

Trisha Taylor, M.A., LPC

Counseling Information and Consent

Counseling is a joint endeavor between the counselor and the client and progress depends on many factors, including motivation, effort, attendance at regularly scheduled counseling appointments and open communication. The length of sessions is typically 50 minutes, although this may vary depending on your needs. The number of sessions is not prescribed and may be left open, depending on your goals and commitment to change. You may expect that the first two or three sessions will focus on gathering relevant information and establishing goals for counseling. Subsequent sessions will focus on meeting those goals in a variety of ways. No counselor can ethically guarantee the achievement of goals, and you are encouraged to ask questions about the process at any point in the course of therapy. Referrals to other qualified professionals may be provided as needed.

Confidentiality—Trisha Taylor is committed to the confidentiality and privileged communication of all clients. Some exceptions in which information can be released without your permission in accordance with Texas law include:

1. The counselor reasonably believes you exhibit serious intent to harm yourself or someone else
2. There is evidence or reasonable suspicion of current abuse against a child, elderly person, or dependent/disabled adult
3. A subpoena or other court order directs the release of information
4. As necessary for the collection of a debt

With your permission, information may also be released to other health care providers and to your insurance company.

Review of Counseling Sessions—Responsible therapists occasionally consult with other professionals and seek supervision of counseling in order to offer the highest quality services possible to clients. Although this process may involve disclosing certain details of a case, every effort is made to protect the identity of a client.

Appointments—Appointments may be made with Ms. Taylor by calling 512-922-4000. If an appointment is missed or canceled with less than 24 hours notice, you will be charged for that session.

Fees—The regular fee for counseling services is \$125 per hour. If you cannot afford the regular fee, an adjusted fee based on your family income may be available. After discussing this with Ms. Taylor, I agree to pay \$_____ per hour. I understand that the fee is due at the time of the session, unless prior arrangements are made. Payment may be made using credit or debit card, check or cash.

Emergencies—Trisha Taylor does not provide inpatient or emergency services. If you have an urgent concern, we will try to schedule an appointment as soon as possible. If you have a critical emergency, you should go to the nearest emergency room or call 512-472-4357 to talk with a crisis hotline. If you leave a message on Ms. Taylor’s voice mail, she will call you back as soon as realistically possible.

Termination—If you decide that you want to end the counseling process, either because you believe you have reached your goals, because you are moving away, or because you want to seek counseling elsewhere, please inform us of your decision. We will do everything we can to help you make a smooth transition and can give you referrals to other professionals.

Complaints—You may report ethical violations or other complaints to the Texas State Board of Examiners of Professional Counselors, 1100 W 49th St, Austin Texas 78756-3183 or call 1-800-942-5540 to request the appropriate form or obtain more information. *License # 17488.*

I also acknowledge the following:

- I am 18 years of age and have never been declared incompetent by a court of law
- I am the parent/legally-appointed guardian or other authorized representative of the client to be treated, if the client is 17 years old or younger
- I am financially responsible for all services and treatment rendered to me by Trisha Taylor

My signature affirms that I have read or heard the information above and that it was presented to me in clear language. I understand this information and give my informed voluntary consent to Ms. Taylor to enter into a counseling relationship with me.

Date

Client’s signature

Date

Client’s signature

Date

Therapist’s signature