amberton University

Certified Clinical Trauma Professional (CCTP) Certification

I have nine years clinical experience treating adolescents and adults in inpatient and outpatient settings. I have treated clients struggling with a broad range of psychological issues, mood disorders, emotional regulation, suicidal ideation, interpersonal skills and complex trauma.

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Appointments, Fees, Insurance and Cancellations

Therapy appointments can be made by phone or email. Therapy sessions are 60 minutes long. My fee for services is \$ 140 per 60-minute session. I do not accept any insurance plans. If you wish to file with your own insurance company, I will provide you a bill to submit to your provider. My fees can be paid by credit card or cash and are due at the end of each session. If you need to cancel or change your session time you agree to notify me 24 hours in advanced. Failure to provide notice will result in a missed appointment charge. You will be charged a missed appointment/ late cancellation fee of \$50. Two or more untimely cancelations may result in termination of services.

I appreciate your help in keeping my practice schedule running timely and efficiently.

_____ Client Signature
(Client's Parent/Guardian if under 18) Date

I _____ authorize Leslie Caffey, MA, LPC. to process a credit card payment for services rendered at the rate of \$140 per hour plus any applicable missed appointment/late cancellation fees in the amount \$50. I authorize these withdrawals during the duration the client is being seen including the first scheduled appointment until my treatments are terminated by either myself or my therapist.

Credit card number _____ Billing zip code _____
Expiration date (mm/by) _____ Code on back of card (CVV) _____
Signature _____ Signed Date _____

Emergency/crisis

I am not able to provide 24-hour crisis counseling services. Should you experience an emergency call 9-1-1 or go the nearest emergency room for assistance.

Postponement and termination

I reserve the right to postpone and or terminate counseling of clients who come to their sessions under the influence of alcohol or drugs. I also reserve the right to discontinue counseling of clients who do not comply with the medication recommendations of their psychiatrist or physician.

Records and confidentiality

All our communication becomes part of the clinical record. In absence of applicable state and federal laws, rules or regulation, records are held for minimum of seven years from the date of termination of services with the client, or five years after the client reaches the age majority, whichever is greater. Our communication is confidential with the following exceptions: 1) A danger to yourself or someone else; 2) you disclose abuse, neglect or exploitation of a child, elderly , or disabled person; 3) you disclose sexual contact with another mental health professional; 4) I am ordered by a court to disclose information; 5) you direct me to release your records; 6) I am otherwise required by law to disclose information.

Scope of practice

Techniques

I utilize several techniques, including CBT, DBT, Trauma informed, solution focused, REBT and existential. Everyone has the capacity for growth and the ability to make desired changes in life. I choose techniques most fitted for the individual person.

Counseling relationship

If we should cross paths during the time, we work together I will not acknowledge you unless you choose to acknowledge me first. This practice is for your confidentiality.

Therapy is a professional relationship between you and your therapist, committed to your wellbeing and mental health. The use of specific methods, techniques or modalities within the practice of professional counseling is limited to professional counselors appropriately trained and competent in the use of such methods, techniques, or modalities.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings because the process of psychotherapy often requires conversation about the unpleasant aspects of your life. However, psychotherapy has been shown to improve emotions and behaviors.

Client's rights and participation

The Texas Behavioral Health Executive Council investigates and prosecutes professional misconduct committed by marriage and family therapists, professional counselors, psychologists, psychological associates, social workers and licensed specialists in school psychology. Although not every complaint against or dispute with a license involves professional misconduct, the Executive Council will provide you with information about how to file complaint. The Texas Behavioral Health Executive council can be reached at 800. 821.3205, 333 Guadalupe St., Austin, TX 78701, or www.bhec.texas.gov. As a client you are in control and may end your counseling relationship at any time with a final termination session.

Referrals

Should you and or I believe that a referral is needed; you will be provided with the appropriate referrals.

Services for Legal Purposes, Court cases, Requests from attorneys, etc.

Testifying in court as an Expert Witness on your behalf is not one of my areas of expertise. Therefore, if you are seeking a professional to assist in your court case, I can recommend other professionals to you.

If you ask me to provide copies of your medical records, progress notes, etc. for legal purposes, or attend and/or testify in your court case, there will be additional fees charged for these services. A copy of these fees can be given to you upon request.

Please sign and date below that you have read and understand the previous document regarding our sessions together. Your signature is your written indication that you will agree to adhere to these policies during our professional relationship.

_____ **Signature**

_____ **Date**