

Rollins Counseling, LLC

d/b/a Life Journey Counseling

2800 Regal Road Suite 108

Plano, Texas 75075

(214) 868-0016

INFORMED CONSENT

Introduction

I am writing this letter of introduction to you in order to acquaint you with my operating procedures. If this is the first time you have ever been in counseling, you may have some specific concerns which this letter may address. But first, let me introduce myself: my name is Paulette R. Rollins, and I am a Licensed Professional Counselor and a National Certified Counselor. I am a graduate from Texas A & M Commerce. My formal education and previous experience allow me to counsel individuals, families, adolescents, children and couples.

Nature of Counseling

My theoretical approach in counseling is based on Cognitive-Behavioral Therapy. Cognitive-Behavioral Therapy theorizes that people give meaning to beliefs (rational or irrational) which may cause emotional distress. The goals of therapy are to reduce symptoms or distressing behaviors/emotions by recognizing and changing negative thoughts and maladaptive beliefs. I see counseling as a collaborative process, where both you and I work together to progress towards your goals. You can expect me to be present during sessions, and utilize my skills, life experiences and insights. What I expect from you is that you make every effort to attend counseling sessions and assume ultimate responsibility for your own growth and change. Possible benefits of therapy are that you may no longer feel distressing emotions and that your coping skills may improve greatly. Possible risks of therapy are that you may experience uncomfortable emotions (sadness, guilt, anger, anxiety...) your symptoms may worsen and your relationships may become stressed.

I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards. Please know that it is impossible to guarantee any specific results regarding your counseling goals. However, together we will work to achieve the best possible results for you.

Records and Confidentiality

Any or all of our communication may become part of the clinical record. I will keep anything you say to me strictly confidential. There are a few exceptions to this confidentiality; they are as follows: I shall take reasonable action to inform medical or law enforcement personnel if: (1) I determine that there is a probability of imminent physical injury by the Client to himself/herself or others; or (2) I am ordered by a court to disclose information; (3) You disclose sexual contact with another health professional (4) You direct me to tell someone else, (5) you disclose to me knowledge or founded suspicion of ongoing child abuse; (6) In any suit for money damages for mental distress or for conservatorship of children, whatever is disclosed in a therapeutic session could be revealed in the context of the lawsuit, and the counselor could be subpoenaed into court to testify; and (7) If participating in couples counseling, do not disclose anything to me that you do not want revealed to your partner, as this puts me in a compromising position. At times I

consult with colleagues about ongoing cases: however, no identifying information is ever discussed. Without a release of information, a subpoena, or the above exemption, I will not discuss information about you.

Session Length and Cancellation

Sessions are approximately 45-50 minutes in duration. Although our sessions may be psychologically intimate in nature, ours is a professional relationship rather than a social one. Our contact will be limited to counseling sessions you arrange with me. Please do not invite me to social gatherings, offer me gifts, ask me to write a reference for you, or ask me to relate to you in any way other than the professional context of our counseling sessions. You will be best served if our sessions concentrate exclusively on your concerns. I request that you cancel any appointments 24 hours in advance or you will be charged \$35 for the missed session. I view an appointment as a commitment to our work. If you are late, we will not be able to meet for the full time. I usually do not take phone calls when I am with a Client. You may leave a message on my voice mail and I will return your call as soon as I can, generally in the afternoon. If you require ongoing counseling via telephone calls, I will charge you at my usual rate. If you have a behavioral or emotional crisis and cannot reach me immediately, you or someone else should call the local crisis line at 972-233-2233 or go to the nearest emergency room for evaluation.

Insurance

If you have health insurance, decisions about what kind of care you need and how much care you can receive will be reviewed by the insurance company. Be aware that your Therapist will be formulating a diagnosis that will be reviewed by the company. I, _____ authorize the release of any medical or other information necessary to process any insurance claims. I, _____ authorize payment of medical benefits to Rollins Counseling, LLC d/b/a Life Journey Counseling for services provided.

Referrals

If you could benefit from a treatment that I cannot provide, I will help you get it. If it is reasonably clear that you are not benefiting from our relationship, but professional counseling is still indicated, I will facilitate transfer to another Therapist. If you feel that I, or any other Therapist, has treated you unfairly or has broken a professional rule, please tell me. You can also contact the state board to clarify your concerns or file a complaint by sending same to:

Texas State Board of Examiners of Professional Counselors
1100 West 49th Street
Austin, TX 78756-3183
512-834-6658.

By your signature below, you are indicating that you have read and understood this statement, and/or any questions you have about this statement have been answered to your satisfaction.

Client's Signature _____ Date _____