

Woodland West Christian Counseling • 3101 West Park Row Drive • Arlington, Texas 76013  
817-275-2657 x 105

## COUNSELING PROCEDURES AND CONSENT FORM

Effective Date: 1/1/2017

Available on my website at [www.maryjocochrum.com](http://www.maryjocochrum.com), on the Forms page

You have made a courageous decision to attend counseling and have already made progress by making your first appointment. Therapy can be a rewarding and life-changing process for those who dare to take the risk. However, it is important you understand that things may get worse before they get better. Unexpected emotions, thoughts, and behaviors, new or repressed, may come to the surface during the counseling process. This is normal because we are focusing upon issues that are not always pleasant as we discover new insights or solutions. It is our hope that we can assist you in finding these solutions.

**APPOINTMENTS:** Counseling services are provided by appointment only. Counseling sessions are generally 50 minutes in length unless other durations are agreed upon in advance. Initially sessions are usually scheduled weekly. Sessions may be scheduled less frequently once progress has begun.

**CANCELLATION POLICY:** 24-hour advance cancellation of an appointment is required, including your initial intake appointment. If emergencies arise that prevent this 24-hour minimum notice, please call as soon as possible to let us know that you will not be able to keep your appointment. There are a limited number of appointments available each week, and your consideration in this area may allow someone else to use your appointment time. You may reschedule when you call or do so at another time. Appointments cancelled with less than 24-hour notice will be charged a cancellation fee equal to your session fee.

**NO-SHOW POLICY:** As above, when you do not keep your appointment, you may be preventing someone else from receiving needed counseling services. One no-show may be allowed; after a second incident, we may choose to refuse reservation of future times and you may be given the names of other private professional counseling providers to access for future needs. You will also be charged for your session fee.

**FEES:** Session fees are determined by a sliding scale and range from \$30 per session to \$100 per session. All fees are due at the time of each session unless other payment arrangements have been approved in advance. We do not accept insurance assignment or reimbursement. Should you require a statement to file for reimbursement yourself, one will be provided at no charge. We accept cash or checks for payment.

**CONFIDENTIALITY:** All communications between counselor and client are held in confidence. No information will be released without the client or legal guardian's written consent. Written, telephone, or personal inquiries about clients will not be acknowledged. You must sign a release form before any information about you is given to anyone outside the counseling center. Even then you may be advised to withhold information if we feel it is in your best interest. All records or other identifying materials are kept confidential.

**LIMITATIONS TO CONFIDENTIALITY:** Under certain circumstances, per Texas statutes, confidentiality may be revoked. Possible exceptions to confidentiality include but are not limited to the following situations:

1. If the client is judged to be a danger to self or others.
2. If the client acknowledges past or present instances of committing or knowing of incest, child molestation, rape, child abuse, elderly abuse, or abuse of a mentally disabled person.
3. If child abuse is suspected or reported.
4. If counseling records are subject to subpoena by a court of law.
5. If the therapist seeks peer consultation to better serve the needs of the client.
6. If the client discloses a sexual relationship with a mental health professional.

In these situations, the appropriate medical, social, or law enforcement agencies will be notified as well as appropriate family members or significant other and verification of such notification will be made in the client's file. All client records are maintained in locked cabinets with no access by persons other than Mary Jo Cochrum, LPC.

**ELECTRONIC COMMUNICATIONS:** E-mails, fax transmissions, or other electronic communications sent to Woodland West Christian Counseling will be treated with the highest confidentiality standards; however, it cannot be guaranteed that these communications will be seen only by the person to whom they are directed. If the information that you wish to transmit is of a sensitive or confidential nature, it is advised that it be dropped off personally at the Woodland West Christian Counseling office.

**TELEPHONE/ELECTRONIC MEDIA COMMUNICATIONS:** Please make certain that the preferred phone number provided is private and that information may be left on your voice mail should contact be needed. We reserve the right to limit services provided by telephone, email, or other forms of communication other than face-to-face sessions. Excessive time requirements may be charged at session fee rates.

**COMMUNICATION WITH OUTSIDE SOURCES/PROVIDERS:** Mary Jo Cochrum, LPC may consent to communication with persons as directed by individual clients at their request provided a signed release for that specific communication is in the client's file. Mary Jo may also request the privilege of communicating with an outside provider or source, and permission may be given by the client to do so through their signature on a release form. There may be a charge for the time spent in communication.

**COURT APPEARANCES:** Please inform your counselor if you anticipate that your information may be needed for court proceedings. Your counselor may choose to offer community referrals in cases where it becomes apparent that court testimony by a counselor will be required.

