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## **Informed Consent Agreement**

This form explains aspects of professional counseling, my qualifications and our relationship.

### **License Information**

I received a Master of Arts in Professional Counseling from Denver Seminary. I am a Licensed Professional Counselor #64327 licensed by the Texas State Board of Examiners of Professional Counselors. Under this license, I practice under the authority of the Texas LPC licensing board and therefore must adhere to the board's ethical guidelines. Some of those guidelines will be explained below. If at any time you have a concern or complaint regarding the counseling services provided, I hope you will discuss it with me so that we can resolve it. If you do not believe it is able to be resolved, you have the right to file a grievance with the following agency:

*Complaints Management and Investigative Section  
P.O. Box 141369  
Austin, Texas 78714-1369*

1-800-942-5540

### **Counseling Philosophy and Expectations**

My goal is to provide gospel-centered, biblically-based counseling that is informed by and integrated with current psychological theory and technique. It is very important to me to assess and treat the entire person- physical, mental, emotional and spiritual- as all are interrelated. I will strive to provide relevant resources and referrals to help ensure a holistic healing process.

Although the goal of any counseling relationship is healing and wholeness, there are no guarantees. The length, intensity and success of counseling are unique to each person. Together we will create a treatment plan that is tailored to your specific needs and goals, which will be an on-going conversation that we have. You are free to terminate counseling at any time, but I ask that you will discuss your desire/intent to terminate with me before you do so.

Counseling sessions are 55 minutes long and the rate is \$100. Longer sessions are available and will be prorated. Payment is due in full on the day of service. Payment can be made by cash, check or credit card. In many cases insurance will reimburse you for all or part of this fee. I do not file insurance claims for you, but you can do this on your own. Appropriate documentation for you to give your insurance company will be provided at your request.

You can contact me by phone or email. Neither form of communication will be treated as a crisis line, but will be checked daily Monday-Friday and responded to appropriately during the week. If you have a mental health emergency, please call 911, go to your nearest emergency room or call Shoal Creek Psychiatric Hospital at 324-2000.

I will be on time, prepared, and present with you for each session, and I ask the same of you. If you need to cancel an appointment, I ask that you do so within 24 hours of our scheduled time. Unless there is an emergency, the full rate will be charged for a no-show or cancellations that are made in less than 24 hours of the appointment.

### **Therapeutic Relationship**

Our relationship is professional rather than personal in nature, and as such, appropriate boundaries must be maintained. Because the therapist-client relationship is so important, I cannot be involved in a social relationship or friendship that exists outside of the therapy room. Limiting our relationship to the therapy office keeps your therapeutic environment safe, secure, and free of outside complications that could interfere with your therapy work. Also, I will keep out of session contact minimal and focused on counseling related scheduling, resources or goals.

### **Confidentiality and Right to Privacy**

I will treat with great care all information you share with me. It is your right that our sessions and my records about you be kept private. In all but a few situations, your confidentiality is protected by state law, the rules of my profession, and my personal integrity. Texas state law requires me to inform you that in certain cases your confidentiality is not protected, and your information may be disclosed to the appropriate authorities/agencies. These cases include:

- The counselor determines that the client is a danger to himself or someone else.
- The client discloses abuse, neglect, or exploitation of a child, the elderly, or a disabled person.
- The client discloses sexual contact with another mental health professional
- The client authorizes the counselor to release records.
- The counselor is ordered by a court subpoena to disclose information.

In accordance with legal requirements, adult client records may be disposed of five years after the counseling relationship has ended. In the case that I am incapacitated, death or loss of license, your records will be boxed and placed in the care of Jessica McDaniel, LPC.

I have read and understand the content of this document,

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Client Signature

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Date