



## **Informed-Consent for Counseling Services For Minor Child**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
File No.

### **Introduction**

Welcome to NorthSide Family Counseling Center (NFCC). This Informed-Consent is a document providing you with information regarding the business policies and the counseling services of NFCC. Please read over this document carefully prior to signing the last page. This Inform-Consent is subject to amendment; however, you will receive written notification of any changes. You may make a copy of this for your records.

### **Services Provided**

Services include the initial intake assessment, individual, family, couple, and marriage counseling. Other services include crisis intervention, workshops, group therapy, referrals, couple retreats, and intensive in home services. During the initial assessment a counselor will work together with you to determine how to best meet your needs. The initial intake session does not establish a therapeutic counseling relationship. Referrals will be made for you if the initial intake counselor feels your needs would best be met elsewhere, or if after ongoing counseling your counselor feels you are not making progress and would be better served with a referral.

### **Client Rights/Termination**

You may choose to discontinue the counseling relationship at any point. Your counselor will be supportive of that decision. If counseling is successful, you should be able to face life's challenges in the future without your counselor's support. As a client, you have a number of rights concerning the course of your treatment with your therapist. If, during the course of your treatment, you have any questions or concerns about your therapy/child's therapy, please raise those questions with me. This is your therapy/child's therapy, and you must feel that you understand both the direction and process of the treatment. You always have the right to request a change of therapist if you deem that necessary. If needed, I will help you locate another therapist. If you wish to file a complaint, you may call the Texas State Board of Examiners of Professional Counselors at 1-800-942-5540 or you may write to: Texas State Board of Examiners of Professional Counselors, PO Box 141369, Austin, TX 78714-1369.

### **The Counseling Relationship**

Many things create stress, feelings of helplessness, or simply a need to confide with someone who will listen. Often individuals, couple's, or families experience distress and realize they have a problem, but don't know how to resolve it. Seeking professional help with a professional counselor is the first step.

After this Informed-Consent is signed, you will meet with your counselor for the first session. This session is unique because an initial evaluation is being performed during the intake process. This is usually completed in one session, but may require more sessions. During this time the counselor, with your help, identifies the problem(s) assesses your needs, and creates a treatment plan especially for you and with you. This evaluation usually consists of interviews, forms, and possibly screening/testing that is indicated. After the evaluation is complete your counselor will explain her initial impression of your situation and offer suggestions for a course of treatment. The suggested Treatment Plan will explain the treatment as well as the expected duration and cost.

During the evaluation/assessment period the counselor decides if she has the skills and experience to help you or if you would be better served with a referral. This is also the time for you to decide if this is the right therapist for you. This is an important decision that requires a commitment of your time and finances, so you should be

comfortable with your choice. The completion of the assessment/evaluation and the decision to continue therapy is a joint decision and marks the beginning of the therapeutic relationship.

The counseling relationship is strictly a professional one. Contact will be limited to the paid sessions or the phone calls to schedule a session. Counselors at NFCC do not correspond via email except to confirm emails, since electronic communication is not secure. Our office line does not receive text messages. You will be best served if the relationship remains strictly professional, and the sessions concentrate on your concerns.

### **The Counseling Experience**

A counselor will meet with you in *50 minute sessions* beginning on the hour. Unlike a medical clinic where several clients may have the same scheduled appointment time, NFCC counselors schedule one client per hour; therefore it is not necessary to arrive more than five to ten minutes early; however, it is imperative that you be on time. Initially, sessions are usually weekly, although on occasion they are more or less frequent. It is my goal that each client will finish therapy upon completion of treatment goals, without unnecessary costs or time. The counseling process is difficult to explain. Each client and each session is unique. Techniques that work well with one client may be unsuccessful with another. It is important that you work together with the therapist, giving honest feedback if you feel uncomfortable with a suggested technique or approach to counseling. Counseling is an interactive process. It requires much work, both in session and at home during the week. To experience the best possible benefits from the counseling experience, you must be willing to do the work that you and your counselor agree upon.

