

INFORMED CONSENT

Counseling Relationship A counseling relationship needs to function under professional guidelines for it to provide maximum benefit. To avoid dual relationship issues our contact will be limited to counseling sessions or other professional concerns such as scheduling, emergencies. If there is contact in another setting I will protect your confidentiality by allowing you to initiate any interaction that occurs. Sessions are 50 minutes or 80 minutes in length. Canceling sessions at least 24 hours in advance allows others to use the time vacated. Failure to do so will result in a cancellation fee.

Effects of Counseling While benefits are expected from counseling, no specific outcomes are guaranteed. Part of the process is to establish goals and a plan for reaching them. Your time in counseling may lead to major changes in how you choose to view important issues in your life. The exact nature of these changes is not predictable and could affect significant relationships, your job, and your view of yourself. During the counseling process there may be periods of increased discomfort and strong feelings. The intent is to facilitate the best possible outcome based on your goals for counseling.

Client Rights The length of time in the counseling process varies from a few sessions to several years depending on the needs and goals of the client. You are in complete control of this decision and may terminate the counseling relationship at any time. However, I ask that you participate in a termination session when that decision is made. You may at any time refuse or discuss modifications of any counseling techniques or suggestions.

I am committed to providing my services in a professional manner consistent with accepted legal and ethical standards. If at any time you are dissatisfied with my services, please let me know. If I am unable to resolve your concerns, we can consult with another counselor or I will help you locate another counselor to continue the counseling process. If you feel that any ethical violations have occurred you may contact the Texas State Board of Professional Counselors at 512-834-6658, or the Department of Human Services at 512-232-3162.

Referrals There may be times that I refer you to other professionals to provide services that will enhance our work. If at any time you and/or I believe that a referral to another counselor is needed, I will provide you with the names of other counselors who may assist you. You will be responsible for contacting and evaluating those referrals. During your time in counseling you will be expected to allow contact with other professionals such as physicians, counselors and psychiatrists to maximize quality of care.

Confidentiality Most communication in the counseling relationship is confidential. However, the following limitations do exist.

1. The use of case records for the purposes of supervision or professional development. Your permission will be requested if this is desired.
2. I determine that you are a danger to yourself or others. This may include physical restraint from self-harm and requesting emergency assistance and transportation to a medical or psychiatric facility.

3. You disclose abuse or neglect of a child, an elderly or disabled person.
4. You disclose sexual contact with another mental health professional.
5. I am ordered by a court to disclose information or otherwise required by law to disclose information.
6. You direct me to release your records. A Release Of Information form will be used for this purpose.
7. Your insurance or third party payer requests information authorize coverage of services. A copy of any written report will be made available to the client.

The client agrees to hold the counselor harmless for the disclosures and consequences of sharing of information with third party payers.

Children over the age of sixteen are considered legal adults when involved in mental health services. Therefore, confidentiality is governed by the same laws as adults. Before the age of sixteen, communication of confidential information between counselor, client, and parents or legal guardians is at the discretion of the counselor.

In marriage or family counseling I will keep confidential, within the limits noted above, information disclosed without your family member's knowledge. However, open communication among family members is encouraged and I reserve the right to terminate our counseling relationship if I judge the counseling process to be non-therapeutic.

Records All records become the property of the office of Gary T. Ongley. Only my official designee or I may disclose copies of written patient information or release client information over the phone. Adult client records are disposed of seven years after the file is closed. Minor client records are disposed of seven years after the client's eighteenth birthday.

By your signature below you are indicating that you have read and understand this Informed Consent, that any questions you had, were answered to your satisfaction. By my signature I verify the accuracy of this statement and acknowledge my commitment to conform to its specifications.

Client's Name

Date

Print Name

Counselor's Signature

Date

Legal Guardian's Signature (If Applicable)

Date