

Restoration Counseling  
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## **Disclosure Statement and Informed Consent**

### **BACKGROUND INFORMATION**

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Thank you for choosing me as your counselor! This document is designed to provide information about the therapeutic process, my training and approach, as well as to ensure that you understand the professional relationship of counselor and client. You have the right to inquire about my professional credentials and experience, so feel free to ask questions at any point.

I am a certified Licensed Professional Counselor and a National Certified Counselor with a master's degree in Clinical Mental Health Counseling from Sam Houston State University (2014) and a Bachelor's degree in Psychology (2011) from Sam Houston State University.

The majority of my practice consists of working with individuals, families, and couples through the process of Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, EMDR, and/or Christian-based counseling. I believe that clients have the ability to choose how to resolve their own problems and can make their own decisions with my assistance as a facilitator. Ultimately, success in therapy depends to some degree on the desire for change and one's willingness to be honest with his or herself and with me. As your counselor, I hope to facilitate greater self-awareness through your life experiences that lead to increased confidence, self-esteem, independence, mental health, and the capacity to effectively navigate the complex challenges of life.

### **LIMITS OF TREATMENT AND CODE OF ETHICS- ITEM 1**

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*Please take note that as your counselor, I am not able to prescribe medications to clients.*

Some clients need only a few counseling sessions to achieve the goals we set out to accomplish, while others may require more counseling. As a client, you maintain control of yourself and you may end our counseling relationship at any point. If you are dissatisfied with my work, or it is concluded that I might not be the most qualified counselor available to effectively address your goals, I will gladly provide you with community referrals. It is recommended that any conflicts or concerns that arise within the counselor/client relationship be resolved within session. If we

are unable to resolve such conflicts, you have the right to contact the Texas State Board of Counselors. If you wish to file a consumer complaint to the board, you may visit [www.dshs.state.tx.us/counselor](http://www.dshs.state.tx.us/counselor) or call 1-800-942-5540.

While our sessions might be very intimate psychologically, it is important for you to understand that we have a professional relationship rather than a social relationship. Our contacts, other than chance meetings, will be limited to appointments you arrange with me. I will not attend social gatherings, interact with you on social media, accept gifts from you, or relate to you in any other way than in the professional context of our counseling sessions. You will be best served if our relationship remains strictly professional and our sessions concentrate exclusively on your concerns. While you might learn much about me as we work together, it is important for you to remember that you are experiencing my professional role.

Initial acknowledging your understanding and consent: \_\_\_\_\_

## **CONFIDENTIALITY- ITEM 2**

As your counselor, I strive to create an environment based on trust and safety. All information disclosed within the session will not be revealed to anyone without your permission. If I see you in public I will protect your confidentiality by not acknowledging or approaching you (unless directed otherwise by the client). You are in control of the counseling relationship; therefore, if you choose to approach or acknowledge me in public, that will be left to your discretion. I will not discuss your counseling goals or any therapeutic content in any public place.

- \* In the case of child clients, parents (with legal custody) have legal rights to know the content of our counseling sessions. However, it is better for the client's progress if information is only disclosed to parents at the counselor's discretion.
- \* In a case of the counselor's leave (e.g., location change, maternity leave, and/or retirement), it is understood that you will not hold the counselor responsible for events that may occur post-discharge or related to such a discharge. At the counselor's leave, it is understood that you will be discharged from treatment services and provided with referrals for further care.
- \* In the case that your counselor discerns she is not the best match for your counseling treatment, your counselor reserves the right to terminate counseling sessions and provide you with referrals for further care. It is understood that you will not hold the counselor liable for any actions related to decisions of this nature.
- \* **Custodian of Records in the event of your counselor's death:** In the event of your own counselor's death, your health records will be handled by Dr. Monica Polonyi, PhD, LPC-S. By initialing below, you acknowledge your understanding and agreement of this action.

Confidentiality will not be upheld, and disclosure will be made if there is reasonable suspicion that you are in danger of hurting yourself or someone else; I become aware of or suspect abuse, neglect or exploitation of a child, an elder, or an adult with a disability; or if I am ordered by a

court of law. By initially below, you are also providing consent for your counselor to disclose information to authorities (e.g., police, CPS, APS) should such a situation arise.

Please provide an emergency contact name, indicate the relationship to the individual, and phone number: \_\_\_\_\_

Initial acknowledging your understanding and consent: \_\_\_\_\_

### **TESTIFYING IN COURT- ITEM 3**

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to matters which are confidential in nature, it is agreed upon that should there be legal proceedings neither you, nor your attorney, nor anyone else acting on your behalf will call me to testify in court or at any proceeding. Nor will a disclosure of the psychotherapy records be requested for these matters. Should I receive a subpoena by the court, an individual hourly fee of \$120.00 will be applied for the time involved (includes gathering paperwork, drive time, etc.) and charged directly to the client.

Initial acknowledging your understanding and consent: \_\_\_\_\_

### **WRITTEN CORRESPONDENCE- ITEM 4**

Should there be a request to write or complete an evaluation to an outside agency (including but not limited to a university or school, place of employment, mediation or legal office, medical doctor(s) or treatment facility), an individual hourly fee of \$120.00 or a half hour fee of \$60.00 will apply. This service is not covered by any insurance and will be billed directly to the client.

