Forward Movement Counseling Center
8105 Rasor Blvd Ste 250
Plano, Texas 75024 **469-854-9867**

CLIENT INFORMATION AND CONSENT

We WELCOME YOU! Our desire is to ensure that your participation in counseling is a most productive and satisfying one. In order to facilitate a therapeutic relationship, we have set forth certain information, which will enable you to make an informed consent to counseling.

Therapists

Troslyn Mitchell, M.A., is a Licensed Professional Counselor, (#73294) engaged in providing mental health care services to clients directly as a contract employee of Forward Movement Counseling Center.

Forward Movement Counseling Center
8105 Rasor Blvd Ste 250
Plano, Texas 75024 **469-854-9867**

Mental Health Services

While it may not be easy to seek help from a mental health professional, it is hoped that through therapy you will change in the following ways: 1) gain greater insight into your situation and feelings, 2) develop expanded conceptualizations of your life, relationships, circumstances, and future; 3) move toward resolving your concerns; and, 4) forge a life plan that promotes greater realization of your human potential, happiness, and success.

As your therapist, using our knowledge of human development and behavior, human change process, solution focused therapy and positive psychology we will make observations about situations as well as suggestions for new ways to approach them. It will be important for you to explore your own feelings and thoughts and to try new approaches in order for change to occur. You may bring other family members to a therapy session if you feel it would be helpful or if recommended by your therapist.

Appointments

Appointments are made by calling 469-854-9867 Monday through Friday between the hours of 8:00 A.M. and 5:00 P.M. Calls to the main number after hours will be returned within 24 hours and calls made on weekends will be returned the first business day of the week. Please call to cancel or reschedule at least 24 hours in advance, or you will be charged for the missed appointment. If you experience a life-threatening emergency, please go to your nearest ER or call 911.

Number of Visits

The number of sessions depends on many factors and will be assessed and discussed by the therapist.

Length of Visits

Therapy sessions are approximately 50 minutes in length but may take longer for testing assessment. Extended “Power Sessions” are available and can last between 2 and five hours per appointment. Details of the benefits and challenges of Extended “Power Sessions” can be addressed between you and your therapist.

Relationship

Your relationship with the therapist is a professional and therapeutic relationship. In order to preserve this relationship and abide by the ethical standards of the Texas State Board of Examiners of Professional Counselors (§ 681.32 Texas Administrative Code, Chapter 681), it is imperative that the therapist refrain from any other type of relationship with you. Personal and/or business relationships undermine the effectiveness of the therapeutic relationship. Gifts, bartering, and trading services are not appropriate and should not be shared between you and the therapist.

Cancellations

Cancellations must be received at least 24 hours before your scheduled appointment; otherwise YOU will be charged an administrative fee of $50 for that missed appointment. You are responsible for calling to cancel or reschedule your appointment.

Payment for Services

- The standard charge for your sessions is **$130.00/hour.**
- We accept **credit cards**, **personal checks** or **cash**. If requested, you will be provided a receipt so that you can file directly with your insurance provider for insurance reimbursement.
- Insurance benefits usually cover only “medically necessary” treatment, requiring a mental health diagnosis. **Any diagnosis made will become part of your permanent insurance records and may have implications concerning future applications for life insurance, long-term care insurance, employment, or future health coverage in the event of a change in health care plans.** If you have concerns regarding your diagnosis, please discuss these with us.
- **Within contract guidelines, the undersigned therapist will look to you for full payment of your account, and you will be responsible for payments of all charges including NSF Bank charges.**
- Although it is the goal of the undersigned therapist to protect the confidentiality of your records, there may be times when disclosure of your records or testimony will be compelled by law. Confidentiality and exceptions to confidentiality are discussed below. In the event disclosure of your records or testimony is required by law, **payment will be expected from you, regardless of whose attorney subpoenas my involvement**. Patient records will not be released without written consent, unless court ordered to do so. Please note: a subpoena does not constitute a court order.
- **For legal proceedings that require our response, we bill $200.00 per hour** (includes time spent responding to subpoenas, depositions, time spent waiting to testify, driving time to the court, etc.).

Confidentiality

Discussions between a therapist and a client are confidential. No information will be released without the client’s written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: abuse or neglect of minors; abuse, neglect, or exploitation of the elderly; abuse of patients in mental health facilities (§681.33 TAC, Ch.681); criminal prosecutions (§611.004 Texas Health & Safety Code, Ch. 611); child custody cases (§ 611.006 Texas Health & Safety Code, Ch. 611); situations where the therapist has a duty to disclose, or where, in the therapist’s judgment, it is necessary to warn or disclose (§ 611.004 Texas Health & Safety Code, Ch. 611); fee disputes between the therapist and the client (§611.006 Texas Health & Safety Code, Ch. 611); or the filing of a complaint with the licensing board (§611.006 Texas Health & Safety Code, Ch. 611). If you have any questions regarding confidentiality, you should bring them to the attention of the therapist when you and the therapist discuss this matter further. By signing this information and consent form, you are giving your consent to the undersigned therapist to share confidential information with all persons mandated by law and with the agency that referred you, and you are responsible for providing payment for services rendered, and you are releasing and holding harmless the undersigned therapist from any departure from your right of confidentiality that may result.

Duty to Warn

In the event that the undersigned therapist reasonably believes that I am a danger, physically or emotionally to myself or another person, I specifically consent for the therapist to warn the person in danger and to contact the following persons, in addition to medical and law enforcement personnel:

Name Telephone Number
____

I consent for the undersigned therapist to communicate with me by mail and by phone at the following addresses and phone numbers, and I will IMMEDIATELY advise the therapist in the event of any change:

Address Telephone Number
____ **Risks**

of Therapy

Therapy is the Greek word for change. You may learn things about yourself that you do not like. Often, growth cannot occur until you experience and confront issues that induce you to feel sadness, sorrow, anxiety, or pain. The success of our work together depends on the quality of the efforts on both our parts, and the realization that you are responsible for lifestyle choices/changes that may result from therapy. Specifically, one risk of couple’s therapy is the possibility of exercising the dissolution option.

After-Hours Emergencies

If it is a mental health crisis or life-threatening emergency go to the nearest ER or call 911. Emergencies are urgent issues requiring immediate action.

Therapist’s Incapacity or Death

I acknowledge that, in the event the undersigned therapist becomes incapacitated or dies, it will become necessary for another therapist to take possession of my file and records. By signing this information and consent form, I give my consent to allowing a licensed mental health professional selected by the undersigned therapist to take possession of my file and records and provide me with copies upon request or to deliver them to a therapist of my choice.

Forward Movement Counseling Center
8105 Rasor Blvd Ste 250
Plano, Texas 75024 **469-854-9867**

Consent to Treatment

I voluntarily agree to receive Mental Health assessment, care, treatment or services, and authorize the undersigned therapist to provide such care, treatment or services, as are considered necessary and advisable. I understand and agree that I will participate in the planning of my care, treatment or services, and that I may stop such care, treatment or services that I receive through the undersigned therapist at any time.

By signing this Client Information and Consent form, I the undersigned client, acknowledge that I have both read and understand all the terms and information contained herein. Ample initial opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

____ _________________________

Client Date

____ _________________________

Client Date

Cell Phone (s)

____

Witnessed by:

____ _______________________________

Therapist Date