

CARTER COUNSELING, PLLC

Gina Carter, LPC,

Call 469-224-0123 Fax 469-214-0020

Office Policies with Informed Consent

Welcome to my practice. I am pleased to have the opportunity to serve you. If you have questions about any of the policies below, please feel free to discuss them. I practice therapy as a Licensed Professional Counselor, (#14586), with the Texas State Board of Professional Counselors.

Emergencies : If you have an emergency and need to speak to someone immediately, you may contact one of the following numbers: General Emergency 911
National Suicide Prevention Lifeline 1-800-273-TALK (8255)

Payment: Clients are responsible for all service fees at the time they are provided unless other arrangements have been made. Payment may be made by cash, check or credit card. * A \$25 cancellation fee will be due for cancellations made within less than 24 hours of the scheduled appointment.

Policies: If you miss a scheduled session and do not call our office within 10 days, we will accept this as notice that you have terminated counseling with our office. For the purpose of securing records, in the event of your counselor's death or disability, the office may designate a proper custodian to be responsible for the care and disposition of your records.

Fee: Payment for services is \$130 per 50-minute session. If you are using insurance or have made other payment arrangements this fee may vary.

Confidentiality: Maintaining confidentiality is essential in the therapeutic process. Records are kept in paper and electronic format within HIPAA compliance. However, there are some situations written into law that deny me complete control over confidentiality and they are as follows:

* It is required that I report any situation of suspected child abuse or neglect to authorities. This includes any abuse, neglect or exploitation of an elderly or disabled person.

* Records may be requested by a court of law. My records may be subject to a subpoena issued by the court. Confidentiality may be waived in any suit affecting the parent-child relationship.

* If a client is in danger of harming himself or herself or another person, I am permitted by law to contact medical authorities and/or law enforcement personnel who may take protective action.

* The law also permits me to release information to an insurance company, auditor, or collection agency as dictated by law.

* If a client shares that a mental health professional has engaged in inappropriate action of a sexual nature during the process of treatment, I must report this information to appropriate authorities.

* If the client signs a release of information document and agrees to release certain information to a third party, confidentiality will be waived.

Counseling Purposes, Goals and Techniques

I am committed to the belief that counseling is form of self-exploration. While circumstances in your life may seem overwhelming, taking time out to evaluate your situation is important. It is in taking time out of your schedule that you begin to prioritize your needs. Hope “put off” is said to make the heartsick. So, beginning to look at the issues could be the first step in restoring hope and a new outlook on your future.

Like so many other arenas in life, sometimes we only see the benefit in hindsight. And like many achievements you pursue, the improvements made are often equal to the effort applied. As I work with others, I encourage them to set personal goals that can be achieved independently. Then, you are in control of your progress and can move toward your goal at your own pace.

I employ a variety of counseling techniques in my practice. I believe that all truth is God’s truth and telling yourself the truth is an important part of the therapeutic process. Cognitive Behavior therapy is a method I utilize primarily with affective therapies and experiential techniques drawn upon when appropriate. EMDR, (Eye Movement Desensitization and Reprocessing) is utilized with the treatment of trauma issues and assessments will be made as to the appropriateness of this approach on a case-by-case basis.

Important:

* Telephone and Skype may be available for specific situations and will be discussed if requested. Tele-counseling/Skype may not be appropriate for people who are suicidal, self injurious or homicidal. Insurance may or may not reimburse for these sessions. Hourly rates will apply, or a portion of the rate thereof, should the session be shortened.

* Confidentiality Notice: Please be aware that email and text communication can be relatively easily accessed or monitored by unauthorized people and thus can compromise the privacy and confidentiality of such communication. Please use such correspondence only for scheduling an appointment or obtaining information about the private practice.

* I do not testify in hearings involving child custody issues, nor appear voluntarily at any court or administrative hearing. If you become involved in a divorce or custody dispute, please understand that your therapist will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) Statements will likely be seen as biased in your favor because of your therapeutic relationship; and (2) the testimony might affect that therapeutic relationship.

* Court testimony, including depositions or administrative hearings, you will be charged \$150 per hour for any preparation time required to appear, and \$800 per 4-hour block of time that I spend being “on call” to testify, traveling to/from court, waiting to appear, and/or testifying.

* Should you need to contact the licensing board for complaints the contact information is: Texas State Board of Examiners of Professional Counselors, 1100 West 49th St., Austin, Texas 78756-3183, (512-834-6658)

* If you feel severely depressed, suicidal, or you think you are about to hurt yourself or someone else, call 911, or go to the nearest hospital emergency room immediately and ask for help.

Please sign and date that you have read the above information.

Signature _____ Date _____