



## **CONSENT FOR COUNSELING SERVICES**

### **Qualifications:**

I am a Licensed Professional Counselor and Supervisor (TX #68983) and Registered Play Therapist-Supervisor (S2174). I attended The University of Texas at Austin where I earned my Bachelor of Science in human development and family sciences. I was awarded my Master of Arts in professional counseling at Texas State University in 2011. I gained full licensure in 2013.

### **Experience:**

My formal education and work experience has prepared me to provide counseling to children and adults in individual and group settings. I have gained experience in counseling a variety of mental health concerns including trauma, grief & loss and perinatal mood and anxiety disorders. I have spent several years gaining expertise in providing counseling to survivors of childhood sexual abuse. I use play and sand tray therapies and I am certified in TF-CBT and have EMDR Therapy Basic Training.

### **Nature of Counseling:**

During counseling, I use encouragement to facilitate you in identifying your personal strengths that will help you cope adaptively to life's stress. Together, as a team, you and I will explore ways to help you achieve your counseling goals.

### **Counseling Relationship:**

The counseling relationship is different from other relationships in your life. Social relationships between therapist and client, including any social media outlets, are not permitted.

### **Effects of Counseling:**

For progress to occur in counseling, clients may have to confront uncomfortable feelings and sometimes, things may feel worse before they feel better. Counseling is a process and the success in therapy will be in part determined by the effort that you are willing to put into the process. I will set counseling goals with you to work toward during counseling however, I cannot guarantee any particular outcome. It is extremely important for you to inform me of any new problems or information that may have an impact on you, your child or family.

### **Crisis Situations:**

If you are in need of emergency help at a time when I am not available, it is your responsibility to call 911 or some other emergency service (such as 472-HELP, a 24-hour helpline). You may also go to the Psychiatric Emergency Services located at 1165 Airport Ave. Hours are Monday-Friday 8am-10pm, Saturday, Sunday & Holidays 10am-8pm.



### **Confidentiality:**

Confidentiality is described as keeping private the information shared between a client and therapist. The following are situations that may limit confidentiality: (a) concerns that a client is a danger to themselves or someone else; (b) the disclosure of abuse, neglect, or exploitation of a child, the elderly, or a disabled person; (c) the disclosure of sexual misconduct or unethical behavior of another mental health professional; (d) order by the court to disclose information; (e) direction from the client for the release of information; or (f) other requirement by law to disclose information. Whenever possible, I will inform you if I have put one of these into effect.

The following agencies may be contacted if one or more of the situations listed above occurs:

- (1) If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
- (2) If I believe that you are or your child is in imminent danger of self-harm, I may legally break confidentiality and call the police or the county crisis team. I would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee you or your child's safety, I would call the crisis team. In some cases, I may need to report this to Child Protective Services.
- (3) If I suspect any abuse or neglect of a child, elderly or disabled person, I am mandated to make a report to Child Protective or Adult Protective Services and/or the police.

### **Other Important Points on Confidentiality:**

To ensure confidentiality, audio/video recordings in session are strictly prohibited without prior consent from myself or the client. I may take photos of sandtrays or artwork that is created to keep as a reference of progress, but do not share these photos without your written consent. I participate in monthly consultation groups for best ethical practices of counselors, but I do not share any personal health information that identifies you or your child with other members.

*I follow Health Insurance Portability and Accountability Act (HIPAA) and Texas Medical Records Privacy Act guidelines in order to keep client information confidential. These guidelines are discussed in more detail in my Notice of Privacy Practices.*

### **Storage of Client Files:**

Files are confidential (kept under lock and key) and will not leave my possession unless consent is given, or a court order demands it. In the unlikely event that something should happen to me and I am unable to counsel you, your file will be sent to Brittany Jones, LPC and she will contact you to provide referrals.