There are both benefits and risks associated with participating in counseling. Counseling can improve relationships and self-image; it may relieve anxiety and help control stress. It can help you understand yourself, your values, and your goals, as well as God's desire for your future. Unfortunately, counseling may also remind you of unexpected feelings that might lead to unanticipated change that could impact you and your relationships.

### **Family Counseling**

Family counseling is usually performed by a counselor with a degree in Marriage and Family Therapy. During family counseling the entire family may be seen. This session may be divided into short individual sessions and then a remaining family session depending on the family needs.

### **Counseling Children**

If a child is under age 18, he/she will only be treated with a parent/guardian's consent. Parents or legal guardians must authorize counseling services for minor children. In situations of divorce the parent with legal custody must sign the documents requesting counseling and will be solely responsible for paying the counseling fees. The non-custodial parent may bring the child to counseling, but only after these signatures are in place and only with the permission of the custodial parent. Documentation must be in place prior to counseling. Please bring a copy of the divorce decree with you.

After entering into this agreement the counselor will provide information to you regarding your minor child. Please understand that in an effort to maintain trust with your child, the counselor will not inform you of the confidential conversations that take place in counseling sessions with your child. Arrangements will be made to give you a summary of how your child is progressing rather than the details of the conversations. You will be informed of ways that you can help your child without the counselor breaking confidentiality with the child. If a child does not feel safe to confide with his/her counselor the treatment process can be greatly hindered. You should be aware that you usually have a right to see your child's record; however NFCC discourages this. If we feel it would endanger the minor in any way to reveal the record, that counselor will seek advisement of a peer or from the Texas State Board of Licensure prior to releasing records. In cases involving suicide prevention, chemical substance abuse or dependence, or physical, emotional, or sexual abuse the record will not be given to a parent.

Prior to the counseling sessions you should ensure that your child has been to the restroom, has eaten, is wearing appropriate play clothes, and is able to sit for a 50 minute session. You should attempt to keep your child quiet while in the waiting area and should not leave him/her unsupervised in the waiting area. You will not drop your child off at NFCC. You are to remain on site in case of an emergency.

### **Legal Proceedings**

**NFCC counselors will not voluntarily agree to be part of any legal process** with which you may be or become involved, including divorce or child custody issues or disability determinations. I feel therapy should provide a situation where you may speak freely without fear of your inner most concerns being replayed in a public way. Counselors cannot play the role of both therapist and forensic testifier as this may constitute a dual relationship. However, a counselor is ordered by a judge to testify he/she must do so. In this event, you will be expected to pay for all of their professional time, including preparation, travel, transportation, and waiting to testify, even if that counselor is called to testify by another party. Because of the difficulty of legal involvement, NFCC charges \$350 per hour for preparation and attendance at any legal proceeding. We charge \$175 for any records that are requested by any party.

### **Confidentiality and Professional Records**

NFCC counselors maintain confidentiality according to the ethical guidelines of their licensure as well as legal requirements. While you are entitled to a copy of your record, we do not recommend this due to the possibility of misinterpreting the meaning of notes. They are written for the health care professional and are often abbreviated with medical shorthand. A verbal summary can be provided upon your requests or a written narrative for \$50. If medical/mental health professionals requests records, you will be charged \$50 for copying and mailing.

Effective counseling sometimes requires sharing confidential information with other staff members, counseling students or interns being supervised at the center, as well as tax accountants. NFCC shares information with these individuals for both clinical and administrative purposes, such as scheduling, filing, and billing. All staff members abide by the same rules of confidentiality regarding your file and they have been trained about protecting your privacy, and they agree not to release any information about you to any outside sources without the permission of the counselor.

Records are kept for *six* years after your last session in accordance to the ethical and legal requirements of the Texas State Board of Examiners of Professional Counselors. All communication becomes part of this document.

