



**Beth M. Warren, MA., LPC-S**  
**INFORMED CONSENT AND CLIENT'S RIGHTS**

Techniques, goals, and purposes of therapy:

- I am committed to creating a safe and supportive counseling environment where solutions and positive changes are made. I believe the basis to a therapeutic relationship between the client and therapist is one based on trust, encouragement, and mutual respect. Through encouragement, I am able to provide clients with the tools to overcome inferiority and skewed self-concept. I also attempt to understand a client by looking into early childhood experiences, family dynamics, and individual lifestyles. It is important to set mutual goals with clients and continue to work together towards other counseling objectives through the duration of therapy.
- Your first session or two will involve an evaluation of your needs. By the end of this evaluation period, I will be able to offer you an initial impression of your needs and plan for what treatment may include, if you decide to continue with therapy. If you have questions about procedures, you are encouraged to discuss them whenever they arise.

Risk of Therapy:

- There is always a risk of psychological side effects from psychotherapy. Sometimes symptoms worsen before they improve. Often therapy brings up painful emotions. In therapy, you may learn things about yourself that you don't 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. Our goal is to confront issues and emotions together, and with time, to work through them.
- Length of treatment: Length of treatment is difficult to predict. Each person has unique strengths and weaknesses, and each problem is different from the next. It is my goal that each client will finish therapy in a timely manner, without unnecessary expenditures of time or money. Faster progress will likely be achieved if between sessions you thoughtfully reflect on the topics and techniques we discuss during our sessions. Coming to session with your thoughts, feelings, and questions is helpful.

Sessions:

- Counseling fees: Initial intake evaluation is \$150.00 and will last 1.5 hours. Follow up sessions are \$125.00 for 45-50 minutes session. Additional time will be billed at 42.00

per 15-minute increments. Family/parent consultation sessions are \$165.00 for 50-minute session.

- Sessions are by appointment only and are scheduled at the end of each session or by contacting your counselor directly.
- There is a **24-hour cancellation policy**. Failure to cancel your session at least 4 hours in advance will result in the charge of the **full session fee**. It will be applied to all late cancels and no shows. Your appointment time is scheduled specifically for you. Please be considerate of others who may also need help.
- If you arrive late for your session, please note that your session will not be extended. Please notify me if you are running late for your session.

#### Payment:

- Payment is due prior to each session and is payable by cash, check, or credit card. No session will be held if payment is not collected and sessions will be suspended if there is an outstanding balance.
- A credit card pre-authorization form must be signed to pay for unpaid sessions, late cancellation or no-show fees and any other past due balance on your account.

#### Insurance:

- I am an out-of-network provider and do not work with any insurance providers. You may request a “paid in full” receipt, which you can file with your insurance carrier. It is your responsibility to educate yourself on your insurance carrier’s policies related to out-of-network benefits and there is no guarantee that insurance will cover the counseling sessions you receive.
- Please be aware that in order to gain reimbursement from your insurance carrier, a diagnosis of a mental health condition is required.

#### Court/Court Fees:

- The counseling relationship is built on trust through confidentiality; therefore, it is oftentimes detrimental for the therapeutic relations to present records in court. I ask that you only request a court appearance in extreme cases and understand that this will likely result in terminating therapy and referred you to another counselor.
- I am not an expert court witness, nor will I provide opinions concerning custody as stated by the State Board of Professional Counselors dual relationship policies.
- Court appearances are billed at \$300.00 an hour and require a retainer of \$2,000.00. This amount must be paid 7 days prior to the court appearance. In addition, you agree to pay the therapist for all the services including travel, preparation, consultation, appearances, and time on-call of \$300.00 per hour. You are responsible for any legal fees Beth M Warren, LPC-S incurs related to the case. Failure to provide the specific fees as described above constitutes a release from the requested court appearance.

#### Confidentiality:

- Discussion between a therapist and a client are confidential. I will not disclose your identity or what you tell me in therapy, except when you authorize me to do so and when disclosure is required by law. Examples of when I can be required to reveal our communications are:
  - I suspect abuse or neglect of minors, elders and disabled persons.
  - I believe there is a threat that you will harm yourself or others.
  - I believe you are unable to care for yourself and additional help is needed.
  - You have consented in writing to the release of confidential information.
  - I am required to do so in legal proceedings such as court order or subpoena.
  - Uses and disclosures made in accordance with the Notice of Privacy Practices.
- It is sometimes appropriate for me to consult with outside professionals about certain cases. Therefore, it is possible that I will discuss your case with outside therapist to gain information or insight about your situation. If this occurs, our name and identity will not be revealed during these discussions.

#### Our Relationship:

- The relationship between us is professional and therapeutic, rather than personal. It is vital to maintain the professional nature of this relationship, so personal, social and business activities of any kind between us are inappropriate because they undermine the effectiveness of the therapeutic relationship. Gifts, bartering, and trading services are not appropriate. Sexual intimacy between a therapist and a client is always inappropriate and illegal. If this has happened to you in the past, you should file a complaint with the appropriate licensing agency.

