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Informed Consent and Practice Policies

Thank you for choosing me as your child's therapist. Seeking counseling for your child is a demonstration of your care and commitment to your child's well being and I appreciate the opportunity to be of service to you and your family. 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 child therapy and my policies regarding your child's confidentiality during the course of his/her work with me. This form is in addition to the Notice of Privacy Practices (HIPAA). 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 and Master's degree in Counseling (MS) from Texas A&M University-Commerce. I have a Bachelor's degree in Education (BSIS) and 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.

Professional Relationship: It is important to understand that you, your child, and I have a professional relationship. Our contact will be limited to the paid sessions your child has with me. If I see you in a public setting, in an effort to protect your confidentiality, I will not acknowledge you or your child unless you acknowledge me first. This is so that your child is able to receive quality care and so that we can concentrate on your concerns for your child's 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. Your child will best be served if our relationship stays strictly professional and if our sessions concentrate exclusively on therapy. Your child will learn a great deal about me as we work together during their counseling experience. However, it is important for you and your child 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 your child reaches their goals will depend on their willingness to attend sessions regularly, their willingness to participate in outside assignments, personal goals, and their 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 for your child to work on the issue that brought you to counseling, and how much effort they make toward their goals, is completely up to them. The client/counselor relationship is key to the success of treatment. During the first few sessions your child and I will be building a relationship of trust. It is important that they feel safe throughout the counseling process. We will discuss how they are feeling about therapy from time to time, but they are always encouraged to discuss any concerns or ask questions if they feel uncomfortable or frustrated with the process. We can usually resolve such concerns so long as doing so enables their 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 child's 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. Occasionally, a disagreement between parents and/or a disagreement between parents and counselor regarding the best interests of the child may occur. We can usually resolve such disagreements or agree to disagree, so long as this enables your child's therapeutic process. _____

Parents often ask what they can do to help facilitate their child's progress. Throughout the course of treatment, you and I will work together to help your child reach his/her potential. You will receive specific information about preparing for therapy, but some of the things you can do include:

- Resist the urge to ask your child what he/she did in session. Sessions are your child's special time and he/she should feel free to express him/herself at his/her own pace without the worry that anyone will know exactly what happened. I will share important themes and suggested meanings with you during our parent consultations.
- Your child must feel free to express all feelings in an uncensored way.
- Don't insist that your child share certain things with me (positive or negative.) Instead, let me know of your concerns either by calling or at scheduled consultations.
- Be consistent and encourage your child to attend sessions regularly, even if he/she doesn't want to. If your child consistently doesn't want to attend sessions, please schedule a consultation so that you and I can explore possible reasons for resistance and possible solutions which may include referral to another counselor if appropriate or requested.
- Realize that sudden termination of therapy once a counseling relationship has been established could be harmful to your child. If you intend to terminate counseling, please allow for a minimum of two scheduled termination session in which your child and I will bring closure to the counseling relationship.

Confidentiality and Records: I will keep confidential anything your child says 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 your child that contains 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.

Divorce/Custody Agreements: If a divorce has occurred, **a copy of the section in the divorce decree that addresses custody is required.** Ideally both parents will attend at least the first consultation session, although this is not required. If joint custody exists, the parent not bringing the child may be contacted at some point via letter with an intake form and an invitation to that parent to call with any questions. Please understand that the other parent will only be contacted to assist the therapist in the manner of working with your child. I will not provide information to the other parent regarding your child other than under the auspice of my work with the child within the counseling session. Furthermore, it is helpful that I am apprised of other existing important documentation, such as court orders, mental health evaluations, etc.

Court Hearings: It is **NOT** my policy to testify in court custody/divorce hearings. If you are bringing your child for help during this stressful time in your family’s life, then my work is directed toward helping your child in therapy. Participating in any court proceedings is counterproductive to your child’s therapy process. By setting this policy at the beginning of therapy, each parent’s rights are being protected as well as keeping the therapy room a safe place for your child to work through emotions. By signing this informed consent, you **agree not to ask for copies of your child’s records, or ask for court testimony/evaluations from me. You also agree to instruct your attorneys not to subpoena me or refer to me in a court filing.** 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 your child, I may at times seek consultation or supervision from other professional therapists. Any information shared during these consultation or supervision sessions is confidential. At times I may request your permission to video record a session with your child to be used during a supervision session. This recording will be treated with professional integrity and will be used only for the purposes of supervision. A separate consent form will be provided to you prior to taping.

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. I do accept credit or debit cards, so payment for missed appointments must be made at the next scheduled 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 a 45-50-minute session. Please be aware that the full fee is charged even if you arrive late for your session or if your child’s session ends early due to special circumstances. Other fees apply for various services, such as copying records, court testimony, and written reports. Payment is due at the time of your session. There is a \$35 charge for returned checks. I accept payment in the forms of check, cash, VISA and MasterCard.

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.

By my signature, I certify that I have the legal right to seek and authorize treatment for my minor child. I verify the accuracy of this document, issue consent for Janet Dougherty, PhD, LPC-S, CHST to work with my child (client must sign over the age of 15), understand my financial obligations, and acknowledge my commitment to conform to its entire specifications.

Parent or Guardian Signature

Date

Print Name