Everything you discuss with your counselor remains confidential. You must give signed permission before your counselor can share information with anyone, except for the aforementioned, about any aspect of your counseling. If you do give permission, you will have an opportunity to specify who should receive information from your file, what information they are allowed to receive, the purpose for which they may use the information, and the period of time during which you are granting the permission. Be sure to read carefully any "Release of Information" or "Consent" form that you may be asked to sign. Be sure to ask any questions you may have. The common situations requiring a release of information include certain insurance companies, a new counselor wanting to use records from a previous counselor to provide continuing care, and collaboration with another agency or professional in your treatment. Sometimes certain situations override confidentiality. No records or information about you will be released without your written consent except under the following circumstances:

- If your counselor feels you are a serious danger to yourself or others
- If you are under 18 years of age and you disclose that you are being abused or neglected
- If you are abusing or neglecting an elderly person or dependent adult
- If you have sexually or physically abused a minor child and that child or other children are at risk of continued abuse
- If you are involved in a criminal case, the judge can order your file to be turned over to a court
- If a valid subpoena is issued for my records or there is some other legal process requiring disclosure
- If you become abusive or threatening to anyone in counseling sessions and your counselor feels he/she needs to notify the police for safety purposes

Apart from these circumstances, however, you can be assured that the only people who will have access to your records or statements are those for whom you have given written consent.

## Emergency Contact

In the event that you are deemed by your therapist to be at risk for harming yourself or others, it is important that your therapist have your consent to communicate with an emergency contact of your choosing to ensure that necessary follow up care is being obtained. (Note: For clients who are minors, their parents/guardians will be the default emergency contact unless other emergency contacts are listed).

### Primary Emergency Contact

- Name \_\_\_\_\_
- Phone Number \_\_\_\_\_
- Relationship to Client \_\_\_\_\_

### Secondary Emergency Contact (Optional)

- Name \_\_\_\_\_
- Phone Number \_\_\_\_\_
- Relationship to Client \_\_\_\_\_

I, \_\_\_\_\_, give permission for my therapist to communicate with my listed emergency contact person if I am deemed at risk for harm to myself or someone else, for the purposes of ensuring that appropriate follow up care (specialist, psychiatrist, or inpatient facility) is obtained.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Appointments

All appointments begin and end promptly. All sessions begin on the hour and last 50 minutes. On rare occasions the counselor may be in an emergency situation. Please be patient. The counselor will come out and inform you of the approximate wait time and/or reschedule your appointment. Please arrive 5-10 minutes early with all paperwork completed. Please do not be late. If you are an insurance client and more than 15 minutes late, you will be charged the full contracted fee and be rescheduled. Everyone has an occasional reason for running late, but there will be no more than one instance of grace per client. Later appointments will be offered to existing clients based on need. No late appointments will be offered to new clients. If you have a late day appointment and fail to show up or if you are late to an appointment more than once you will forfeit this late day privilege. Occasional after hour sessions (after 6:00) can be scheduled; however there will be an additional \$25 that must be paid in addition to your co-pay.

NFCC has a 24 hour cancellation policy. This means that you are required to change or cancel your appointment *at least 24 hours prior* to the time of service. Monday cancellations should be done by Friday at close of business. **If you cancel an appointment less than 24 hours in advance you will be billed a \$50 cancellation fee. If you fail to show up or cancel less than four hours in advance you will be charged the entire contracted rate for that session.** *Failure to confirm an appointment does not equal cancellation.* Further services will not be provided until this fee is paid. There are few exceptions to this policy. Credit card authorization/information must be given while making the first appointment.

Please do not bring children or babies to counseling unless you have a family session scheduled. Children are disruptive to counseling sessions, and they ***cannot remain in the waiting room.*** So you and other clients can receive the maximum benefits during counseling, please make arrangements for childcare outside of the office when you have an appointment.

