

Informed Consent for Counseling and Psychotherapy

This document contains important information about my professional services and business practices. It is important that you understand the types of services that you may receive, what to expect in therapy and from me, your rights and responsibilities as a client, and financial policies.

My Training

I have a PhD in Counseling Psychology from the University of North Texas. I am a licensed psychologist (24438) in the state of Texas.

I did my internship in the clinical program at UT Southwestern and Terrell State Hospital.

My Approach to Therapy

Dr. Abbott recognizes that it may not be easy to seek help from a mental health professional; her hope that with her help you will be better able to understand your situation and feelings and will be able to move toward resolving your difficulties. Dr. Abbott views psychotherapy as collaborative. That is, she will ask for your input and she will offer suggestions and options. Therapy is a process of self-examination, emotional awareness and growth. There are many reasons why people come to therapy. Sometimes it is to deal with longstanding issues such as abuse, depression, or anxiety. Other times, people will seek counseling when they experience a life event or transition such as a birth of a child, divorce, or a work transition.

The primary approach I use is cognitive-behavioral therapy (CBT). CBT has been shown by a large body of research to be effective for depression, anxiety, chronic pain, and other psychological concerns. CBT involves understanding how thoughts and behaviors are associated with emotional states as well as the development and maintenance of depression and anxiety. At times I may use other approaches such as mindfulness, relaxation techniques, and systems theory (that is how we relate to others in our family and social circle).

I view my role in therapy as a collaborator and will work to help you learn new skills and solve problems, provide a safe place for you to work through feelings and thoughts, and challenge and encourage you to meet your goals. Therapy also requires you to be an active participant and I may ask you to do homework outside of our sessions.

While therapy can be beneficial there are some risks as well that you should know about. You may find yourself having to discuss personal information and you could find these conversations difficult and embarrassing, and you might be very anxious during and after such conversations. There is a risk that clients will, for a time, experience uncomfortable levels of sadness, anxiety, anger, guilt, frustration, or other negative feelings. You may be asked to do

some things that might, at first, make you feel uncomfortable or awkward. Sometimes counseling requires trying new and unfamiliar ways of doing things. You will always be free to move at your own pace. I will work with you to make changes, but I cannot promise anything about the results you obtain. There is no guarantee of a "cure."

While counseling may be difficult at times (self-examination can be hard for some), personal healing can often be the result of counseling. This process may be exciting and energizing. Clients may find their mood has lifted, and anxiety has lessened. Social, personal and work relationships may be more satisfying. Some benefits may include learning new skills for handling stress, anxiety, or depression. Many find new ways to deal with and think about old problems. Often interpersonal relationships benefit as well as the client discovers and learns new ways of interacting with others.

The Therapy Process

The initial 1-2 sessions are considered an evaluation period. Our initial treatment plan is to assess current problems and develop goals and an approach to reach those, as well as ways to measure progress. By the end of 1-4 sessions, we will develop a treatment plan.

We will meet regularly based on the current treatment goals. Therapy sessions are held at my office at a designated time. Teletherapy is an option at times due to varying circumstances. There are separate forms for this should we agree to meet via teletherapy. Sessions are typically 45-55 minutes. We will regularly review your progress and goals. Your questions and feedback about the process are necessary and valuable. At times, you may want to include family members or significant others in your work and we will discuss if this is warranted. The number of sessions we meet will be discussed in an ongoing fashion. Ideally, we will end therapy mutually after it has been agreed upon that the goals that you have set have been met.

If you are thinking of ending therapy before the end of the treatment plan, please discuss this with me. If you are unhappy with our work together, please discuss this with me as well. After a missed appointment, if you do not call my office within ten days to reschedule, I will accept that as your notice that you have terminated counseling and that you do not want further assistance at that time.

If I believe that the work that we are doing does not seem to be helpful to you, or that we are not making progress on the goals that you have set and cannot resolve a way to do so, I am ethically bound to end the therapy. If possible, I will provide referrals to other professionals.

You have the right to decide when therapy will end, with these exceptions. If I am not able to help you, either because of the kind of problem you have or because my training and skills are

not sufficient, my ethics require that I inform you of this fact and refer you to another therapist who can meet your needs if possible.

At times I may suggest you consult with a medical doctor for medication assessment or to rule out a medical problem. I will help you with referrals if you require.

Appointments and Cancellations

Appointments are made by calling me at 972-869-2954 between the hours of 8am and 4pm Monday through Friday. I am typically not immediately available by telephone. I do not answer calls when I am in session. Calls will go to a voicemail that only I listen to. You may also email me about non-emergency matters at drdabbott@gmail.com. Please note, I will make every effort to return your call on the day it was received. However, if for some reason I did not receive your call or for some other reason I do not return your call within 2 business days, please call back. Sometimes technical issues arise without my or your knowledge. Please note that emails become part of your therapy records. Also, be informed that emails and text messages are not secure. Email or text communication should be limited to administrative and logistical matters. Do not discuss important personal or counseling matters using email or text. By signing the Receipt of this document at the end you are agreeing to acknowledge and accept the limited privacy of email and text.

Please call to cancel an appointment 24 hours in advance, or you will be charged for your missed appointment. The fee for a missed appointment is \$50.00. Please note that third-party insurers will not cover or reimburse for missed appointments. I allow one late cancellation per year.

