

# JOURNEY COUNSELING WACO

## COUNSELING INFORMATION AND CONSENT

Thank you for selecting Journey Counseling Center. This consent form explains some important information about our counseling procedures. Your therapist is a licensed professional and will review this information with you in your first session at which time you will be asked if you understand our policies and your treatment.

**CONFIDENTIALITY** – The Center is committed to confidentiality and the privileged communication of all clients. According to Texas law, however, therapist “having cause to believe” that a child, disabled person, or an elderly person is being abused are required to report that information to the Texas Department of Human Services. Also, if any individual intends to take harmful, dangerous or criminal action against another person, or against himself, it is the therapist’s duty to report such action or intent.

**APPOINTMENTS** can be made by contacting the general office phone 253-235-2708 or by contacting your individual therapist directly at a phone number or email address provided by them. Please call to cancel or reschedule at least 24 hours in advance, or you will be charged for the missed appointment. Third party payments will not usually cover or reimburse for missed appointments. We ask that you give two weeks’ notice if you plan to terminate treatment.

**FEES** – Our standard fee is \$130 for a 50-60 minute session. Your therapist may suggest consultation, psychological testing and/or psychiatric evaluation for which you will be responsible. If you cannot afford the standard fee, an adjusted fee based upon your income and any special circumstances may be available. Fee or co-payment is due at the time services are provided. You are responsible for full payment of your account, including the amount due if an insurance claim is denied for any reason, within thirty days after the date the claim is denied.

**EMERGENCIES** – The Center does not provide “emergency service.” If you have an urgent concern we try to schedule an appointment as soon as possible. If you have a critical emergency requiring immediate attention after hours, please call 911 or go to the nearest emergency room.

**CONSULTATION** between colleagues and for the purpose of supervision, consultation, or peer review, will be protected in accordance with professional ethics and confidentiality.

### CONSUMER COMPLAINTS –

For all Texas licensed/certified professionals 800-942-5540

Texas Department of Insurance 800-252-3439

U.S. Department of Human Services 877-696-6775

**CONSENT TO TREATMENT** – I voluntarily agree to receive mental health assessment, care, treatment or services, and authorize the undersigned therapist to provide such care, treatment or services, and that I may stop such care, treatment or services that I receive through the undersigned therapist at any time. My signature affirms that I have read or heard the information above and that it was presented to me in clear, nontechnical language. The information is understood by me and enables me to make an informed voluntary consent to this treatment.

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Client’s Signature (or Representative)

Date

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Therapist’s Signature

Date