

Comprehensive Counseling Care for the Family
Stephanie A. Richards, LPC-S, Registered Play Therapist Supervisor
16607 Blanco Road Suite 1404
San Antonio, TX 78232
Office: (210) 606-1934 Fax: (855) 462-9865

Informed Consent for Services

Client's Name: _____ **Today's Date:** _____

Counselor

As a licensed professional counselor supervisor in the State of Texas (License #64993), I have received a Master of Arts degree in Counseling from the University of Texas at San Antonio (2008). Additionally, I have obtained a Bachelor of Arts degree in Psychology from St. Mary's University in San Antonio, Texas (2004). I am certified as a Registered Play Therapist Supervisor and EMDR Certified clinician. My formal education has prepared me to work with individuals, couples, families, and groups of all ages. I am currently a member of the Association of Play Therapy, Alamo Chapter of Texas Play Therapy, and the EMDR International Association.

Risks and Benefits of Counseling

Counseling is a personal exploration that may lead to major life changes in the way you think, feel, and behave in certain situations. While the intent of counseling is to accomplish the goals identified in therapy, specific results cannot be guaranteed. Although counseling is usually a beneficial process, there can be no guarantees concerning the outcome of treatment or the achievement of specific goals. Possible risks include the experience of uncomfortable feelings and/or the recall of unpleasant events in your life. Potential benefits include significant reduction in feelings of distress, better relationships, better problem-solving and coping skills, and resolutions of specific problems.

Nature and Course of Counseling

I use a variety of techniques to increase self-awareness, responsibility, and enhance strengths, designed to empower you to understand and overcome the challenges in your life. During the course of your counseling, I may make recommendations suggesting to enhance your counseling experience. Should this happen, I will supply the information necessary to facilitate the recommendation. In addition, you may terminate counseling services at any time. It is expected that the client attend a final session to discuss their post-counseling plans with the counselor. Likewise, I may terminate counseling if the maximum benefit of therapy has been met or if your needs exceed his/her scope of practice. I may initiate to end the counseling relationship if the maximum benefit of counseling services is met or I am unable to continue to provide counseling services to you. In this event, I will provide appropriate mental health provider referrals to you.

I do not provide counseling nor release records or information for legal purposes or personal situations that could lead to legal cases (i.e., divorce, custody determinations, termination of parental rights, adoption, guardianship, or disability cases), for the purpose of evaluations or expert testimony, and must be deemed therapeutically appropriate to disclose on behalf of the client. I am unable to continue to provide counseling services to you. In this event, I will provide appropriate mental health provider referrals to you.

Counseling Approach and Treatment Modalities

Comprehensive Counseling Care is an approach that my practice aims to provide for my clients. Through this approach, I offer a range of counseling modalities to promote the mental, physical, and spiritual well-being of my clients. I am trained and certified as an EMDR clinician who can provide Eye Movement Desensitization and Reprocessing (EMDR) services to clients. EMDR is an integrative psychotherapy approach that has been extensively researched and proven effective for the treatment of trauma in all ages. EMDR seems to have a direct effect on the way that the brain processes information that helps a person see disturbing material in a new and less distressing way. I integrate EMDR in counseling because many clients report a noticed decrease in the length of their therapy when EMDR is part of their treatment; some clients report relief immediately, even if the disturbing memory has been haunting them for decades. EMDR can also be used in counseling to treat many other psychological complaints. As a Registered Play Therapist, who has training in incorporating the use of play into treatment, I provide children, teens, and their families a safe, playful, and nurturing space to process through and resolve their hurts and losses. Since play is the language of children, play therapy is an effective medium to help children explore, grow and heal.

Client Rights

You have the right to be treated with dignity and respect, to refuse a recommendation, to discuss your concerns about the counseling process, or to end counseling at any time.

Client - Counselor Relationship

Due to ethical guidelines, the counseling relationship is strictly professional and not social. If you see me, your counselor, in public, I will protect your confidentiality by acknowledging you only if you approach me first. Social relationship boundaries also apply to social media. I cannot accept "friend" or connection requests from you on any internet site. State of Texas ethics for Licensed Professional Counselor's prohibits the receipt of gifts over \$50 in value. Our counselor's safety is imperative, therefore, if an implicit or explicit treat or harassment of any kind is made, a written warning will be given to the offending person. If the threatening or harassing behavior continues, counseling will be terminated immediately and such activity will be reported to the counselor's licensing board and proper authorities, including, but not limited to, a formal police report, and counselor's lawyer.

Communication with your Counselor

Communication with me, your counselor, outside of session is reserved for scheduling purposes only. I can be reached by phone or email for scheduling and non-scheduling and non-emergent matters. Please hold all discussions with your counselor for your session time.

