



CLIENT AGREEMENT & INFORMED CONSENT

Welcome to Embrace New Life, LLC! I am so glad that you have decided to take that important first step in reaching out for support. I appreciate you giving me the opportunity to work with you. This document is intended to provide you with information about my qualifications, treatment approach, and methods, business policies, and services offered as well as answer any other questions you have about what to expect and the nature of the counseling process.

About Me

I am a Licensed Professional Counselor (LPC) and an AACC Board Certified Pastoral Counselor (BCPC). I received my Bachelor's degree in Computer Information Science from the University of Mary Hardin-Baylor and received my Master's Degree in Professional Counseling from Amberton University. My first career was in computer information science, and after 20 years, I went back to graduate school to work in the counseling profession. I began counseling in 2005. The treatment approaches I primarily use are Cognitive Behavior Therapy (CBT) to assist individuals in recognizing how their thoughts and feelings can influence their behavior and Attachment Theory (AT) to understand the role that primary caretakers in childhood impact emotional and cognitive functioning. Through the use of CBT and AT, individuals learn how to identify and change destructive or disturbing thought patterns that have a negative influence on behavior enabling them to feel more satisfied with their lives. I also use a strength-based perspective; that means working together to find past and present successes and using these to address the challenges currently being faced. My work is not an extensive exploration of the past. Our work with the past is limited to that which is required to obtain resolution of past injury and to inform our work for wholehearted living in the present. I offer two treatment modalities that work to resolve past trauma that is less intrusive and less reinforcing the traumatic memories and those are Eye Movement Desensitization and Reprocessing (EMDR) and Brainspotting™. Each of these processes has additional Informed Consent that explains the difference between cortical (conscious) and subcortical (subconscious) processes in trauma formation and resolution as well as consent.

Therapy

Therapy is a place to identify and build on current strengths, learn problem-solving strategies, develop or enhance coping skills, learn more effective ways to communicate with others and receive support and feedback. The counseling relationship is designed to be one that will facilitate change and growth. My belief is that the therapist and the client both have active roles. My goal is to provide a comfortable and supportive environment

conducive to insight, healing, and personal growth. Your role will be to identify goals that you would like to achieve during therapy and be willing to examine any potential obstacles and strengths that will either hinder or help you move toward obtaining your desired goals.

During our first session (intake session), I will gather information about your history, current strengths, struggles, areas of concern and your goals for treatment. This will be a time for you to ask any questions that you may have and to determine if you wish to proceed with ongoing therapy. I firmly believe that individuals should feel comfortable with the therapist that they choose and be hopeful about therapy. In the next several sessions you will have the opportunity to share your thoughts, feelings and perceptions and request assistance with certain situations/issues that arise between sessions as we also collaboratively work toward achieving the agreed upon treatment goals established during the intake session. An important part of therapy will be to practice new skills and monitor certain behaviors and thoughts. There may be times you are asked to do some 'homework' in between sessions that may consist of reading and completing handouts, keeping records or practicing a specific skill. The length and frequency of our therapy together will be determined by your specific needs and goals. We will periodically evaluate your satisfaction and progress with a feedback form that will be made available to you before each session. If at any time you have questions or concerns regarding fees, services, or the direction of our sessions, please do not hesitate to address them with me. I welcome any questions and feedback. In the later stage of therapy, we will meet less frequently in preparation for termination. Although you may terminate your therapy whenever you wish, it is very helpful to have at least one session together to summarize your progress, define the work that remains and to say good-bye.

Risks

Counseling can have benefits and risks, and it is important to consider both when making any treatment decisions. Since therapy involves discussing unpleasant aspects of your life, there is a risk that you may experience uncomfortable feelings like sadness, guilt, temporarily anger, frustration, loneliness, and helplessness. Counseling has also been shown to have many benefits including improved relationships, a significant reduction in feelings of distress and resolutions of particular problems. I am unable to make any guarantees about how the therapy process will be for you, specifically.

Minor clients

I rarely see minors. I will only see minor clients as part of a family system where the adults are also in therapy with me. If you are the parent or guardian and are requesting services for an individual adolescent under the age of 18, I will refer you to a therapist that specializes in the child/adolescent population. If I see your minor as part of family system

work, please keep in mind that while you have the right to question and understand the nature of your child/adolescent's sessions, treatment is usually more effective if your child/adolescent has some privacy. It is therapeutically important that your child/adolescent develops a level of trust with me so if you agree, I will only provide you with a general overview of each session along with your child's level of participation and progress. However, there are limits to confidentiality (listed under "Confidentiality").

Office Policies, Procedures, and Fees

Fees/Payment:

- The fee for each therapy appointment is \$100 and is due at the time of service.
- Individual sessions will be 50 minutes long.
- The fee for each group therapy appointment is \$45 and is due at the time of service.
- Group therapy sessions will be 90 minutes long.
- The fee for couple sessions is \$100 per hour and is due at the time of service.
- Couple sessions may be for one hour, \$100, two-hour, \$200 and so.
- I am not 'in-network' with any insurance company. At Embrace New Life, LLC we know that it is difficult to find a therapist that is effective and one that you can trust. It is even more difficult to find one on your specific insurance plan that addresses your unique situation. Experience has proven that managed care insurance plans can often create more problems than solutions for our clients. Confidentiality is threatened, fees are controlled by the insurance agencies, and healing is delayed. At times particular plans do not allow for the best therapeutic interventions, limiting the much-needed help that a client is seeking and dictating the entire process of counseling. All of this happens at the expense of the client. Therefore, though we work to see that our clients are reimbursed by their insurance carriers, and have decided to avoid insurance control over the frequency, interventions deemed necessary, and the length of treatment. I will provide you with a summary of billing for you to file with your insurance company upon request.
- Accepted forms of payment include cash, check all major credit and debit cards. Digital payments can be made on the client portal at https://elizabeth-davis.clientsecure.me/client_portal/
- There will be a \$25 charge for any returned checks.
- In addition to weekly appointments, I charge \$120 hourly for other professional services you may need, although I will break down the hourly cost if I work for a period of less than one hour.