## Emergencies and Messages

In case of an emergency you should call 911, your primary care physician, or go to the nearest emergency room. NFCC may not be open on weekends or holidays and you may not be able to speak with your counselor after hours. You can leave a message and someone will return your call during normal business hours. Your counselor has permission to return your call and/or leave a message on any of the following numbers. Cell phones and emails may not be secure.

**Okay to leave a message if you are unavailable**

**Please check all that apply**

Cell Phone Number: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_  
 Work Phone Number: \_\_\_\_\_  
 Text Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Yes       No  
 Yes       No  
 Yes       No  
 Yes       No  
 Yes       No

NFCC does have an email; however psychotherapy cannot be ethically conducted by email/text messages. Emails are to be used only for scheduling or canceling appointments and sending you handouts or forms.

**Lengthy emails will be deleted without reading.** Our office number does not receive text messages.

**Fees and Methods of Payment**

**You will be expected to pay for each session at the time of the appointment.** NFCC’s fees vary according to the type of service and the expertise of the provider. In some situations a counseling student or intern can be assigned at a lesser fee if the Administrator of NFCC feels that a less experienced counselor has the necessary expertise to meet your needs. This will usually be determined after the initial intake assessment and evaluation. Several therapists at NFCC are credentialed with select insurance companies. In order to take advantage of your mental health benefits, you will be required to pay the contracted rate for your session at the time of your appointment and for your convenience our office will bill your insurance company for you. You will then be reimbursed by your insurance company minus your copay/deductible.

*Counseling Fees:* Initial intake assessment is \$155 and then \$140 for counseling thereafter.

*Contracted Fees:* Insurance and other specially contracted rates are exempt from the above fee schedule. I agree to pay \_\_\_\_\_ contracted fee. (Client and counselor’s initials \_\_\_\_/\_\_\_\_).

*Fees with Intern:* Initial intake assessment contracted rate is \_\_\_\_\_ with \_\_\_\_\_ thereafter. Initial couple or family intake assessment contracted rate is \_\_\_\_\_ with \_\_\_\_\_ thereafter. (Client/intern’s initials \_\_\_\_/\_\_\_\_).

*Psychological Assessments/Testing:* Assessments and Testing range from \$25-\$200 each. Fees include administration of assessment/test, interpret/score, and write a narrative report if needed.

*Group Therapy:* Group therapy fees are \$50 per person per weekly session, which should be paid for one entire month at a time.

Any communication with a NFCC counselor outside of sessions will be billed at one and a half times the normal session fees. Instances include non-emergency (determined by counselor) telephone consultations.

NFCC accepts cash, money orders, Mastercard or Visa at the time of service. NFCC accepts several major insurance carriers as fees for payment; if we do not accept your insurance, we will provide you with the necessary papers to file this visit with your insurance carrier yourself. Please see Insurance Reimbursement.

**(Interns cannot accept insurance. Fees for intern services are by Mastercard or Visa only.)**

It is required to have a credit card on file to cover co-pays, lack of payment by insurance or fees associated with not canceling an appointment with 24 hour notice. Please complete the Pre-authorization for Credit Card form. These forms are in your chart and locked in a filing cabinet at all times. \_\_\_\_\_ Initial. Credit card authorization and information must be given while making the first appointment. **Your credit card will be billed for your session early on the day of your appointment.**

**Insurance Reimbursement**

You will be expected to pay for your counseling session at the time of your appointment. Some insurance carriers will reimburse you for a portion of your counseling fees and/or for assessment or testing evaluation. Counselors at NFCC file for most major insurances. If you have an out of network insurance, we will provide you with a statement with the necessary information so you can file your visit with your health care provider if we are unable to file it for you. You can file this yourself and then collect the reimbursement from your provider. You should carefully read your insurance policy that describes if your carrier provides mental health services. If you have questions contact your provider directly.

