

CLIENT INFORMATION AND CONSENT

Welcome! It is my desire to insure that your participation in counseling is a most productive and satisfying one. In order to facilitate a therapeutic relationship, I have set forth certain information which will enable you to make an informed consent to counseling.

Therapist

My name is Dr. Larry Watson and I am licensed by the State of Texas to provide mental health services. My clinical degree is the Masters of Science in Social Work (MSSW). I also hold a PhD degree in public administration and a Masters Degree in criminal justice. In addition, I was a faculty member and teach social work courses at the university level for many years and was also the President/CEO of a statewide nonprofit agency. I am in private practice and operate as an independent practitioner. Marriage and Family Counseling Associates is a shared space arrangement and each therapist is an independent practitioner; there is no partnership, legal or implied.

Mental Health Services

While it may not be easy to seek help from a mental health professional, it is hoped that through therapy you will change in the following ways: 1) gain greater insight into your situation and feelings, 2) develop expanded conceptualizations of your life, relationships, circumstances, and future; 3) move toward resolving your concerns; and 4) forge a life plan that promotes greater realization of your human potential, happiness, and success. As your therapist, using my knowledge of human behavior and human change process, I will make observations about your life situations and offer guidance as you seek new ways to approach them. It will be important for you to explore your own feelings and thoughts and to try new approaches in order for change to occur. You may bring other family members to a therapy session if you or I feel it would be helpful.

Appointments

Persons are seen in the office on an appointment basis. Appointments may be made by calling 972-740-5422. I maintain my own appointment calendar so if you leave a message, I will call you back for scheduling. Counseling sessions are 45-50 minutes in duration.

Therapyappointment.com

Please register at therapyappointment.com. From this site you can see all of the appointment times that I have available and can schedule and manage your own appointments.

Number of Visits

The number of sessions needed is variable and depends on many factors which we will discuss in session.

Relationship

Your relationship with me is a professional and therapeutic one. In order to preserve this relationship, it is ethically imperative that our relationship be solely a therapeutic one. Personal and/or business relationships undermine the effectiveness of the therapeutic relationship. I care about helping you but I am not in a position to have a social or personal relationship with you. Gifts, bartering, and trading services are disallowed by the ethics codes of my profession.

Cancellations

Cancellations must be received **at least 24 hours** before your scheduled appointment; otherwise **you will be charged the customary fee for that missed appointment.** You are responsible for calling to cancel or reschedule your appointment. The reason for this is that when you make an appointment you are reserving a time. As your therapist, I have agreed not to utilize that time slot for any other purpose. If you fail to keep your appointment and fail to give adequate notice, I am unable to schedule another use for that part of my workday.

Payment for Services

My standard fee for services is \$125.00 for a therapeutic hour. Unless otherwise arranged, payment for services is to be made in full at each session. In the event an arrangement is made for your insurance company or managed health care company to pay me directly, you will be responsible for any co-pay and unpaid fees.

Although it is our goal to protect the confidentiality of your records, there may be times when disclosure of your records or testimony will be compelled by law. Confidentiality and exceptions to confidentiality are discussed below. In the event disclosure of your records or testimony is required by law, you will be responsible for the costs involved in producing the records and my normal hourly rate for the time involved in preparing for and giving testimony. Such payments are to be made at the time or prior to the time the services are rendered.

Confidentiality

Discussions between a therapist and a client are confidential. No information will be released without the client's written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: child abuse; abuse of elderly or disabled; abuse of patients in mental health facilities; sexual

exploitation; AIDS/HIV infections and possible transmission; criminal prosecutions; child custody cases; suits in which the mental health of a party is an issue; situations where the therapist has a duty to disclose, or where, in the therapist's judgement, it is necessary to warn or disclose; fee disputes between the therapist and the client; a negligence suit brought by the client against the therapist; or the filing of a complaint with the licensing board. If you have any questions regarding confidentiality, you should bring them to my attention when we discuss this matter further. By signing this information and consent form, you are giving your consent to me to share confidential information with all persons mandated by law and with the agency that referred you and the managed care company and /or insurance carrier responsible for providing your mental health care services and payment for those services, and you are also releasing and holding harmless this therapist from any departure from your right of confidentiality that may result.

Duty to Warn

In the event my therapist reasonably believes that I, the undersigned client, am a danger physically or emotionally, to myself or another person, I specifically consent for the therapist to warn the person in danger and to contact the emergency contact in my record, in addition to medical and law enforcement personnel:

Risks of Therapy

Therapy is the Greek word for change. You may learn things about yourself that you don't like. Often, growth cannot occur until you experience and confront issues that may induce feelings such as sadness, sorrow, anxiety, discomfort or pain. The success of our work together depends on the quality of the effort you are prepared to give this endeavor and the realization that you are responsible for lifestyle choices and changes that may result from therapy. Specifically, one risk of couples therapy is the possibility of exercising the dissolution option.

Therapist's Incapacity or Death

I, the undersigned client, acknowledge that, in the event my therapist becomes incapacitated or dies, it will become necessary for another therapist to take possession of my file and records. By signing this information and consent form, I give my consent to allowing another licensed mental health professional selected by my therapist to take possession of my file and records and provide me with copies upon request, or to deliver them to a therapist of my choice.

Emergency Services

I am unable to provide 24 hour per day, seven days per week psychotherapy services. In the event that you become in need of emergency services when I am unavailable, you

may contact the following for Emergency Services. Tarrant County: **Crisis Intervention – Fort Worth at (817)927-5544; John Peter Smith Hospital, Emergency Room at (817)927-1110.** Dallas County: **Dallas Suicide and Crisis Center at (214)828-1000; Parkland Psychiatric Clinic at (214)590-5536 or the Parkland Emergency Room at (214)590-8761.**

Consent to Treatment

I, the undersigned client, voluntarily agree to receive mental health assessment, care, treatment, or services, and authorize the undersigned therapist to provide such care, treatment, or services as are considered necessary and advisable.

I understand and agree that I will participate in the planning of my care, treatment, or services, and that I may stop such care, treatment, or services that I receive through the undersigned therapist at any time. However, premature termination may result in failure to achieve therapeutic outcomes.

By signing this Client Information and Consent form, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

Client/Parent/Guardian

Date

Address

As witnessed by:

**Larry Watson, Ph.D., LCSW
Therapist**

Date