Other Practitioners

There are several professionals who operate a sole-proprietorship at 16607 Blanco Road, Suite 1404, San Antonio, Texas 78232. None is liable for the practices of the other. In addition, I do not share identifying clinical or billing information with other practitioners who office at this location, unless they are designated as support staff to the office of Stephanie A. Richards, LPC, PLLC.

Confidentiality

No information about your counseling is released to anyone without your written permission except for the following reasons:

- If there is information that suggests that you may be a harm to yourself or others.
- If there is information that suggests abuse or neglect of a child, a disabled person, or an elderly person.
- If you tell me about abuse of a client by another therapist.
- The court orders or the law requires disclosure of information by a subpoena
- You direct the release of your records to a third party
- Counselor's periodic review, discussion, and consultation of your counseling sessions with other mental health professionals.

I can provide you with an excused absence note for school or an employer, upon your request, for each visit. Please note that providing this note to you does not require any additional authorization to release client information since it is not being released directly to a third party. To protect the client's confidentiality, please be careful how you choose to release this note or any other sensitive clinical documentation provided directly to you, about the client.

Professional Consultation and Collaboration

It is important in the field of counseling psychology to consult with other professionals, therefore, it is possible that I will discuss your case with appropriate professionals for the purpose of gaining new and valuable insight about your case. Your identifying details will always be disguised to your right to confidentiality will extend to the consulting counselor.

Confidentiality and Family and Couples Counseling

If you are participating in family and couples counseling, the family unit or the couple unit is collectively considered, "the client," therefore the records of counseling cannot be requested and/or released to only one member of the family or couple; it can only be requested and/or released by all members of the family or couple unit. Confidentiality is expected to extend to all members of the family and/or couple unit participating in counseling, but cannot be guaranteed.

Confidentiality of Minors in Counseling

Parents or guardians of a minor client under the age of 18 years have rights to obtain the minor client's treatment records. However, in an effort to preserve the counseling relationship between the minor and counselor, I will provide the parent/guardian with verbal summaries of treatment progress, as appropriate. Written summaries or copies of the client's file are subject to the fees for copies of treatment records as outlined in the in the **Professional Fees & Services Policy** section.

Counseling involving Client named in Custody Situations

Counseling Involving Minor Clients of Divorced Parents or Minor Clients Named in Court Order

According to the provisions made to Tex. Admin. Code Ann. tit. 22, part 30, §681.41 (2004), "(aa) Prior to the commencement of counseling services to a minor client who is named in a custody agreement or court order, a licensee shall obtain and review a current copy of the custody agreement or court order, as well as any applicable divorce decree. A licensee shall maintain these documents in the client's record." Be advised, without sufficient documentation, a minor client cannot enter treatment. It is also important to note that licensed mental health professionals do not possess the authority to make custody recommendations or provide evaluations or expert testimony for any purpose and will refuse any prompting to do so, as it is out of the counselor's scope of practice.

In the event a minor client is named in a custody agreement, and when it is deemed therapeutically necessary, I must obtain permission from all parties named as Managing Conservators of the minor client named in the custody agreement that has any of the following before treatment of the minor client can occur:

- right to access the psychological records of the minor client
- right to consult with the psychologist/mental health professional of the minor client
- right to consent to psychiatric and psychological treatment for the minor client

Participating Managing Conservators in Custody Situations

I attest that I understand and agree to the terms of this agreement named in the **Counseling involving Client named in Custody Situations** section, have the right to consent to this minor client’s treatment in abidance with the rules of the official custody agreement naming the minor client, that I have provided to the Stephanie A. Richards, LPC, PLLC for the purpose of initiating treatment and encouraging the participation of all parents/legal guardians involved in the minor client’s care, and that I am providing the correct contact information for the other Managing Conservator(s) to be contacted, below:

Name of Managing Conservator: _____ Date of Birth: _____
Phone(s): _____ Email: _____
Mailing Address: _____

Name of Managing Conservator: _____ Date of Birth: _____
Phone(s): _____ Email: _____
Mailing Address: _____

Non-Participating Managing Conservators in Custody Situations

I attest that even though I understand and agree to the terms of this agreement named in the **Counseling involving Client named in Custody Situations** section, I have reported to Stephanie A. Richards, LPC, PLLC that the other Managing Conservator(s) is/are unavailable, unreachable, and unable to provide consent for treatment of the minor client for counseling due to the following reasons listed below:

Name of Managing Conservator: _____ Date of Birth: _____
Reason I am stating Managing Conservator is unavailable for to provide consent: _____

Name of Managing Conservator: _____ Date of Birth: _____
Reason I am stating Managing Conservator is unavailable for to provide consent: _____

Counseling and Child Protective Services

If a client is named in a Child Protective Services investigation, I am required to obtain a Release of Information Authorization to allow the exchange of clinical information between CPS and Stephanie A. Richards, LPC, PLLC for clinical purposes.