Your Rights as a Psychotherapy Client

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know about because this is your therapy. There are also certain legal limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

1) Confidentiality - Except for the certain exceptions described below, you have the right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. You may direct me to share information with whomever you chose with written permission, and you can change

your mind and revoke that permission any time. The following are legal exceptions to your right to confidentiality.

- 1) If there is a risk of imminent serious harm to yourself or others
- 2) If your records are subpoenaed
- 3) If information is requested by your insurance company.
- 4) If I suspect neglect or abuse of a minor or vulnerable adult. This may include a report of past abuse.
- 5) If you report sexual misconduct of a physician or therapist or another professional (e.g. a teacher).
- 6) If you provide written permission for me to release information to another party.

If there is a need for me to make an exception for confidentiality, it is my preference to discuss this with you before this occurs. However, in some cases it may not be possible.

I regularly consult with professional colleagues to gain greater insight and feedback for my work. If I consult on my work with you, I will not use your name or any information that can identify you. Please review the privacy/HIPAA policy for more information about how your PHI (Protected Health Information) may be used.

Confidentiality with couples - When working with couples, I may meet with you together and individually to help in gaining perspective and establish a relationship with both members. I have a NO SECRETS policy that applies to any individual meetings that we might have. I consider that I am a therapist for the relationship. In order to benefit the work of the relationship, it may be necessary to share information from these individual sessions in your couple's sessions. I will use my best judgment regarding whether, when and the extent information is to be disclosed and will first give the individual the opportunity to share this information him/herself. Thus, if you think you have or may have matters that you wish to discuss that are not subject to be shared with your partner, I recommend that you meet with a therapist who will treat you individually.

Confidentiality and Electronic Transmissions

Although I will typically contact you via my office phone, I may contact you via cell phone. My cell phone number is to be used only in the event of a crisis situation (examples include thoughts of hurting or harming yourself or another person, sudden death of a family member).

Routine office business such as cancellations or rescheduling should be by calling my office phone at 972-869-2954.

I also have an email account. Please remember that I cannot guarantee the security of text or email messages. Also, DO NOT EMAIL OR TEXT ME WITH A CRISIS SITUATION.

Appointment reminders - If desired, reminders may be sent via email or text. If you sign up for these reminders or consent to them, you are providing your consent to communications which cannot be guaranteed to be secure.

2) Treatment

Record Keeping- I am ethically and legally bound to keep records, noting that you have been here, what we did in the session, and a few words describing the topics we discussed. Under the law, you have the right to your records unless I believe it would be harmful to you. If you would like access to your records, I prefer we set up a meeting to review the information together and discuss information to be released. Couples or families are considered one treatment unit and I require the authorization of all members of the treatment unit to authorize the release of records.

Diagnosis - If an insurance company is paying for your bill, I am required to give a diagnosis and evidence of treatment being medically necessary. Diagnoses are technical terms that describe the nature of your problem. If I do use a diagnosis, I will discuss it with you. All diagnoses come from the DSM-V (Diagnostic Statistical Manual - Version V) or the ICD-10 (International Classification of Diseases - 10).

YOUR RESPONSIBILITIES AS A THERAPY CLIENT

Attendance: You are responsible for coming to your session on time and at the time we have scheduled. If you are late, we will end on time and not run over into the next person's session. Regular attendance is necessary for productive therapy. Please review my cancellation policy noted earlier.

Payment: You are responsible for paying for your session fee or copayment at the time of your session unless we have made other firm arrangements in advance. Typically, we will meet for 45-50 minutes or 55-60 minutes. I will bill you or your insurance per the fee schedule listed below. If you have insurance, you are responsible for providing me with the information I need

to send in your bill. You must meet your deductible, if any, before your insurance will pay for sessions. You may pay with cash, check or credit card. HSA and FLEX payments are also welcome.

Participation: You are responsible for being an active participant in therapy. This includes attending sessions as scheduled, collaborating with me on your goals and informing me of any significant information which would impact your treatment or case. This includes suicidal or homicidal ideation, urges, plans or past attempts and drug/alcohol use.

If you feel you are in danger or a danger to others and are unable to reach me, call 911, or, if you are able to drive safely, go to the nearest emergency room. Please leave me a voicemail message regardless, and I will get in touch with you as soon as possible.

My Responsibilities to you

Your relationship with me is a professional and therapeutic relationship. In order to preserve this relationship, it is imperative that, I as your therapist, have no other type of relationship with you. Personal and/or business relationships undermine the effectiveness of the therapeutic relationship. I care deeply about and have a strong commitment to our work together, but I am ethically and legally bound not to have a social, personal, or sexual relationship with you. Gifts, bartering, and trading services are not appropriate.

FEES

Initial Evaluation 1-2 time - \$180

38-53 Minute Therapy Session - \$160

53 Minutes or longer - \$160

Missed Appointment - \$50

Returned Check Fee \$35

Records fee - records may be reviewed at my office at no additional cost (other than a session fee)

Copies of records will be \$10 for retrieval

Document preparation including any letters requested - fee \$50/hour

Teletherapy sessions will be billed at the normal session rate. Please note that not all insurance carriers will cover teletherapy

I have read and acknowledge the above information. Please keep the above pages and return this signed page to me.

Signed

Date