

LaShasta Bell, LPC  
614 W. Main St., Suite 102  
League City, Texas 77573  
281-764-6331

### **INFORMED CONSENT-COUNSELING SERVICES**

I am here to assist you in the development of positive life skills. This document is designed to provide you with helpful information concerning counseling. I am qualified and experienced in individual and family counseling. I have met the State of Texas requirements for full licensure.

#### **APPOINTMENTS**

Counseling services are by appointment only. The length of the appointment time varies on the basis of the services provided; however, the usual counseling session is 50 minutes. This procedure is known as the clinical hour. Since an appointment has been reserved for you, it is required that you let us know 24 hours in advance if you must cancel your appointment or you will be charged the full rate of the missed appointment (in accordance with the law, Medicaid clients will not be billed for missed appointments).

#### **MESSAGES**

Messages will be taken by answering machine or answering service and given to your counselor. Messages are returned as quickly as possible. If you are experiencing a clinical emergency and cannot reach your counselor, please go to the nearest hospital.

#### **COUNSELING**

Counseling is a process in which the counselor helps you to help yourself with the dilemmas you are having. Together you and your counselor assess your concerns and establish goals for your counseling experience. Your counselor will not make decisions for you, but will facilitate your reaching your goals. Counseling may be very beneficial for most people; however, at the same time there are some risks. The risk may include the experience of intense unwanted feelings of sadness, anger, fear, guilt and/or anxiety. It is very important to remember that these feelings are natural and normal and are an important part of the counseling process. If you have a problem, disagreement or misunderstanding with your counselor, please know that you can discuss the issue with your counselor. In addition to counseling, you may be asked to take a test as part of the assessment process. If this is necessary, the purpose and results of these tests will be explained to you.

#### **COMMITMENT TO TREATMENT STATEMENT**

**I agree to make a commitment to the treatment process.** I understand that this means I have agreed to be actively involved in all aspects of treatment including: attending sessions (or letting you know when I can't attend), voicing my opinions, thoughts, and feelings honestly and openly, whether negative or positive, being actively involved during sessions, completing homework assignments, experimenting with new behaviors and new ways of doing things, taking medication as prescribed, and implementing my crisis response plan. I also understand that, to a large degree, my progress depends on the amount of energy and effort I make. If it is not working, I'll discuss it with my therapist. In short I agree to make a **commitment to living.**

### **LENGTH OF COUNSELING**

Each client will have different concerns and problems to explore in counseling so there is no set number of sessions you will need to attend. You and your counselor will decide as you progress how often you are scheduled to come in for counseling. Termination of counseling may happen at any time and may be ended by you or your counselor. If it is necessary for your counselor to end services with you, referrals will be provided if you are still in need of care.

### **DEPENDENT CLIENT**

If a client request services as a parent or guardian of a child less than 18, I need permission to counsel with that minor. You will be asked to sign a form that gives me permission. It is important that the minor (child or adolescent) trust the counselor. A parent or guardian has the right and responsibility to question and understand the nature of my activities and progress with your child or adolescent and I must use my clinical discretion as to what is appropriate to disclose. While I may not tell you the specific information your child provides, I will discuss the child's participation and progress.

### **FEE**

The fee for services is \$100.00 for each session (except for contractual arrangements with Medicaid, insurance or employee assistance programs). For those clients using insurance, a co-pay determined by your insurance carrier. Fees are to be paid at the start of each session. The counselor will accept cash or any major credit card.

### **CLIENTS' RIGHTS**

At any time you may question and/or refuse any counseling procedures or methods. You have the right to get whatever information you wish to know about the process and progress of counseling. Clients are assured that confidentiality is protected by ethical practice and the laws of the State of Texas. There are some exceptions to confidentiality that are mandated by law. In general terms, they are:

- a choice to notify relevant others if a client has any intentions to harm another person or themselves;
- a requirement to report any incidence of suspected child abuse or neglect; and,
- a requirement to produce a client's record when subpoenaed by a court of law (it is the practice not to testify in court for or against a client)

You will be asked to sign a release of information if records are requested from this agency or this agency request information about you. You have the right to deny the release of information or the request of information. Client files are kept in locked file cabinets and retained according to federal guidelines.

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Date

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Client Signature

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Parent or Legal Guardian

LaShasta Bell, LPC  
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League City, TX 77573  
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F- 281-764-6327

Consent for Counseling  
of a Minor

Our/My permission is given for \_\_\_\_\_ to participate in  
Son/daughter

counseling with LaShasta Bell. I/we understand that it is important for our/my child/adolescent to trust the counselor. I/We will adhere to the rules of confidentiality. However, it is expected that the counselor will discuss our/my child/adolescent's participation/progress upon request.

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Parent Signature

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Date