**CREDENTIALS:** Mary Jo Cochrum, LPC has been found to be professionally competent to offer services through the Texas State Board of Examiners of Licensed Professional Counselors. Licensed Professional Counselors are responsible for maintaining their credentials and staying in satisfactory compliance with the ethics and rules of their credentialing organization.

**GOALS OF COUNSELING:** In your initial session, your counselor will discuss the purposes and goals of counseling with you. You will also be informed of possible therapeutic techniques that may be utilized during your time in counseling.

**RISKS OF COUNSELING PARTICIPATION:** Please be advised that there are no guarantees of positive outcomes associated with counseling or therapy services. Every effort will be made to ensure that each client has the best and least stressful experience while utilizing intervention services at Woodland West Christian Counseling. It is important to consider that talk therapy and other forms of intervention may, in some cases, temporarily heighten distress for some individuals. Should you feel this is the situation in your case, please discuss this with your counselor. Each client has the right to request referral or terminate services at any time during treatment.

**ALTERNATIVES TO COUNSELING:** There are choices for possible improvement for certain conditions/situations other than the formal counseling process with a professional. These include, but are not limited to the following: speaking with a member of the clergy, speaking with your primary care physician or psychiatrist, talking with a good and trusted friend, attending an issue-specific support group, accessing information other the internet or through telephone help line services, the use of self-help media, such as books, CDs, or DVDs, attending seminars, conferences, or retreats that deal with topics of interest. These are presented to provide you with full information concerning many of the possible choices of intervention you as a client may choose to pursue in place of or in addition to professional counseling services.

**EMERGENCIES:** In the event of what you may consider a counseling emergency, you are asked to call the Woodland West Christian Counseling office during regular business hours to speak with your counselor. Calls to the office will be returned as your counselor's schedule permits. After hours, please call your therapist's cell at 817-301-3078 and leave a detailed message. Your therapist will return your call as promptly as possible. Please call 9-1-1 if the situation is life-threatening. If your need is urgent and you cannot wait on a return phone call, you may need to contact Crisis Intervention 24-hour hotline at 817-927-5544 in Tarrant County and 214-233-2233 in Dallas County or the National Suicide Prevention Lifeline at 1-800-273-8255, or you may need to have someone drive you to the nearest hospital emergency room for necessary help.

**COUNSELING THEORIES & TECHNIQUES:** A variety of counseling and therapy techniques and interventions may be utilized or suggested during your treatment. You have the right to ask for explanations of suggested treatments or refuse to comply with any suggestions made by your counselor, at which time therapy services may be terminated with appropriate referrals given by your counselor.

**COMPLAINTS:** If you have a question concerning your counseling please discuss this with your counselor. Credentials of your therapist are on file and you may request to view them at any time. Any disputes will be addressed as quickly as possible. If necessary, complaints may be formally filed with the following governing board:

Complaints Management and Investigative Section

P.O. Box 141369

Austin, Texas 78714-1369

or call 1-800-942-5540 to request the appropriate form or obtain more information.

**CHILDREN:** Children under 16 years of age must be accompanied to the office by an adult and supervised while in the waiting area. We reserve the right to ask adult clients to reschedule appointment times if underage children are brought to appointments with the purpose of leaving them unattended in the waiting area or to include them in sessions where sensitive information will be discussed. We assume no responsibility for minor clients dropped off at this office and left without an adult to supervise them prior to or immediately after their appointment.

**MINOR CONSENT TO CARE:** Proof of custody or guardianship will be required to initiate counseling services for a minor child (under age 18). This proof may take the form of a finalized divorce decree legal guardianship paperwork, or other validation of an adult's right to consent to mental health treatment for a minor child. Please bring this information with you to the parent intake session prior to your child's first individual appointment. We will make a photocopy of this information for the minor's client file. If this information is not available, services will not be provided. You will be asked to sign a consent for counseling services to a minor during the parental/guardian intake session.

**REFERRALS:** Therapists reserve the right to suggest to a client that he/she seek counseling services with another provider if the need is beyond the scope of professional expertise or personal competency of the therapist. At that time, at least three referrals will be given to the client and every effort will be made to facilitate a smooth transition of services. These referrals do not constitute a personal endorsement of the sources by the counselor.

**NON-DISCRIMINATION:** Woodland West Christian Counseling does not discriminate on the basis of race, color, national origin, sex, religion, sexual orientation, or disability in the employment or provision of services. Client are accepted for appointments regardless of religious affiliation or other demographic classifier.

**KEEP A COPY OF THIS AGREEMENT IN YOUR FILES:** Each client will be provided with a copy of this agreement. Please keep it for your records. An original signed copy will be kept in the official client file.