**INFORMED CONSENT**

*By entering into counseling you have certain rights, and other information of which you should be aware. Please review this document carefully, and let me know if you have any questions about its contents.*

**ABOUT THERAPY**

Psychotherapy is a collaborative process between clients and their therapist it is important that clients understand the nature of the therapeutic process so they will know what to expect. The following represents a partial list of answers to common questions and expectations. Please feel free to ask ANY questions that may arise.

1. Counseling is a collaborative effort between you and your counselor. Your counselor only facilitates change; I cannot make changes happen. For this reason, your counselor cannot make any promises regarding outcomes or results of any treatment. Rather, your counselor will monitor with you the effectiveness of the counseling process. If you feel like the direction of counseling is not meeting your needs, you and the counselor will work to change directions and refocus the goals of therapy on a path that feels right for you.
2. The efficacy of counseling (the power to produce results) is in the nature of the relationship between the client and the counselor. It is very important that you feel a comfortable and safe in the relationship with your counselor. While this takes time, it also requires that you be honest about your behavior and any concerns that you may have about counseling or your counselor.
3. The change process can be uncomfortable at times. You may experience unpleasant memories, insights or loss in a relationship as you make discoveries and work towards lasting change.
4. The therapeutic relationship is a very unique professional relationship. While clients may develop a close emotional bond with their counselor, they need to understand that this does not include a social relationship or friendship.
5. Touch can be an important aspect of therapy. Touch may be used to show support, acknowledge feelings and in greetings and salutations. Therapeutic touch should never be inappropriate or sexual. Clients need to inform the therapist if they are in any way uncomfortable with therapeutic touch.
6. Confrontation is an essential element of psychotherapy. Clients can expect the therapist to confront issues, behaviors and processes in as gentle a manner as possible.
7. We live in relation to other people. Therefore with the client’s permission, family, friends and significant others may be requested to participate.
8. Spirituality is an essential portion of the mind-body-spirit integration. Clients can expect support regarding their spirituality with respect to all beliefs.

**CONFIDENTIALITY**

All information discussed in sessions will be completely confidential, unless specified in writing on the Release of Information form. In all but a few rare situations, your confidentiality (that is, your privacy) is protected by state law and by the rules of our profession. Here are the most common cases in which confidentiality is not protected.

1. If your counselor believes a child, elderly or disabled person has been or will be abused or neglected, your counselor is legally required to report this to the appropriate authorities.
2. If you make a serious threat to harm yourself or another person, the law requires your counselor to try to protect you/and or the other person. This usually means telling the proper authorities.
3. Are you being sued, or suing someone? Are you being charged with a crime? If you are, and share with the court that you are seeking counseling, your counselor may then be ordered to show the court this or her records. Please consult your lawyer if you have any concerns about this.

**SESSIONS**

Counseling sessions are scheduled for 50 min. Therapy sessions may be scheduled for 90 min as agreed. Usually sessions are scheduled weekly at the same time. For sessions that occur more or less frequently, please allow for more flexibility in your schedule so that your request may be accommodated. Clients will be charged the full fee for the scheduled time of their missed appointment if cancelation is not received 24 hours prior to the scheduled appointment start time.

**FEES**

Any discussion of money can bring up many different feelings. Therapy involves a commitment of time, money, and energy. Client fees are in exchange for the complex service of psychotherapy.

The current fee per 45 min session is $150 for individual, $175 for couples/partnerships (family) and $150 for EMDR. Client-initiated letters, reports, telephone consultations, other communications are billed at $25 per 30 min increment.

Payment is expected at time of service and collected at the beginning of the session. Payment can be made in the form or cash or check. Please feel free to discuss financial arrangements as they are an important part of the therapeutic relationship. Reduced fees may be available for a limited number of clients.

Please note that it is the intention to increase fees on a periodic basis, and clients will be notified in writing prior to such an adjustment.

**INSURANCE/MANAGED CARE**

At this time I do not accept insurance. Therefore, if you seek services from me I am considered an “out of network” provider. If you would like a receipt of services for submittal to your insurance company for reimbursement I can provide you with one.

**COMMUNICATION (**Phone, Email and Social Media**)**

Your therapist can be reached via mobile phone at 512-298-2148, where you will usually leave a message for a call back. Please allow me a full business day to return your call. I keep my voicemail confidential. If I am not available for an extended period of time I will provide a number for my back up on my voicemail.

Text messages are allowed for scheduling purposes ONLY. However, both text messages and email have limits to confidentiality. The security of electronic communication can be compromised. I make the upmost effort to secure confidentiality with electronic communication but it is important to be aware of the security limits when using these methods. Long emails, or text messages opening up discussion points for counseling will be directed to be brought into your next session. I will NOT respond to text messages or emails on counseling topics. Please understand this is in an effort to maintain your confidentiality.

Social media websites (facebook, myspace, twitter, LinkedIN…etc) – In an effort to maintain your confidentiality I will not connect with you on any of these websites.

**TERMINATION**

You have the right to terminate or take a break from your treatment at any time without my permission or agreement. However, if you do decide to exercise this option, I encourage you to talk with me about the reason for your decision in a counseling session so that we can bring sufficient closure to our work together. If at any point during treatment I feel I am not effective in helping you reach your therapeutic goals, or if I feel you have successfully accomplished your goals, I am obliged to discuss it with you and, if appropriate terminate treatment. I will also provide you with referrals for more appropriate services should this be necessary.

**EMERGENCY**

Emergency services are not provided by Danie White. In cases of emergency, clients should contact one of the following:

* 911 for Emergency Assistance
* Shoal Creek Hospital: 512-324-2029
* Nearest ER
* Suicide Crisis Hotline: 512-472-HELP (4357)
* Austin Lakes Hospital: 512-544-5253

**CONSENT FOR THERAPY**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Client or legal guardian if under 18) am hereby agreeing to enter into a professional therapeutic relationship with Danie White. I agree to be responsible for all fees incurred by me or on my behalf for services rendered. I understand that payment for services are due at the beginning of each session. I understand that fore pre-arranged telephone or electronic counseling payment is due prior to each session. I acknowledge that when counseling is not provided by telephone or other electronic means, connectivity nor confidentiality can be assured, due in part but not limited to the potential of conversations being dropped or intercepted, and the use of wireless/Mobil telephones and internet devices.

I understand that I will be charged $375 per hour for every hour of the therapists time involved for any legal matters, with a four hour minimum fee, including but not limited to reports and/or paperwork preparations, phone consultation with client and/or clients attorney about court hearings, drive time, wait time, court testimony and/or deposition. All legal or court related fees must be paid in advance. I also understand that Danie White is an independent consultant and will not provide court ordered assessments of minors nor am I available to asses minors or represent them or their parents in custody arrangements or other legal matters.

Your signature below indicated that you have read the information in this document, agree to abide by its terms during our professional relationship and consent for treatment.

**Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**