

Morning Light Counseling Services

14011 Park Dr., Ste. 210

Tomball, TX 77377

713-614-9259 Office

281-255-8007 Fax

INFORMATION, CONSENT AND AGREEMENT FOR SERVICES

I understand Denise Smith, M.Ed., LPC; dba Morning Light Counseling Services will provide the following services:

Therapy Expectations:

I understand that, in general, the goal of counseling is to help me learn to cope independently with the demands of life and that, depending on the needs of the individual, the duration of therapy varies. To ensure maximum effectiveness, my therapist and I will initially discuss the goals of therapy and thereafter periodically review my progress.

I am aware certain effects are possible when engaging in the therapy process-such as increased stress, emotional discomfort and the disruption of current interpersonal and family relationships.

I have the right to terminate therapy at any time for any reason, and understand that referrals to other providers will be provided by the therapist upon request. **It is strongly recommended that any decision to terminate therapy or to switch to another therapist be discussed with the therapist.**

Client Responsibility:

I understand that my therapy session is reserved exclusive for me, and this agreement represents a commitment on my part to take an active role in my therapy. Therefore, I agree to the following:

Appointments:

-Each therapy session will be 50-60 minutes in length.

-My fee for each session will be \$125.00 unless otherwise agreed here:_____.

This fee must be paid to Morning Light Counseling Services at the time service is rendered, and an itemized receipt will be provided to me upon request.

-Telephone consultation over fifteen minutes will be charged pro-rata of the regular session fee.

Punctuality and Missed Appointments:

-I will arrive promptly at the scheduled time. In the event I know I will be late for an appointment, I will notify Morning Light Counseling Services as soon as possible.

-If I am unable to keep a scheduled appointment, I will notify Morning Light Counseling Services 24 hours in advance.

-If I fail to provide 24-hour cancellation notice or do not call to cancel my appointment, I agree to abide by the “Untimely Cancellation/No Show” policy of Morning Light Counseling Services that I have read and signed.

-If the therapist is late, I will be provided the full 50 minute session and agree to pay the full agreed upon co-pay or fee for that session.

Confidentiality: Morning Light Counseling Services will follow all applicable laws, rules, regulations, guidelines and codes of ethics and conduct concerning your privacy relating to the client/therapist relationship in connection with therapy sessions and records. You should be aware, however, that there are exceptions to your expectation of privacy with regard to the therapy sessions and records of those sessions. Those expectations include certain situations where the therapist may be obligated to disclose such information, including instances:

- involving abuse or neglect or minors
- involving abuse, neglect or exploitation of elderly or disabled persons
- involving abuse, neglect or illegal, unprofessional or unethical conduct in an inpatient mental health facility, a chemical dependency treatment facility or a hospital providing comprehensive medical rehabilitation services
- involving sexual exploitation by a mental health services provider
- involving abuse or neglect in nursing facilities
- when the client presents a danger to self or others
- when the therapist is ordered by a court to disclose information or records
- the parents of a minor client request information or records
- involving a therapist’s or other mental health services provider’s improper conduct

or there may be other situations when Denise Smith, M.Ed., LPC dba Morning Light Counseling Services may disclose such information without a court order, subpoena or your consent. By signing below you acknowledge that you understand that your expectation of privacy is limited and that client/therapist communications and therapist records may be disclosed to third parties. You also agree that information regarding billing may be shared with a third party (such as insurance billing administrators and bill collectors) and that your case may be discussed with other therapists for the purpose of ensuring professional quality therapy. However, confidentiality standards are observed and maintained by Denise Smith, M.Ed., LPC dba Morning Light Counseling Services at all times.

Court Involvement: I understand that I will be charged for all time spent and expenses incurred by Denise Smith, M.Ed., LPC dba Morning Light Counseling Services, in responding to any subpoena, whether for a person or documents, pertaining to me or my child, regardless whether the subpoena was requested by me or on my behalf, including time preparing for testimony, telephone contacts, reviewing records, traveling, waiting and testifying and for expenses for traveling, parking and duplicating records. I agree to provide \$1,000.00 advance as soon as a subpoena is received by Denise Smith, M.Ed., LPC. Time will be charged at an hourly rate of \$125.00, and all expenses will be charged as incurred. I agree to pay all such amounts promptly upon receipt of a bill therefore; Morning Light Counseling Services will reimburse any unused portion of the advance.

Policy Regarding Children: A parent or guardian must accompany all children less than sixteen years of age to the appointment scheduled with Denise Smith, M.Ed., LPC dba Morning Light Counseling Services. The parent or guardian must remain on the premises throughout the session. Children should use the restroom prior to the appointment. If a bathroom break is needed during the session, it will be the parent's or guardian's responsibility to assist and supervise the child.

Morning Light Counseling Services does NOT provide childcare at any time. It is the responsibility of the parents/guardian to provide adequate supervision of their children during sessions. Parents or guardians must arrange for supervision of their child/children offsite during the scheduled sessions. In the event that a parent/guardian and child are scheduled to be seen by Denise Smith, M.Ed., LPC, the parent/guardian is responsible to bring another adult to supervise the child while the parent is in session. Morning Light Counseling Services is not responsible for unsupervised children in the waiting room.

I agree that I have sole responsibility for my child(ren) while at Morning Light Counseling Services. I will not hold Morning Light Counseling Services responsible for any consequence happening to my child(ren) on the premises of Morning Light Counseling Services, and I agree to defend, indemnify and hold harmless Morning Light Counseling Services for all damages caused by or suffered by my child(ren) while on the premises or in the offices of Denise Smith, M.Ed., LPC dba Morning Light Counseling Services including but not limited in any way to any and all claims arising from the negligence, gross negligence or strict liability of Morning Light Counseling Services.

Grievance Procedure or Complaints: Denise Smith, M.Ed., LPC dba Morning Light Counseling Services will provide services in a professional manner consistent with all applicable laws, rules, regulations, guidelines and codes of ethics and conduct concerning the therapist and the client/therapist relationship. Any dissatisfaction with services or other complaints should be discussed with the therapist. If you do not believe your complaint was handled in a satisfactory manner, please contact:

Texas State Board of Examiners of Professional Counselors
1100 West 49th Street
Austin, TX 78756
(512) 834-6658

The relationship between the client and therapist is considered a professional one. The therapist's professional code of ethics prohibits any other relationship between the therapist and the client while the professional relationship exists, including any non-counseling activity initiated by either the therapist or the client for the purpose of establishing a non-therapeutic relationship.

Agreement:

By signing below, I acknowledge that I have read, understood and agree to everything in this agreement and authorize payment to Morning Light Counseling Services. I am voluntarily requesting the above service and I agree to pay all charges submitted to me for the service or as provided in this agreement. I also authorize Morning Light Counseling Services to release any information necessary to process my insurance claims or other billing to their agents.

Further, if the client is a minor child, I acknowledge, represent, and warrant that I have the legal right to agree to the services on behalf of the child named below.

Client Signature

Date

Or:
My child _____

By: _____

Client signature and Printed Name

Date

Therapist Signature

Date