

True Change Counseling, LLC

Carrie Austin, MA, MA, LMFT

www.truechangecounseling.com

CLIENT CONSENT

Counselor Qualifications and Experience

I received my Bachelors of Arts degrees in Psychology and Studio Art from the University of Mobile in Mobile, Alabama. I received my Masters of Arts degrees in Marriage and Family Counseling and Religious Education from Southwestern Baptist Theological Seminary in Ft. Worth, Texas. I am licensed as a Marriage and Family Therapist. What this means is that I have completed all educational, testing and supervision requirements for practicing Marriage and Family Therapists in the state of Texas.

Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below: If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.

1. If a client threatens grave bodily harm or death to another person.
2. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
3. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
4. Suspected neglect of the parties named in items #3 and # 4.
5. If a court of law issues a legitimate subpoena for information stated on the subpoena.

In the case of couple or family therapy, material obtained from an adult client individually may be shared with the client's spouse or other family members only with the client's permission. when mandated or permitted by law. When working with couples, families, or groups, I cannot disclose any information outside of the treatment context without a written authorization from all individuals competent to sign such authorization. In the case of minor children (under the age of 18), the parents or managing conservator may legally request information concerning the child's progress and treatment. I will maintain confidentiality with minors and work with them to make disclosures to parents in a way that will preserve the therapeutic relationship.

Counseling Philosophy

My counseling philosophy comes from a systems approach to relationships. I find great value in the cognitive/ behavioral approaches but believe strongly in the power of the family system on a person's past, present and future. With an Christian worldview, I seek to support clients through a safe and caring therapeutic relationship in which clients can explore concerns, set goals, and embrace the fullness that life can bring.

About Counseling

I am an advocate of individual, family, and group therapy as a process of change. However, it is important that clients understand the nature of the therapeutic process so that they will know what to expect. The following represent a partial list of answers to common questions and expectations. Please feel free to ask any additional questions.

1. Counseling is a collaborative effort between the client and counselor. The counselor only facilitates change; they cannot make changes happen.
2. The efficacy of counseling (the power to produce results) develops through the therapeutic relationship. Therefore, it is important that the client feels safe and comfortable while working with his/her counselor. While this takes time, it also requires that the client be honest about their behavior and any concerns they may have about counseling or their counselor.
3. The process of change can be uncomfortable.
 - a) Clients may have insights, memories or otherwise gain information that may be unpleasant.
 - b) Clients may experience loss in relationships as they discover and change behavior.
 - c) Families and individuals often experience escalations in problems before they experience improvements.
 - d) Family members and significant others may be reactive to changes a client may make as a result of counseling.

Code of Ethics

As a Licensed Marriage and Family Therapist, I am governed by the Texas Code of Ethics for Licensed Marriage and Family Therapists. Copies of this Code are available upon request or can be found at www.dshs.texas.gov/mft/mft_ethics.shtm.

Appointments

Sessions are typically held once weekly or bi-weekly for 50-60 minutes. In the event that you will be unable to keep an appointment, please notify me at least 24 hours in advance. Clients are subject to being charged their full session fee for missed appointments without such notice. Late afternoon and evening appointments are considered high demand scheduling times. After one non-emergency cancellation or missed appointment (with less than 24 hour notice) scheduled during these high demand times, the client will only be offered appointment times outside the high

demand times from that point on. If this is will not fit with their needs, I would be glad to refer to another counselor.

Phone calls and messages through the Client Portal are the preferred methods of communication with my clients and will always be returned in a timely manner. I cannot and do not receive text messages on my business line. If you need to cancel an appointment, please contact me directly by phone—especially for appointments that are less than 24 hour notice.

Termination

Ideally, termination of the counseling relationship is mutually agreed upon by the client and counselor. My desire for my clients is that they be content with their direction in life or toward a solution, and relatively confident in their skills and abilities to accomplish it. Termination of the counseling relationship will automatically occur if there has been no contact between client and therapist for six (6) weeks.

Referrals

I believe that everyone has the right to participate in their treatment planning and that joint goal setting is the preferred professional relationship between client and therapist. If, for any reason, I am unable to meet a client's needs, I will gladly refer to other qualified practitioners in the area. I encourage clients to inform me if any discomforts arise, so that we can work towards a resolution together.

Complaints

Complaints regarding this office should be directed to: the Texas State Board of examiners of Marriage and Family Therapists at 1-800-942-5540 or Complaints Management and Investigative Section, P.O. Box 141369, Austin, Texas 78714-1369

Payment

My fee is \$100 per 50-60 minute session. I do take Visa, MasterCard, American Express and Discover Cards via the Square service . My preferred methods of payment are cash or check (made out to True Change Counseling) at the time of the counseling appointment. In the case of a returned check, there is a \$30 returned check fee and all additional payments will need to be made in cash. Client initiated telephone consultations and/or therapy are eligible for billing at the regular hourly rate.

I have a duty to uphold your confidentiality, and thus I wish to make sure that your use of the Square payment service is done as securely and privately as possible. After using this service to pay your fee(s), Square may send you receipts for payment by email or text message. These receipts will include my business name, and would indicate that you have paid for a therapy session. It is possible the receipt may be sent automatically, without first asking if you wish to receive the receipt. I am unable to control this in many

cases, and I may not be able to control which email address or phone number your receipt is sent to. So before using one of the above services to pay for your session(s), please think about these questions:

1.) At which email address or phone numbers have I received these kinds of receipts before?

2.) Are any of those addresses or phone numbers provided by your employer or school? If so, the employer or school will most likely be able to view the receipts that are sent to you.

3.) Are there any other parties with access to these addresses or phone numbers that should not be seeing these receipts? Would there be any danger to you if such a person discovered them?

Emergencies

In the case of a mental health emergency, clients should call 911 or go to the nearest emergency room. Clients may also call the Crisis Hotline (472-4357), which provides telephone counseling, information, and referrals on a 24-hours basis.

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 clear 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 filling in the checkbox at the end of this document.

Peer Consultation

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

Social Settings

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.