Confidentiality and Billing and Supportive Services

The office of Stephanie A. Richards, LPC, PLLC uses a contracted billing service and supportive services to verify insurance benefits and process insurance claims for the clients of and support administrative functions for the office of Stephanie A. Richards, LPC, PLLC. By signing this form, the client agrees to release their medical records to this third party for such purposes.

Confidentiality when using your Insurance

I am an in-network provider for several insurance companies. Please be advised that for you to be able to utilize your insurance for counseling services, your counselor MUST provide your insurance company with a mental health diagnosis that you qualify for. This diagnosis goes into your permanent medical record, and for this reason, some clients choose to avoid the risks associated with this by paying privately. By signing this agreement, the client is consenting to allow confidentiality to extend to their insurance company and any affiliate of their insurance company, used in processing their insurance claims. If the client has questions or concerns about such risks, they are encouraged to talk to me, before signing this agreement. Please know to avoid these risks, you may paying privately (see section **Professional Fees & Services Policy** for private pay fee schedule).

HIPAA Privacy Rule and Notice of Privacy Practices

The HIPAA Privacy Rule gives individuals a fundamental new right to be informed of the privacy practices of their health plans, health care providers, and privacy rights with respect to their personal health information. Health plans and health care providers are required to develop and distribute a Notice of Privacy Practices that provides a clear explanation of these rights and practices. The notice is intended to focus individuals on privacy issues and concerns, and to prompt them to have discussions with their health plans and health care providers and exercise their rights. By signing this agreement, you are acknowledging that you have been offered a copy of Stephanie A. Richards, LPC, PLLC's Notice of Privacy Practices through my website, and the opportunity to review with me at any time that I request, which describes how the client's health information may be used and disclosed and how you can obtain access to this notice.

Internet and Telephone Counseling and Correspondence

In the event I agree to provide counseling services via the internet or telephone, I will keep your confidentiality to the best of my ability. However, please note that the connection we will use to communicate may have its own vulnerabilities and has the potential to be compromised. By signing this disclosure you are releasing me from the risk to your confidentiality that providing services over the internet or by telephone could incur.

Professional Fees & Services Policy

Counseling sessions are generally 45-55 minutes in length. Additional time for sessions is available. (Some insurance companies have limitations affecting the length and number of sessions; check with your insurance company for such limitations). Payments for services are due at the time services are rendered. Personal checks, cash, and credit/debit cards/Flex and HSA cards (American Express is not accepted) may be used as payment for sessions. All checks are made payable to Stephanie Richards, LPC, PLLC.

The following **fees per each service** provided by Stephanie A. Richards, LPC, PLLC are as follows:

- Initial Individual/Family/Couples Session: \$110
- Child/Adult Individual/Family/Couples Session (In-Person, Phone, Internet) (55 minutes): \$110
- Individual Phone/Internet Sessions (55 minutes; not billable by insurance): \$110
- Emergency Crisis Sessions:
 - 1st (up to 60 minutes): \$150
 - Additional 30 minutes: add \$80
- Phone Consultation (non-emergency & arranged in advance): \$2.00 per minute (to be billed at end of consultation and are not reimbursed by insurance companies)
- *Requests for Clinical Documentation* such as Treatment Records, Reports, Summaries of Treatment, or Letters by and to clients (not for legal purposes and must be deemed therapeutically appropriate to disclose): \$25 for first twenty pages and \$0.50 per page thereafter
 - plus any postage fees required to expedite documentation requested
- Fees for executing affidavits: \$15 per affidavit

All monies for fees for Requests for Clinical Documentation and Treatment Records, Summaries of Treatment, or Letters, Phone Consultations, Internet and Telephone Counseling Services, or executing affidavits must be received before such services are provided (as per the Texas Health and Safety Code 611).

Cancelation Policy

Clients must call at least 24 hours in advance before canceling or rescheduling a scheduled appointment. Canceling or rescheduling a scheduled appointment less than 24 hours before a scheduled appointment time or "No Showing" for a scheduled session is subject to a fee that is equal to the billable amount of your session missed. ALL CANCELATIONS MUST BE MADE BY EMAIL OR PHONE OR IN PERSON (NO TEXTS PLEASE).

Past Due Balance Policy

To past due avoid balances, clients will be required to provide written authorization for Stephanie A. Richards, LPC, PLLC to keep the financially responsible party's credit card information on file for the purpose of collecting payment for services such as, missed appointments, any past due balance (unless payment arrangements have been made), and for all third party payments paid directly to you, that were due to Stephanie A. Richards, LPC-S. "

Returned Checks Policy

If a check or payment is returned, a processing fee of \$25.00 will be assessed and required in full before additional services are provided. Additionally, you may be asked to make a cash or money order payment for the amount of the returned check and the \$25.00 processing fee. I may require cash payment of future appointments after a returned check. If payment becomes a hardship for you, please discuss this with me so arrangements can be made.