Other Professional Services

- Summary of treatment report or letter writing to teachers, physicians, psychiatrists, etc. with your written and signed Release of Information.
- Longer sessions like 2-3, whole day intensives.
- Telephone calls lasting longer than 15 minutes.
- Assessments and assessment summaries, where time estimates and assessments costs will first be included in an assessment consent form.
- If you become involved in legal proceedings that require my participation, you will be expected to pay a \$500 initial retainer for therapist and \$170 per hour for each hour in preparation or legal proceedings. The retainer fee is due upon therapist notification of legal proceedings.

Cancellation Policy

If you need to reschedule or cancel an appointment, please contact me as soon as possible. Not doing so takes away the opportunity to give that appointment to another client. I understand that emergencies happen and will be happy to work with you in those situations.

- Appointments canceled/rescheduled at least 24 hours before the session time will not be charged.
- Appointments canceled/rescheduled with less than 24 hours' notice will be charged \$40.
- No shows will be charged \$40.
- Reminder texts/calls are only made when our times allows us to do so. Do NOT rely on this courtesy to keep from missing appointments.
- One no-show may be allowed; after the second occurrence, I may choose to refuse the scheduling of future appointments.
- Frequent canceling/rescheduling will incur a charge and may also result in a refusal of future appointments.

Professional Records

I keep a record of the counseling services I provide to each client. You may ask to see and copy your record by making an appointment specifically for that purpose, or I can prepare a summary for you instead. You may also ask me to correct your record.

Contact Information

The primary way to get in touch with me is by contacting me on my cell phone at (972) 979-3988. I do not answer phone calls during a session, so please leave a detailed message including the reason for the call and the best number to reach you (daytime number and evening number). Voicemail messages are confidential, and I will return calls as soon as

possible or within 24 hours. If you are in crisis and need immediate assistance, please call 911 or go to your nearest emergency room.

Confidentiality

Protecting your privacy is very important to me. The information in your record is confidential and will not be disclosed to anyone without your written consent unless required by law. The exceptions to confidentiality include:

- If you tell me that you are going to harm or kill yourself or someone else, I am required by law to do whatever I can do to prevent that from happening and to ensure your safety and the safety of others. This may require notifying family members, parents, legal guardians, legal authorities and the potential victim.
- If you tell me about incidents of child abuse or the abuse of a disabled person or the elderly, I am required to report this to the proper authorities.
- I am required to release your records if they are subpoenaed by a court of law, and the subpoena cannot be quashed.

In addition to the above, there are several other situations where confidentiality cannot be insured, including:

- If you provide me with a written, not emailed, request to release your records.
- If you are in couple or family counseling, I cannot guarantee confidentiality will be maintained by your spouse or other family members.
- If you are a child (under 18 years of age) or unable to voluntarily consent, a guardian must give written consent and can access your records.
- If you choose to file insurance or work with a managed care company, information regarding your treatment, diagnosis, prognosis, and the specific issue for which you have come to treatment are available to the insurance or managed care company. I make every effort to release only the minimum information necessary for the purpose requested. Once this information is given to the insurance or managed care company, however, I have no control over how the information is used. You will be asked to sign a release of information if records are requested from me. You have the right to deny the release of information.
- If you are seen as a couple, your chart will belong to both spouses. Should a release of information be needed, both spouses must sign the release. If a judge subpoenas the records, their release may be required. It is my hope that should divorce be evitable, both spouses work with the therapist to civilly and with mutual respect end the marriage.

- If there is payment owed to Embrace New Life, LLC you will receive a letter. If payment is not made within two weeks of the letter, your name, address, and the amount owed may be released to a third party for collections.

Religious Disclosure

I am a counselor that provides evidence-based counseling services. If clients request counseling through a faith-based perspective, Judeo-Christianity is my spiritual lens. I welcome clients of all races and religions. If you are needing a different spiritual perspective, I will be happy to provide referrals.

I am a Licensed Professional Counselor with the State of Texas and services provided will be following the Code of Conduct for LPC’s as set forth by the LPC Licensing Board. Please note that if I see you in public, I will not acknowledge you. My profession is known to my social network of family and friends, and to acknowledge you in public may cause inference to our relationship. If you approach me, I will be cordial, but I will not engage in personal conversation beyond simple pleasantries. This again is meant to protect your privacy. If you have concerns about our counseling relationship, I encourage you to address them with me directly. For licensure and compliance information, you may call: (512) 8376658, or write to Texas State Board of Examiners of Professional Counselors, 1100 W. 49th Street, Austin, TX 78756-3183.

Consent & Attest: I have read and fully understand this document. All questions that I had have been answered to my satisfaction and I recognize that I have the opportunity now and in the future to discuss any question I may have with my counselor. I agree to the policies, procedures and fees explained herein. I agree to accept counseling from you and am voluntarily signing this form.

Client Signature	Date
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If the client is a minor list the name of the minor child:

Minor’s Name	Parent or Guardian’s Name
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I declare that I am the legal guardian and/or managing conservator of the above-named child and grant permission for his/her psychological treatment. If parents are divorced, please submit divorce decree outlining conservator rights *prior* to first session at Embrace New Life.

Parent or Guardian’s Signature	Date
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