

Janet Dougherty, PhD, LPC-S
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Lewisville, TX 75067
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Informed Consent and Practice Policies

Thank you for choosing me as your therapist. Seeking counseling is a demonstration of your commitment to your health and well-being and I appreciate the opportunity to be of service to you. I realize entering counseling is a major decision and you may have many questions. Prior to beginning therapy, it is important for you to understand my approach to therapy and my policies regarding your confidentiality during the course of your work with me. This form is designed to help explain some aspects of our work together so that we may have a mutual understanding regarding the nature of our professional relationship. Should you have any questions or concerns please jot them down and share them with me and I will do my best to answer them to your satisfaction.

I have a PhD in Counseling from Texas A&M University-Commerce, a master's degree in Counseling (MS) from Texas A&M University-Commerce, and I have a Bachelor's degree in Education (BSIS) from the University of North Texas

I am licensed as a Professional Counselor by the Texas Board of Examiners for Licensed Professional Counselors (LPC). In addition, I am a Texas Certified School Counselor.

My approach to facilitating change, wellness, and personal growth is through the use of humanistic approaches to therapy. This includes the use of Gestalt techniques and Expressive Arts to help the client become more aware of automatic responses and deeper levels of emotion. From time to time I may also encourage "homework" assignments to help you become more aware of behaviors or to practice and master new skills or behaviors, but whether you choose to utilize these assignments is strictly up to you. My driving theory is Adlerian theory which states that the client knows best what he/she is ready to do. I believe the client comes to therapy with the desire for change and the skills necessary for personal growth, even if they are currently not accessible. By providing you a safe, non-judgmental environment and carefully considered feedback, you will reach the goals you set for yourself.

Professional Relationship: It is important to understand that you and I have a professional relationship. Our contact will be limited to the paid sessions you have with me. If I see you in a public setting, in an effort to protect your confidentiality, I will not acknowledge you unless you acknowledge me first. This is so that you are able to receive quality care and so that we can concentrate on your concerns for your own personal growth. In addition, please be aware that I do not "friend" clients on social networking sites. This is to protect our professional relationship and your confidentiality. You will best be served if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. You will learn a great deal about me as we work together during your counseling experience. However, it is important for you to remember that you are experiencing me only in my professional role. Furthermore, I practice as an independent private practitioner. There is no association or partnership, either expressed or implied, with any other practitioner.

Counseling Process: The healing process is different for each person and for each type of issue. The number of sessions necessary will depend upon a variety of circumstances. Everyone enters counseling at different levels of self-awareness and desires for change. Clients also enter counseling with different experiences. How quickly you reach your goals will depend on your willingness to attend sessions regularly, your willingness to participate in outside assignments, your personal goals, and your special circumstances. It should be expected that the more traumatic events one has had in life, the more time it takes to heal. That being said, how long you choose to work on the issue that brought you to counseling, and how much effort you make toward your goals, is completely up to you. The client/counselor relationship is key to the success of treatment. During the first few sessions you and I will be building a relationship of trust. It is important that you feel safe throughout the counseling process. We will discuss how you are feeling about your therapy from time to time, but you are always encouraged to discuss any concerns or ask questions if you feel uncomfortable or frustrated with the process. We can usually resolve such concerns so long as doing so enables your therapeutic process.

The results of therapy are not guaranteed. While therapy may provide significant benefits, it may also pose risks. Therapy may elicit uncomfortable thoughts, feelings or memories. Because some issues are painful to deal with, things sometimes seem to get harder before they get better. This experience may affect your relationship with family members or other significant relationships. This is a natural part of the growth process and usually gets better as the counseling relationship continues. For this reason, it is often helpful to share these experiences with your therapist during your sessions. _____

Confidentiality and Records: I will keep confidential anything you say to me with certain exceptions. However, the following limitations and exceptions do exist: a) When there is risk of imminent danger to you I am required by law to take necessary steps to prevent such danger; b) If I suspect any form of abuse, neglect, or exploitation of a child, elderly, or disabled person I am required by law to report it to the proper authorities; c) If I am ordered by a court to disclose information I must comply unless released of such duty by a judge; d) If you direct me to release your records in writing or verbally; e) If I am otherwise required by law to disclose information; f) If I am billing a third-party for your counseling services.

My primary business phone is a cell phone. Please be aware that discussions on cell phones may not be secure. If you have concerns about this, please discuss them with me at the beginning of therapy, so that alternate arrangements can be made. I will set up an individual client file for you that contain all of our initial paperwork that we complete during this first visit and any additional paperwork that may become part of our professional working relationship. This file is maintained by me and is kept in a secure location. I also will maintain brief session notes that include what we did, progress that we are making, and any significant issues we discussed. I maintain this file for 7 years after termination of our professional working relationship.