Legal Proceedings/Disability Claims Involving Counseling and Requests for Records

I will not provide counseling nor release records or information for legal purposes or personal situations that could lead to legal cases (i.e., divorce, custody determinations, termination of parental rights, adoption, guardianship, or disability cases), for the purpose of evaluations or expert testimony. If you are seeking counseling services that may likely involve legal proceedings or require evaluations or expert testimony for legal cases or personal situations, I will gladly provide counseling referrals that will meet your specific request for services

I do my best to protect the confidentiality of our clients, therefore it is our policy to require a the Request for Clinical Documentation and Treatment Records form with an accompanying Authorization for Release of Information (available on our website) to be completed and signed and received to my office before records can be considered for release. The Request for Clinical Documentation and Treatment Records form states my policies regarding the release of clinical information or treatment records of my clients and provides information to the counselor about the specific nature of the request that allows the counselor to appropriately and safely release sensitive client information. Requests for client's records are subject to the fees and policies outlined in the **Professional Fees & Services Policy** section and on the Request for Clinical Documentation and Treatment Records form.

In addition, I keep client records to reflect the session start/stop times, modalities and frequencies of treatment furnished, diagnosis, functional status, supplemental diagnostic information, correspondence regarding client's care, treatment plan, symptoms, and progress notes, a brief summary of the content of your sessions (not a reflection of my personal opinion of you/your situation). Records or aspects of records will only be released when deemed therapeutically appropriate to disclose on behalf of the client.

If I am legally required to participate in legal activities involving a client, the client will be responsible for paying my legal fees prior to your counselor's participation in such legal activities. Fees for court appearance for Stephanie A. Richards, LPC-S is as follows:

Initial fee is \$2000 and covers costs for up to 10 hours. This amount is due in full 24 hours before initial date counselor is requested to be in court and is non-refundable if request for such services are canceled. Any additional fees incurred (\$200 per additional hour past the allotted first 10 hours) will be due within 3 business days after last date of counselor's court appearance.

Court or expert testimony costs include all of the following and is required to be paid in full before court or expert testimony is provided:

- Consultation costs required by the counselor to provide court or expert testimony
- Time for Document Preparation
- Travel time to and from court, to and from consultation meetings, etc.
- Time for actual court presence, whether or not testimony is being provided during that time (including wait time)

Counselor Incapacitation

In the event that Stephanie A. Richards, LPC-S becomes incapacitated and unable to take care of your records, Megan Patrick, LPC, LMFT, 210-291-8089 will have access to retrieve your records. In this event, she will provide you with counseling referrals.

Emergency Situations

In the event of a legitimate emergency (**experiencing thoughts of suicide, self harm, or of harming other(s)**), I will make every effort to return your call & schedule if necessary, within office hours. However, please understand if I am unable to return your call immediately, call your physician, 911, or go to the nearest emergency room, immediately. **It is your responsibility to seek the appropriate resources in an emergency situation.**

Consent for Communication about your Healthcare

To ensure good client care, the office of Stephanie A. Richards, LPC, PLLC would like to contact you with appointment reminders, information about your treatment, payment and other communications about helpful information or upcoming events you may be interested in, through a means that are either automated or by a service provider represented by Stephanie A. Richards, LPC. You may cancel or make changes your contact information at any time by calling my office at (210) 606-1934 or sending us an email communicating your request at Counselor@StephanieRichardsLPC.com. Please check the following to provide your permission for Stephanie A. Richards, LPC, PLLC and its service providers:

To specifically request to not be contacted about your healthcare, please indicate below:

Do not text me at this/these numbers: _____

Do not email me here: _____

Do not send mail to me at this address: _____

Complaints & Questions

If I have any concerns or complaints, contact the Texas State Board of Examiners of Professional Counselors, 1100 W. 49th Street, Austin, TX 78756-3183. (512) 834-6658; FAX (512) 834-6677 lpc@dshs.state.tx.us

Acknowledgment and Consent

By signing the Informed Consent for Services, I the undersigned client(s), acknowledge that I have read, understand, and agree to abide by its terms, and conditions and I give my consent to enter into counseling services with Stephanie A. Richards, LPC-S.

Client Signature(s)

Date

Minor Client'(s)/Parent or Guardian's Signature(s)

Date

Counselor, Stephanie A. Richards, M.A., LPC-S, Registered Play Therapist Supervisor

Date

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