#### Emergencies:

- In case of emergency (an urgent issue requiring immediate action), you should immediately contact 911, your physician, your local emergency room, the local police department or a crisis hotline. It is your responsibility to see appropriate resources in emergency situations. Beth M. Warren, LPC-S is not a crisis center; and will not be held responsible for any damages occurring as a result of unmet crisis or acute care. In case of emergency, Beth M. Warren LPC-S is authorized (but not required) to discuss your emergency situation with the Emergency Contact listed in your New Client Information form.

#### Communication procedures:

- I am happy to talk with you by phone outside our session during business hours; however, I may charge my regular session rate for phone calls which exceed ten (10) minutes.
- You may e-mail me at [bethwarrenlpc@gmail.com](mailto:bethwarrenlpc@gmail.com). I will do my best to respond within 24 hours. Please do not e-mail content related to our counseling sessions, unless otherwise discussed. Any e-mails I receive from you and any responses I send to you become a part of your legal record.

- Text messaging: Text communication is not completely secure or confidential. Any text messaging, I receive from you and any responses I send to you become a part of your legal record.

#### Social Media Policies:

- Separate Accounts: Beth M. Warren, LPC-S holds separate and isolated accounts to be used for the sole purpose of professional matters regarding Beth M. Warren, LPC-S. These accounts are separate from any personal accounts held by Beth M. Warren as an individual.
- Friending: I do not accept friend or contact request from current or former clients on any social networking site (Facebook, LinkedIn, etc.). Adding clients as friends on these sites can compromise your confidentiality and our therapeutic relationship.
- Following: I will not follow any client on Twitter, Instagram, blogs, or other apps/websites. If there is content you wish to share from your online life, please bring it into our session where we can explore it together.
- Search Engines: It is not a regular part of my practice to search for clients on Google, Facebook, or other searchable sites. An exception could be during a crisis, if I have reason to suspect you are a danger to yourself or others and I have exhausted all other reasonable means to contact you and/or your emergency contact, then I may use a search engine for information to ensure your welfare. If this ever occurs, I will full document the search and discuss it with you at your next session.
- Location-Based-Services: Please be aware if you use location-based services on your mobile phone you may compromise your privacy while attending session at my office. My office can be found as a Google location. Enable GPS tracking makes it possible for others to surmise you are a counseling client due to regular check-ins at my office location.

#### Termination:

- Normally we will terminate therapy by mutual agreement. You have the right to terminate your therapy at any time. If you do not schedule an appointment within 90 days of your last therapy session, therapy will be deemed to have been terminated. As our therapy proceeds, I will assess the continued benefits of your therapy with me. I do not continue to treat clients who are not benefitting from therapy or those who believe I am unable to help. I will discuss this with you and, if appropriate, terminate treatment.

#### Therapist's incapacity or death:

- If I become incapacitated, die, or cease to practice counseling, it will become necessary for another therapist to take possession of your files and records. By signing this Client Rights, Responsibilities, and Consent to Treat Form, you consent to allow Jennifer M. Blazek, LPC-S to take possession of your files and records. Jennifer M. Blazek, LPC-S will assist you in selecting a therapeutically appropriate successor.

Complaints:

- If you have a complaint or concern about your therapy, please speak first to me.
- If we are not able to resolve the complaint or concern, you may contact my licensing board as follows: Texas State Board of Examiners of Professional Counselors, Complaints Management and Investigative Section; 333 Guadalupe St, Tower 3, Room 900, Austin, Texas 78701 1-512-305-7700 (phone).

Contact Information:

- You consent for me to communicate with you by mail, text, e-mail, and phone at the address and phone numbers you provided on the New Client Information form, and you will IMMEDIATELY advise me if there is any change.

Consent to treat:

- You have voluntarily agreed to receive mental health assessment, care, or treatment, and you consent to and authorize me to provide such assessment, care, or treatment in the manner I consider necessary and advisable. You agree to participate in the planning of your care and treatment; you may stop your care or treatment at any time.

Amendment: I may amend this client Rights, Responsibilities, and Consent to Treat form with prior notice to you.

**YOU ACKNOWLEDGE YOU HAVE BEEN PROVIDED A COPY OF Beth M. Warren, LPC-S NOTICE OF PRIVACY PRACTICE.** If you have any questions about confidentiality, let me know when we discuss this further.

**BY SIGNING THIS CLIENT RIGHTS, RESPONSIBILITIES AND CONSENT TO TREAT FORM, YOU ACKNOWLEDGE YOU HAVE READ AND UNDERSTOOD ALL THE TERMS AND INFORMATION CONTAINED IN IT AND THAT AMPLE OPPORTUNITY HAS BEEN OFFERED TO YOU TO ASK QUESTIONS AND SEE CLARIFICATION OF ANYTHING UNCLEAR TO YOU.**

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Client Signature

Date

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Client Signature Date