As part of my professional obligation, I have a contingency plan in place in case of my extended incapacitation, my death, or retirement from this practice, which includes provision for your file. However, you will be notified, at your last current address, if maintenance of your file is transferred. Your file will be maintained by: Carma Walker who is a licensed professional counselor. Her office address is: 105 Kathryn Drive Suite 400, Lewisville, TX, 75067. Her office phone number is (972) 816-2543.

Client Rights: You have the right to end our counseling relationship at any time. You also have the right to refuse or negotiate modifications of any of my counseling techniques or suggestions that you believe might be harmful to you. I assure you that my counseling services will be rendered in a professional manner consistent with accepted legal and ethical standards as stipulated by the American Counseling Association. If at any time for any reason you are dissatisfied with my services, please let me know so that existing issues can be worked through. Sudden termination of therapy is not recommended. If you intend to terminate counseling prior to our agreed upon number of sessions I respectfully ask

that you allow us time to properly terminate the counseling relationship. If you do not feel that you may not resolve your complaint with me, you may report your complaints to my licensing board, Licensed Professional Counseling Board of Texas, by writing to:

Complaints Management and Investigative Section
P.O. Box 141369

Austin, Texas 78714-1369 or by calling 1-800-942-5540 to request the appropriate form or obtain more information.

____ **Court Hearings: It is NOT my policy to testify in court custody/divorce hearings.** If you are coming to counseling for help during this stressful time in your family's life, then my work is directed toward helping you through the process. Participating in any court proceedings is counterproductive to the therapy process. By setting this policy at the beginning of therapy, your rights are being protected as well as keeping the therapy room a safe place for you to work through emotions. By signing this informed consent, you **agree not to subpoena or ask for copies of your records, or ask for court testimony/evaluations from me.** Should you subpoena me as a factual case witness or an expert witness or involve me in any court-related process, please know that my **retainer fee is \$1,000.00, with an additional \$300.00 for every hour involved** including case preparation, travel, witness time, and any wait time related to a court-related process. A bill will be rendered to you for immediate payment. Please let me know before establishing a counseling relationship if you are attending counseling for court or court-related purposes/motivations.

Clinical Consultation and Supervision:

In order to provide the highest level of care for you I may at times seek consultation from other professional therapists. Any information shared during these consultation or supervision sessions is confidential.

Emergency/Crisis: Please know that I do not provide a 24-hour crisis counseling service. Should you experience an emergency necessitating immediate mental health attention, immediately call 9-1-1 or go to an emergency room for assistance. Please be aware that when I am out of town there is no on-call back up for my practice.

Cancellation: There is no charge for appointments cancelled 24 hours in advance of the scheduled time. **Appointments cancelled less than 24 hours ahead of time MAY BE charged full fee.** Be aware that insurance does not pay for missed appointments payment for missed appointments must be made at your next appointment. If you need to cancel your appointment, please call within 24 hours. Voicemail is available 24 hours a day, seven days a week.

Fees: My fee is \$125.00 for the initial session, then \$100.00 for a 45-50-minute session. Please be aware that the full fee is charged even if you arrive late for your session. Other fees apply for various services, such as copying records, court testimony, and written reports. Payment by is due at the time of your session. There is a \$35 charge for returned checks. I do accept VISA and MasterCard and flex spending medical cards.

Insurance: I only accept Cigna and BCBS insurance. If you have other insurance, you can check to see if you have out-of-network benefits. I will only file primary insurance. Payment for each session is due at the time of service. If you do not have insurance, then I will provide you with a receipt which you can submit with your claim for reimbursement. Please be aware that insurance may not pay/reimburse you for missed appointment fees. If you cancel your appointment with less than 24 hours' notice, or if you do not attend your scheduled appointment (no-show), you will be charged the full fee of the session. This fee is due at your next appointment.

____ **Telephone and Electronic Communication:** I make every effort to respond to my messages promptly. Calls are generally returned during normal business hours, but may be returned in the evening no later than 8:00 pm. Because technical difficulties do sometimes occur, please call again if you do not receive a return phone call by the end of the next business day. My primary business phone is a cell phone. Please be aware that discussions on cell phones including texts may not be secure and confidential. Please be aware that **email is not a secure means for communicating** information. Thus, confidentiality cannot be guaranteed through email and it is best that you limit email use to scheduling issues. If you do send an email with other information, I will read it but will most likely wait until your scheduled appointment to respond to that content.

*** By your signature below, you are indicating that you read and understood this document, or that any questions you had about this document were answered to your satisfaction- and that you were furnished a copy of this document.

I verify the accuracy of this document, issue consent for Janet Dougherty, MS, LPC to work with me, understand my financial obligations, and acknowledge my commitment to conform to its entire specifications.

Client Signature

Date

Print Name

Janet Dougherty, PhD LPC-S

Date