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## **Informed Consent**

(Client and provider signatures required)

I voluntarily agree to participate in counseling sessions.

I understand these sessions are confidential and the counselor will keep confidential anything the client says with the following exceptions: (1) the client directs the counselor to tell someone else, (2) the counselor determines that the client is a danger to self or others, (3) the law requires disclosure, such as in the case of child abuse or when ordered by a court to disclose information, and (4) information shared in confidence with a supervisor or professional colleague.

I understand that services will be rendered in a professional manner consistent with ethical standards. Individual sessions are 50 minutes in duration. I agree to a fee of \$\_100.00\_\_ per individual session if not using insurance. In the event I cannot keep an appointment I will give at least 24 hour notice or otherwise I will be responsible for paying for that session. A fee for each session is due and must be paid at the conclusion of each session. Cash, personal check, debit and credit cards are acceptable for payment. If using my insurance for payment for services, I will be expected to pay whatever amount is required by the insurance company (co-payment or deductible) at the time of the service. I can find out what is this amount by calling my insurance company prior to my first session.

Goals of treatment or evaluation will be those agreed upon by my counselor and myself. I retain the right to discontinue services at my discretion.

I understand that health insurance companies often require advance notice for services and that the client is given a diagnosis (indicating an "illness") in order to establish a medical necessity for counseling or psychotherapy. Some conditions for which counseling is sought do not qualify for reimbursement. If a qualifying diagnosis is appropriate for my case, I will be informed of the diagnosis prior to submission to the health insurance company. Those insurance companies that do reimburse for counseling usually require that a standard amount be paid ("deductible") by me before reimbursement is allowed, and then usually only a percentage of my fee is reimbursed. I could contact a company representative to determine whether my insurance company will reimburse me and what schedule of reimbursement is used. I consent to release of information and notification of my insurance company to determine benefits and to secure payment. I understand that any diagnosis will become part of my permanent records.

I understand that counseling sessions may involve the risk of remembering painful events and can arouse intense emotions of fear and anger. Other feelings of anxiety, depression, frustration, loneliness or helplessness may also be aroused. I understand the benefits of counseling may be that I will be better able to handle or cope with my family, my work or school, my social relationships or that I may have better understanding of myself, my goals and values which could lead to growth as a person. I realize however there is no guarantee of positive results.

I understand I can discontinue counseling sessions at any time and I have a chance to ask questions and have my questions satisfactorily answered. All communications become part of my clinical record, which is accessible to me upon written request. I HAVE READ THE INFORMATION LISTED ABOVE AND AM AWARE OF THE RISKS AND LIMITATIONS OF COUNSELING.

By my signature below, I am indicating that I have read and do understand these statements.

Client Signature: X\_\_\_\_\_

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

Provider Signature: X\_\_\_\_\_

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