Soaring medical and mental health costs have made it very complicated for you to understand what your coverage is. Some carriers require advance authorization before they will reimburse you for your office visits. Some provide limited sessions. Others will extend those sessions upon request from you. Read your policy carefully to discover how much coverage you have, so together we can plan your treatment. In order to file a claim on your insurance you will have to authorize NFCC to provide a clinical diagnosis for your insurance company. The insurance carrier may require some of your clinical record and in some cases all of it. The information we send the insurance company will become part of the insurance files and will probably become computerized. It should still be confidential, but NFCC is not responsible once records leave our office.

### **Health Insurance Portability and Accountability Act (HIPAA)**

The HIPAA Privacy Rule provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes.

The Security Rule specifies a series of administrative, physical, and technical safeguards for covered entities to use to assure the confidentiality, integrity, and availability of electronic protected health information.

#### *Your Health Information Is Protected By Federal Law*

Most of us believe that our medical and other health information is private and should be protected, and we want to know who has this information. The Privacy Rule, a Federal law, gives you rights over your health information and sets rules and limits on who can look at and receive your health information. The Privacy Rule applies to all forms of individuals' protected health information, whether electronic, written, or oral. The Security Rule, a Federal law that protects health information in electronic form, requires entities covered by HIPAA to ensure that electronic protected health information is secure.

#### *Who Is Not Required to Follow These Laws*

Many organizations that have health information about you do not have to follow these laws. Examples of organizations that do not have to follow the Privacy and Security Rules include:

- Life insurers
- Employers
- Workers compensation carriers
- Many schools and school districts
- Many state agencies like child protective service agencies
- Many law enforcement agencies
- Many municipal offices

#### What Information Is Protected

- Information your doctors, nurses, and other health care providers put in your medical record
- Conversations your doctor has about your care or treatment with nurses and others
- Information about you in your health insurer's computer system
- Billing information about you at your clinic
- Most other health information about you held by those who must follow these laws

#### How Is This Information Protected

- Covered entities must put in place safeguards to protect your health information.
- Covered entities must reasonably limit uses and disclosures to the minimum necessary for their purpose.
- Covered entities must have contracts in place with their contractors and others ensuring that they use and disclose your health information properly and safeguard it appropriately.
- Covered entities must have procedures in place to limit who can view and access your health information as well as implement training programs for employees about how to protect your health information.

#### What Rights Does the Privacy Rule Give Me over My Health Information

Health Insurers and Providers who are covered entities must comply with your right to:

- Ask to see and get a copy of your health records
- Have corrections added to your health information
- Receive a notice that tells you how your health information may be used and shared
- Decide if you want to give your permission before your health information can be used or shared for certain purposes, such as for marketing
- Get a report on when and why your health information was shared for certain purposes

- If you believe your rights are being denied or your health information isn't being protected, you can
  - File a complaint with your provider or health insurer
  - File a complaint with the U.S. Government

You should get to know these important rights, which help you protect your health information.

You can ask your provider or health insurer questions about your rights.

**Who Can Look at and Receive Your Health Information**

The Privacy Rule sets rules and limits on who can look at and receive your health information

To make sure that your health information is protected in a way that does not interfere with your health care, your information can be used and shared:

- For your treatment and care coordination
- To pay doctors and hospitals for your health care and to help run their businesses
- With your family, relatives, friends, or others you identify who are involved with your health care or your health care bills, unless you object
- To make sure doctors give good care and nursing homes are clean and safe
- To protect the public's health, such as by reporting when the flu is in your area
- To make required reports to the police, such as reporting gunshot wounds

Your health information cannot be used or shared without your written permission unless this law allows it. For example, without your authorization, your provider generally cannot:

- Give your information to your employer
- Use or share your information for marketing or advertising purposes
- Share private notes about your health care

I \_\_\_\_\_ authorize NorthSide Family Counseling Center to release any medical records necessary to my insurance carrier (\_\_\_\_\_) for billing purposes. This release of information will remain in effect until I terminate counseling.

