

Joy Creative Counseling and Wellness

Agreement and Informed Consent

Overview:

JOY Creative Counseling and Wellness (JOY) is an independent agent and has no relationship with any managed care or insurance company. I do not accept third party reimbursement. This document will provide you with the information you need to begin therapy and what to expect throughout the process.

Services Offered:

Therapy is currently offered to individuals and groups. At JOY, Creative and unique approaches are utilized to direct sessions. Depending on clients goals we create a unison of traditional therapy methods along with other creative. For example one day we could be focusing on an Anxiety using both modalities, a creative approach like art or more traditional like using Cognitive Behavioral Therapy (CBT). By combining various therapeutic methods we promote awareness, can change behaviors, and improve one's quality of life. We work collaboratively with our clients to best suit personal needs. Please ask for further examples if you have further questions!

Confidentiality:

Texas state law requires that information provided to mental health practitioners remain confidential. We make every effort to ensure confidentiality is maintained with respect to treatment. We maintain the highest levels of security regarding your confidentiality, meeting Health Insurance Portability and Accountability Act (HIPPA) compliency. As a client, you agree to the following exceptions to confidentiality.

Texas law also requires that medical records be disclosed to the appropriate authorities, agencies, individuals if there is reason to believe:

That you may harm yourself or others.

That you are involved in or have knowledge of abuse, exploitation or neglect, of a child

That you are involved in or have knowledge of abuse, exploitation or neglect, of a person who is elderly.

That you are involved in or have knowledge of abuse, exploitation or neglect, of a person who is disabled.

In addition, I require disclosure of information in the following circumstances:

A signed release form granting permission to designated third parties to receive information (as needed).

In the case of minors, parents or legal guardians have access to their child's records, unless emancipated.

Appointment Scheduling, Attendance, and Cancellation:

Weekly counseling is suggested. Please schedule appointments with your counselor, via email, or on-line. You agree to attend counseling with a clean mindset, free of any substance intoxication. If you cannot attend a session, you agree to notify your therapist at least 24 hours in advance. Failure to cancel session with less than 24-hours notice will result in a full transaction fee. JOY also reserves the right to transfer and terminate services at any time, for any reason, considering to be therapeutically appropriate.

_____, _____ Initials.



Length and number of sessions:

Sessions typically last 50 minutes. They are expected to end and begin promptly at scheduled time. Although it is understood that there may be instances when you arrive late for a session, late arrival will not extend the scheduled ending time. The practitioner is also expected to be on time. If possible we will offer appropriate remedy if late, such as making the time up, prorating the fee, etc. The total number of sessions is dependent on a number of factors including your goals, time frame, rate of progress, etc. It should be noted again that therapy resulting in lasting change is often a long-term process, lasting several months or longer. Please discuss any issues/ concerns you have with me so that an appropriate treatment plan can be formulated which will best suit your needs/ desires.

Fee and Payment:

JOY charges a \$120.00 per individual session (50 minutes). JOY charges a \$55.00 per group session (80 minutes).

Traveling expenses are an additional payment \$15.00 per (10 minutes). A \$20.00 service charge for each check returned will be applied. If sliding scale has been arranged you agree to notify JOY of any changes in income or household size that could affect my

fee. Testifying in a court case \$500.00 per 60 minutes, Telephone conversations with lawyer (15 minutes) = \$50.00. should your case (divorce, child custody) need my services in court, I will ask for a \$3500.00 retainer upfront.

Payment is due at the time of service. You may pay by cash, check, credit card.

Risks of Counseling:

There are certain risks associated with the counseling process that should be understood before work progresses. These risks are sometimes associated with lack of knowledge regarding the therapeutic process, while most, when experienced, are direct consequences of positive therapeutic movement. Some of the more common risks that you should be aware of are: Long-lasting psychological change often requires a significant investment of time, often longer than a client's initial perception. Clients often experience deterioration in emotional and psychological stability at different times during the therapeutic process. This often occurs during the beginning stages of therapy, but may occur at any point, often brought on by an awareness of previously unconscious, emotionally-laden material.

Relationships are often affected as a result of therapy. Significant relationships will often experience varying degrees of tension. This is often the most prevalent within family relationships, but may extend beyond into one's social and professional life.

Therapeutic Relationship:

The relationship between therapist and client is the container through which client change can take place. As such, it is often one in which close emotional bonds develop. It is also a professional relationship, in which appropriate boundaries must be maintained. For the most part, the therapeutic relationship begins and ends at the therapy office. Although this is sometimes difficult to understand, it is a necessary requirement for maintenance of the therapeutic environment. As such, your therapist cannot be expected to be involved in a social relationship or friendship of any kind that exists outside of the therapy room.

Therapist Orientation and Credentials:

There are many different approaches to the therapeutic process. I will work with you to provide the most appropriate interventions for your particular issue(s)/goals. Please discuss any concerns or questions you have regarding your treatment at any time during the process.

Confidentiality With Regard To Minors:

The parents or legal guardians of clients under the age of 18 have the right to access their child's psychological records. The exception to this is in the case of an emancipated minor. A minor is emancipated if he or she is on active duty with the armed services, is married, or is 16 years of age or older and resides separate and apart from his/her parents, managing conservator, or guardian and manages his/her own financial affairs. I will discuss with you the limitations, procedures, and implications with regard to your child's records and progress.



Grievance/Complaint:

As a client you have the right to file a confidential grievance if I have an unresolved concern regarding my therapy.

For complaints you may also contact the appropriate licensing board listed below:

Texas State Board of Examiners of Professional Counselors (512) 834-6658

Mailing address for all: 1100 West 49th Street, Austin, TX 78756

After Hours Policy/Procedure:

If you need to contact my office at any time, you may do so by leaving a message on my confidential voice mail. If you are in crisis, please call the 24-hour crisis hot-line at 472-HELP or 911. I am not a crisis facility and will not be held responsible for any damages occurring as a result of unmet crisis or acute care needs. I may not be available to respond to emergency situations. If you need immediate assistance, please contact the hot-line at 472-4357 or 911.

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Client Information

Today's Date:

Name:

Name of guardian:

Name of emergency contact, relation, phone number:

Do I have permission to reach out to this contact in emergency settings?

Yes or No

Address:

Email address:

Phone number:

Best way to communicate:



Employment:

Student, Where, Major/Minor:

What are your goals of therapy:

What are your hobbies:

How do you stay connected:

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Payment Information

Payment is requested after each session.

You may pay Cash, Credit, Check, Cash App

Individual sessions are \$120.00 for 50 minutes

Group sessions \$55.00 for 80 minutes

Credit/Debit Card:

Number:

Expiration:

CVV:

Zip:

Check:

Please make all checks addressed to Joy Creative Counseling and Wellness

CashApp:

\$JoyCreativeAtx

*There will be a \$3.00 transaction fee for all credit card payments.



If you have reviewed these items with your counselor, answered all questions, and agree to the terms, please sign below.

Client Signature:

Counselor Signature:

Today's Date:

