

# *Door of Hope Counseling*

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Welcome and Thank You for choosing Door of Hope Counseling. To begin counseling is a major decision and you may have many questions. This document is intended to provide you with information regarding policies, state and federal laws and your rights. If you have other questions or concerns, please ask and I will provide you with the information you request.

## **The Psychotherapist**

Cynthia A. Thompson is a graduate of Southwestern Baptist Theological Seminary in Fort Worth, Texas. She has two masters of Arts degrees - Marriage and Family Counseling (Psychology) and Christian Education (Education). Cynthia is a Licensed Professional Counselor. Her license is governed by the Texas State Board of Professional Counselors.

## **Psychotherapy Services**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychotherapist and the client and the particular problems you present. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy calls for a very active effort on your part. In order for the therapy to be most successful, you will be expected to work on things we talk about both during our sessions and at home (homework).

There are benefits and risks in psychotherapy. Since therapy often involves discussing difficult aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who are willing to do the work that it takes to go through the difficulties. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. The end result depends greatly on how much you are willing to work through the process. There are no guarantees.

Our first session is a Consultation or a Diagnostic Intake. During this session we will discuss why you have chosen to seek counseling as a solution to your needs. The next few sessions will involve an evaluation of your needs. By the third or fourth session, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. Therapy involves a large commitment of time and resources such as money and mental and emotional energy, so it is important to select the right therapist to work with you and your family.

Your welfare is my primary concern so if you have any questions or concerns regarding my procedures, you should discuss them whenever they arise. If your doubts persist, I will be happy to refer you to another mental health professional if you would like. It is important that you feel comfortable proceeding with anyone you seek as a counselor so please do not hesitate to bring up any concerns.

## **Sessions**

After the initial evaluation, we will both decide how to move forward in order to meet your treatment goals. If you choose to work with me in your journey, I will schedule one 45-50 minute session per week in the beginning. The frequency of appointments will typically decrease as the counseling process progresses.

## **Confidentiality**

All identifying information about your therapeutic treatment is kept confidential. Information solicited by phone, written, or in person regarding my clients will not be provided without prior written consent. I will ask you to sign a consent form to release or obtain information before any information is provided to any third party. This condition applies also in cases where coordination of treatment is necessary with another health-care professional (physician or psychiatrist). However, there are exceptions and/or limitations to confidentiality. The following are limitations to confidentiality:

- to seek professional consultation.
- if the therapist suspects that a person has intentionally or unintentionally abused or neglected the care of a child, a disabled person, or an elderly person. Such cases of suspected abuse are reported to the appropriate protective agency for investigation and intervention.
- if the therapist suspects that the client may be likely to harm himself/herself or another person. In these cases reporting to appropriate agencies for intervention may break confidentiality.
- if you disclose having had sexual contact with another treating health professional.
- if you sign a form to Release or Obtain Information.
- if a Court orders disclosure of the records.

When I am working with couples, I am obligated to preserve confidentiality on behalf of the couple. This means that I will not release any information about either member of the couple without the consent of both. This also means that I will not hold individual confidences of either party that will jeopardize my allegiance to both parties in the couple.

When working with an adolescent, the parents hold the right to confidentiality from a legal perspective. From a clinical perspective, I will not discuss the contents of counseling sessions. This would interfere with the need to establish trust and rapport with the child. However, the adolescent, discloses anything that makes me seriously concerned about his/her safety and well-being or the safety and well-being of someone else, the adolescent's only choice regarding confidentiality is to participate or not to participate with me in sharing the information with his/her parents.

### **Termination**

On the rare occasion that you have achieved your treatment goals but want to continue seeing me anyway, I may make the decision to terminate your treatment based on my ethical obligation not to prolong therapy when it is no longer necessary. I will never terminate counseling to establish any other type of relationship with you (friend, partner, customer, supervisor, teacher, etc).

I may choose to terminate counseling with you for any of the following reasons: 1)I cannot provide therapy that fits your specialized treatment needs; 2)you do not comply with the mutually developed treatment goals and procedures; 3)you are not benefiting from therapy; 4)you do not comply with the fee agreement; 5)you become aggressive, abusive, or litigious; 6)the therapy relationship is compromised in any way due to unforeseen circumstances. This non-voluntary termination will be accompanied by an appropriate referral.

### **Emergency Situations**

I am available Friday from 9:00 AM to 5:00 PM and Saturday from 9:00 AM to 2:00 PM. I will not answer the phone when I am with a client. Please leave a voice message with your name and phone number where you can be reached. When I am available, I will return your call. I will make every effort to return your call on the same day. If you are unable to reach me and feel that your situation requires immediate attention, contact your family physician or the nearest emergency room and ask for the clinician, psychologist or psychiatrist on call or dial 911.

### **Professional Fees**

Once an appointment is scheduled, payment will be expected at the beginning of your session. If you are using your insurance, this refers to your co-pay if applicable. I accept cash, check, debit and major credit cards as payment. I will bill your insurance company if I am an approved provider. I will require a copy of your insurance card and driver's license.

There is a \$35 charge for all returned checks.

#### *Counseling:*

Individual Counseling	45-50 minute session	\$ 85.00 per session
Marital/Couple Counseling	45-50 minute session	\$100.00 per session
Premarital Counseling	45-50 minute session	\$ 75.00 per session
Family Counseling	60 minute session	\$125.00 per session
Group fees	(Varies with type and length of group)	

#### *Late Cancellation and No Show:*

A \$50.00 no-show fee may be assessed and charged if you do not give 24-hour notice of cancellation.

#### *Court Appearance:*

In the event a request is made by the client, client's parent or legal guardian, or I am subpoenaed or court ordered to appear in court by a source other than the client, parent or legal guardian the party will be expected to pay for the time spent preparing for the court appearance as well as the time spent for transportation to and from court and appearing in court at the rate of \$300.00 per hour. The minimum charge is for 4 hours or \$1,200.00 to be paid no later than 2 weeks prior to the scheduled court date. This fee is not reimbursable by a third party payer and is therefore the full responsibility of the party making the request. Payment is due prior to the rendering of services. Checks will not be accepted as a form of payment for this service.

#### *Administrative Services:*

Copies of patient records require a written authorization. There is a \$50.00 charge for records with a \$1.00 charge per page for each additional page over fifty pages. Administrative services such as writing letters, completion of forms (i.e. FMLS, Disability and Leave forms will be billed at a rate of \$75.00 per hour. There is a 1 hour minimum on the completion of these forms.

#### *Telephone Consultation:*

Telephone consultations can occasionally be helpful. There is no charge for brief phone calls (under 10 minutes). Longer phone calls may be charged at a rate of \$50.00 per 45 minutes. Telephone calls with referral sources, family members, or others with whom you wish me to speak on behalf of your treatment needs will be charged in the same manner when they are lengthy, frequent, or numerous.

## **CLIENT RIGHTS**

**You have the right to be treated by me in a consistently competent, ethical, and respectful manner.**

**You have the right to a personal, individualized assessment of your treatment needs in which your expertise about yourself is as important as is my professional opinion about you.**

**You have the right to referrals to other competent professionals and services when this is indicated by your treatment needs.**

**You have the right to ask questions about the approach and methods we use and to decline the use of certain therapeutic techniques.**

**You have the right to confidential treatment except in the circumstances already described. This means that you determine the amount of information to be released to anyone outside this setting by signing a permission form that is specific to each situation, that determines the length of time in which the information may be released, and that may be canceled by you at any time.**

**You have the right to stop receiving therapy from me without any obligation other than to pay for the services you have already received unless you are dangerous to yourself or to someone else.**

**You have the right to resume service following termination.**

**You have the right to discuss your treatment, concerns, questions, complaints, or any other matter with me.**