Initial acknowledging your understanding and consent: \_\_\_\_\_

### **NOTICE OF PRIVACY AND PRACTICES- ITEM 5**

Although I do not accept insurance, I would be happy to provide a written or electronic receipt that can be filed to your insurance company for your own personal reimbursement. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights to privacy regarding your protected health information. At your request I will provide you with a copy of the Health Information Privacy and Policy Act (HIPAA). ***Understand insurance companies require disclosure of health information to certify the necessity of care.*** This includes but is not limited to a diagnosis or description of the mental condition, the type of service being received, and dates of service. At times files may be audited and treatment plans, progress notes, and summaries will be provided to your insurance company. Any diagnosis made will become a part of your permanent health record.

Initial acknowledging your understanding and consent: \_\_\_\_\_

## **FEES AND PAYMENTS- ITEM 6**

Fee per session is **\$120** in exchange for counseling services for an individual, family, or couple's session. Most sessions will last 50 minutes. If a 75-90-minute EMDR session is arranged, an increase in fee will apply, and the client will be charged **\$180** for this service.

It is important to notify your counselor 24 hours in advance if you need to cancel or reschedule your appointment. If notification is less than 24 hours in advance, there will be a **\$60** fee that cannot be filed for reimbursement. By initialing below, you understand to pay these fees should such a situation arise. ***If you fail to notify your counselor and do not show up for a scheduled appointment, there will be a charge for the full amount (\$120 for individual, family, or couples/\$180 for 75-90-min EMDR) of a session.*** By initially below, you agree to pay this amount should such a situation arise. Due to back-to-back appointments, if notification is sent within the hour prior to your scheduled session, this will also count as a no-show appointment and will be charged the full amount for a session.

If late cancelations appear repetitive, please understand that this increases the chances of losing your spot or being referred out. If there is failure to contact your counselor and/or reschedule the appointment within the next week, understand that there is a high possibility that your spot may be filled and you would be put on a waiting list.

Initial acknowledging your understanding and consent: \_\_\_\_\_

## **COMMUNICATION- ITEM 7**

Communication should be kept professional, and all questions or concerns outside of session are recommended to be by telephone or email during normal business hours. Please take note that texting is not an acceptable mode of communication at Restoration Counseling. If emergencies arise and I am unable to answer my phone, it is understood that you should reach out to your support system and/or the emergency numbers listed in Item 10. Communication by telephone for the first 15 minutes is a complimentary service I provide. However, if frequent phone calls occur it is recommended that you bring your concerns into the counseling session by requesting an appointment.

If phone calls exceed 15 minutes, the following fees will apply:

0-15 minutes: Complimentary

25-minute (approx. time) Phone session: **\$60**

50-minute (approx. time) Phone session: **\$120**

Personal phone calls for emergencies are permitted in session; however, if cell phone use becomes a frequent distraction in session, I will request that the session end (session fee applies).

Furthermore, the client will be asked to keep phone on silent throughout future sessions to avoid future distractions.

Initial acknowledging your understanding and consent: \_\_\_\_\_

### **DUTY OF CARE- ITEM 8**

Discharge paperwork will be completed by your counselor and put in your file after three consecutive months of non-communication (i.e., no counseling facilitated, no plans for scheduling an appointment). A copy of this paperwork will be shared with you upon request.

Once discharge paperwork has been completed, you will no longer be considered an active client at Restoration Counseling. If you are interested in resuming counseling after this point, you are welcome to contact me to discuss reopening your file and setting up an appointment. However, please take note that I cannot guarantee availability once a discharge has occurred, which may result in you being placed on a waiting list or referred out.

Initial acknowledging your understanding and consent: \_\_\_\_\_

### **\*TREATMENT OF A MINOR- ITEM 9 (adult clients will skip this section and move to section 10)**

Consent for Treatment of a minor (under the age of 18)

I, \_\_\_\_\_ (Guardian), hereby give my consent of \_\_\_\_\_ (Client) to be treated by Alyssa Meyers. The above-named client is a minor (under the age of 18) and is under my legal guardianship.

Adolescent Signature: \_\_\_\_\_

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

Guardian Signature: \_\_\_\_\_

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

***In the event of a divorce, your therapist must have a copy of the Divorce Decree signed by a judge.*** The decree must state which parent has Managing Conservatory privileges for the minor. At the initial appointment, at least one biological parent must be present. Please provide a copy of the divorce decree at your first counseling appointment. The only exception will be if both biological parents are present for the appointment.

***Counseling cannot be provided for children of divorce without a copy of custody documents.***

## **EMERGENCY SERVICES- ITEM 10**

If an emergency situation arises after hours you are advised to call 911, a phone number listed below, or proceed to the nearest emergency room or clinic.

### **Emergency List**

Tri-County Psychiatric Emergency Treatment Center: 800-659-6994  
National Suicide Prevention Line: 1-800-273-TALK (8255)  
Cypress Creek Hospital: 281-586-7600  
Woodland Springs Hospital: 936-213-5843  
IntraCare North Hospital: 281-893-7200  
Kingwood Pines Hospital: 281-404-1001  
The Harris Center (Houston) Crisis Helpline: 713-970-7000  
Memorial Hermann Crisis Clinic (Spring Branch): 713-338-MHCC(6422)  
Teen Crisis Hotline: Text "START" to 741741  
Gulf Coast Center Crisis Hotline: 866-729-3848

Initial acknowledging your understanding and consent: \_\_\_\_\_

\*\*\*By signing below, you are acknowledging that you have read the above paperwork, understand the content in its entirety, and agree to all information described for the duration of your counseling experience. Addenda and/or revisions will be added as necessary.

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COUNSELOR SIGNATURE

\_\_\_\_\_  
DATE