**HIPAA ACKNOWLEDGEMENT**

I have read the HIPAA document and I agree to its terms.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

**Telephone Calls**

Counselors are usually not available during office hours to take calls. Counselors will return emergency calls (standard rates apply). You can leave a message and your counselor will call you back at the end of the business day or when he/she has a break. We will make every effort to return your call on the same day that you make it, however, calls made after hours, on weekends and holidays may not be answered.

If your counselor is out of town or not available, another on-call counselor will take your call and appropriate charges will be made. In the event of an emergency *go to your nearest emergency room.*

**Statement of Faith**

NFCC believes that the Holy Spirit is the Great Counselor and only with His power and wisdom can we adequately guide and counsel individuals, marriages, and families in a manner that will bring godly, lastly transformation. While NFCC counselors do not attempt to push these beliefs on the client, we feel it is important for you to understand what your Christian counselor believes.

- The Bible is God's Word. It contains the absolute, inerrant truth and was composed by God Himself.
- God's truth is the foundation for all healing; therefore counseling is based on truths from God's word.
- Since the Holy Spirit provides the wisdom for effective and lasting change this Spirit is invited to participate in the counseling experience.
- NorthSide Family Counseling Center desires to encourage each of you to understand who God created you to be and to fully experience the abundant life God desires for each of His children.
- NorthSide Family Counseling Center exists as both a ministry and business to offer Biblical counseling to individuals of all faith and denominations. We do not discriminate against anyone on the basis of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV/AIDS), sexual orientation, mental disability, medical condition, age, or marital status.

- We proclaim the Trinity of the Godhead and each individual’s need for a personal relationship with Jesus Christ, as the One and only means of eternal life.
- This relationship with Jesus Christ is a covenant relationship based on grace alone and has nothing to do with religious affiliation. This saving grace (salvation) cannot be earned or achieved. It is absolutely a free gift.
- Individuals are not predetermined by genetics, family of origin, or other failings in life. Allowing the Holy Spirit to guide you and provide insight to change thoughts, attitudes, and behaviors can overcome these flaws and allow your character to be transformed.
- God’s word clearly describes a marriage as one man and one woman in a covenant relationship together with God. Marriage is not cohabitating. Each person is to honor the other and remain sexually pure in thought and behavior.

**STATEMENT OF FAITH**

I have read NFCC’s Statement of Faith. I understand that my counselor will practice from a Christian Worldview with Christian morals and principles. I agree to this type of counseling.

\_\_\_\_\_  
Client’s Signature

\_\_\_\_\_  
Date

NFCC requires proof of identification with a parent’s government ID. Staff initials \_\_\_\_\_



**CONSENT FOR ADULT REQUESTING SERVICES FOR MINOR CHILD**

In order for minor children/adolescents to receive psychological services, it is necessary for the parent or legal guardian to grant permission for such services to occur.

Name of person requesting services: \_\_\_\_\_

Name of child to receive counseling: \_\_\_\_\_

Your relationship to child: Parent          Stepparent    Guardian    Grandparent    Other

Are you the legal parent or custodian to above-named child:      Yes                  No

I hereby swear that I have legal right to obtain treatment for the above-named children:    Yes                  No

In instances of divorce, it is essential that the legal custodian of the child grant permission for the services. If you are a divorced parent, a step-parent, a grandparent, a guardian, or other, you will be asked to provide a copy of the court order which names you the legal custodian of the above children. Are you willing to do so? If the answer to any of the above questions is "No," counseling services cannot be provided to the above-named child until a copy of the court order which names you the legal custodian is provided to this office.

I acknowledge that both natural parents, even though divorced, may have a right to obtain from the provider named below information regarding the nature and course of treatment of the child.

Texas State law mandates the reporting of certain types of child abuse, including physical abuse, sexual abuse, unlawful sexual intercourse, and neglect. All actual or suspected acts of child abuse will need to be reported to the appropriate agency.

I, \_\_\_\_\_, consent to counseling services from NorthSide Family Counseling Center for \_\_\_\_\_. These services may include counseling, psychological testing, or other services.

\_\_\_\_\_  
Signed by Parent or Legal Guardian