**Shannon Thomas Counseling, Inc**

**dba Southlake Christian Counseling**

211 East Southlake Blvd, Suite 108

Southlake Texas 76092

Phone: 817-897-8882 Fax: 817-953-8900

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for choosing Southlake Christian Counseling (SCC) for your counseling needs. We will do all that we can so that your counseling experience is beneficial to your specific life situation and goals. Therapy can, at times, be difficult as we will be discussing life challenges and previous experiences that may temporarily increase feelings of distress. However, as we progress through the healing process, new emotional freedom may be found and the rewards of therapy can then be enjoyed.

**Services:**

SCC provides counseling services for children (play therapy), individuals, pre-married and married couples and families. SCC utilizes a short-term solution focused method of counseling. You may discuss this methodology and any other questions that you may have with your therapist.

**Appointments/Fees:**

You may call 817-897-8882 to make, change or cancel your appointments. SCC sessions are scheduled for 45 minutes and the standard rate of service is $90.00 per session due at the time of service. A $35.00 fee will be added in the event of a returned check.

Appointments are usually scheduled weekly but other arrangements are made due to scheduling concerns and/or therapy needs. It is SCC policy that all clients maintain a current credit card number on file in the event that you would like your session fees charged to the credit card and/or for fees to be charged to the credit card for late cancelled appointments (please see Credit Card on File authorization form included).

**Court Appearances:**

If you request your therapist’s appearance in court, a non-refundable retainer fee is required to cover any lost income for your therapist. The retainer fee for a full day is $1500 and half day is $750 and must be paid in full prior to court testimony. Additional fees may be incurred for preparation time, commute and additional hours in court until your therapist is released by the judge.

**Therapist & Client Relationships:**

The relationship that you and your therapist will establish will be based on trust, rapport and a common hope of you achieving your therapeutic goals. For this to occur, your therapist must maintain professional boundaries and follow the regulations of the state of Texas regarding the type of relationship that can occur between a client and a therapist. Your therapist can not have a dual relationship with you that would violate the code of ethics in which SCC is governed. Your relationship with your therapist is strictly a professional one and will not become personal outside of the office environment.

**Confidentiality:**

A part of gaining trust with a therapist is the knowledge that your discussions are confidential. Please be assured that your information will not be given out by SCC without your prior written consent. However, there are limitations and exceptions to confidentiality as required by law and professional ethics codes. They include, but are not limited to, suspected abuse of children, elderly or handicapped persons, and any probability of harm to yourself or others or a court order. Please feel free to discuss any questions that you may have regarding confidentiality with your therapist.

**Use of Technology:**

SCC utilizes several forms of electronic technology, including but not limited to, cell phone usage, correspondence via email, text messages and faxing documents. SCC will make reasonable and customary efforts to safeguard your privacy while utilizing electronic technology. Please discuss any questions or concerns regarding the use of technology with your therapist.

**Emergencies:**

If a psychiatric emergency occurs, please contact SCC by calling 817-897-8882. Your therapist will contact you as soon as scheduling allows. However, if you are in a crisis, do not wait for a return phone call from SCC. Please call the Crisis Hotline at 817-335-3022, proceed to the nearest emergency room or call 911 for immediate assistance.

**Therapist’s Incapacitation or Journey to Heaven:**

The state of Texas requires that SCC clients be informed that in the event your therapist becomes incapacitated or deceased, the therapist’s calendar and your case file will be transferred to another licensed mental health professional who will briefly review the calendar and your file for the purpose of notifying you of the situation and possibly transferring you to another appropriate therapist for services.

**HIPAA Consent:**

The Health and Portability & Accountability Act of 1996 (HIPAA) allows certain rights to privacy regarding your protected health information. This information can and will be used to (a) conduct, plan and direct your treatment with SCC (b) obtain payment from a third party payer if applicable and (c) conduct normal health care business operations. Upon your request, SCC will provide you with a copy of the more complete description of these uses and disclosures as written in our Notice of Privacy Practices. SCC has the right to change its Notice of Privacy Practices from time to time and you may contact SCC at 211 East Southlake Blvd Suite 108, Southlake TX 76092 for the most current copy of the Notice of Privacy Practices. You may request in writing that SCC restricts how your private information is used or disclosed to carry out treatment, payment and health care operations. If SCC agrees to the requested restrictions, SCC will be bound to abide by those restrictions. You may revoke the consent in writing at any time, except to the extent that SCC has taken action relying on the consent.

I have read, understand and agree to the above mentioned information. I hereby consent to treatment for therapeutic services by Southlake Christian Counseling and may obtain a copy of all intake forms at my request:

Name of Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Client Signature (parent/guardian for minor) Date

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Therapist Signature Date