### **Release of Records:**

Requesting access to counseling notes could cause harm to the therapeutic relationship I have created with you or your child. Therefore, releasing counseling notes without a court order is not typical in my counseling practice. In lieu of counseling notes, I can provide a treatment summary that includes dates attended, treatment goals, progress made, and any diagnosis that has been given. If you request your records to be copied for personal or legal matters, you agree to pay .50 cents per page. If there are other costs associated with this service, (i.e. notary, postage etc.), you agree to pay for that cost as well. This request must be made in writing via paper or electronically. *Requests for records must be made in writing and state the reasons why you are seeking records.*

### **Court Participation Fees:**

Please keep in mind my role as your counselor is to facilitate you or your child in finding ways to cope with current stressors and participating in legal matters is outside of that role. Therefore, I do not participate in divorce/custodial proceedings, nor do I conduct custody evaluations in my practice. If I am subpoenaed to participate in your legal matters, **you agree to pay a fee of \$500.00/hour.** This will include preparing or reviewing documents, travel time, time spent at court, and any legal related consultations (in person, by phone or email). **A retainer fee of \$1000.00 will be charged and must be collected before I respond to subpoenas or appear in court.** *Fees still accrue even if the court date is canceled and/or rescheduled or I do not testify.*

### **Your Rights as a Client:**

- (a) Right to confidentiality (please see confidentiality section)
- (b) You are entitled to information about the counseling techniques I use, the duration of therapy (if it can be determined), or any diagnosis given. Please feel free to ask if you would like this information or if you have additional questions.
- (c) You are entitled to seek a second opinion from another counselor or terminate counseling at any time.
- (d) Right to revoke consent for exchange of information, in writing, at any time. However, any exchange that has been made prior to revocation shall not constitute a breach of a client's right to confidentiality.
- (e) At any time a client may file a complaint with my licensing board. The contact information for this agency is:

Texas State Board of Examiners of Professional Counselors  
Mail Code 1982  
P.O. Box 149347  
Austin, TX 78714-9347  
(512) 834-6658

[lpc@dshs.state.tx.us](mailto:lpc@dshs.state.tx.us) [www.dshs.state.tx.us/counselor/](http://www.dshs.state.tx.us/counselor/)



**Your Responsibilities as a Client:**

Please be 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. If you are more than 20 minutes late, the session will be canceled and you will be responsible for the cancellation fee. Counseling sessions will last 45-50 minutes, unless otherwise specified.

**Cancellation Policy:**

Please allow 24 hours-notice if you decide to cancel a session. A \$75 session fee will be charged for appointments missed without 24 hours-notice. I will take into consideration extenuating circumstances. I reserve the right to charge the cancellation fee to any credit cards left on file. I also reserve the right to terminate therapy if cancellations and/or no-shows become excessive. I will discuss this with you prior to canceling services.

**Payment for Services:**

Payment is due upon completion of services. Any cancellation fees or balance from previous sessions must be paid before the next session is scheduled. You may pay for sessions with cash or credit card. You have the option to leave a credit card on file with me that I will charge at the end of each session or for cancellation fees. At any time, you can request a copy of payments made for services.

**Use of Insurance:**

If you choose to use insurance, please know that insurance companies require me to provide a diagnosis for treatment. You agree to pay any co-payments required. If anything changes with your insurance coverage, you agree to notify Lacey Fisher immediately and are responsible for payment for any sessions not covered by insurance.

**Ending Therapy:**

You have the right to terminate therapy at any time and you will typically be the one who decides when therapy will end, with the following exceptions:

- (a) If cancellations and no shows become an issue, as described above.
- (b) If I am not, in my judgment able to help you because of the particular concern you have, or because my training and skills are, in my judgment, inappropriate, I will inform you of this and refer you to another counselor who may meet your needs.
- (c) If you are verbally or physically violent toward me or threaten or harass me.



**CONSENT FOR COUNSELING SERVICES**

**Please initial the following statements if they apply:**

*If the client is a minor:*

\_\_\_\_\_ I affirm that I am the legal guardian of \_\_\_\_\_,  
and I have the right to seek counseling and medical care for the child listed above. With  
an understanding of the above requirements, I do grant permission for participation in  
counseling and release the counselor from liability.

*If using private pay:*

\_\_\_\_\_ I will be paying privately and agree to pay \$ \_\_\_\_\_ per session.

*My signature below acknowledges that I have reviewed the consent for services document and my understanding of said document. It also indicates that I accept the conditions of therapy and fees and have been offered a copy of this document.*

\_\_\_\_\_  
Signature of Client/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lacey Fisher, LPC-S, RPT-S

\_\_\_\_\_  
Date