Haus of Seraphim Therapeutic Services

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# Informed Consent for Child/Family Psychotherapy

## General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for you (as parents/guardians) and I to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

## The Therapeutic Process

You have taken a very positive step by deciding to seek therapy for your child. The outcome of your treatment depends upon many factors, including but not limited to you and your child’s level of motivation and desire to change, the effort that you and your child put forth in following through with agreed upon therapeutic tasks outside of session, keeping appointments, and you and your child’s willingness to be open with me as we work together. The therapeutic process may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your child’s behavior or circumstance will change. I can promise to support your child and do my very best to understand your child and repeating patterns, as well as to help you clarify what it is that you want for your child.

Initially, I will conduct a clinical interview to assess the nature of the presenting problem(s). You and/or your child might be asked to complete psychological inventories to gather additional information. Outside records from previous mental health providers or discussion with important family members may be requested for which a signed release of information is necessary.

Since therapy often involves discussing unpleasant aspects of life, your child may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. These feelings or memories may bother your child at school, home or at work. Some of the changes your child makes as a result of psychotherapy may not be welcomed by other people in their life. This may result in some strain in your child’s relationships with family and others. Therapy may disrupt a romantic relationship. Sometimes, too, it is possible for a patient’s problems to worsen immediately after beginning therapy. Most of these risks are to be expected when people are making important changes in their lives. On the other hand, psychotherapy has also been shown to have benefits leading to better relationships, solutions to specific problems and reductions in feelings of distress. But there are no guarantees of what your child will experience. The outcome is based upon our joint effort in working collaboratively toward specific goals.

The first few sessions will most likely involve an evaluation of your child or family’s needs, agreement on goals, and my first impressions of our work and treatment plan. I recommend you evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my treatment procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another therapist for a second opinion or referral.

## For Parents/Guardians

Your participation in your child’s counseling is important for long-term gains. You may need to learn a different way of dealing with your child to facilitate and maintain gains. I will ask for your feedback and views on your (your child’s) therapy, progress and other aspects of the therapy and will expect you to respond openly and honestly. If one caregiver has custody of the minor, then documentation identifying the managing conservator will be required before treatment begins.

## Termination

How long your child remains in therapy and the frequency of sessions is a matter best discussed while we work together to achieve your child’s goals. While it is your right to end therapy at any time, when you decide to end treatment, it is in your best interest to discuss this with me beforehand.  If I determine that I cannot provide appropriate services to your child for any reason, I will terminate your child’s treatment and refer you to other professionals. If you request it and authorize it in writing, I will talk to the new therapist in order to help with the transition. If at any time you want another professional’s opinion or wish to consult with another therapist, I will assist you with referrals. Upon termination of therapy for any reason, the termination will be confirmed in writing.

## Fees

Your child’s fee is set at a 50-minute per session rate and is as indicated in the Fee Agreement. You are expected to pay for each session at the time it is held. In addition to psychotherapy sessions, I charge this amount for other professional services you may need or request, such as report writing, telephone conversations of ten minutes or more, consultation with other professionals with your written permission, and preparation of records or treatment summaries. The time spent performing any other service you may request of me will incur additional charges. I will prorate the cost if I work for periods of less than one hour.

**There is a full session fee charge for missed appointments or cancellations made without 24-hour notice**. The charge may be waived in the case of a reasonable emergency. I reserve the right to request that you provide a credit card number to be kept on file so that it may be charged for any missed appointments.

All fees are subject to change. You will be notified in writing of any changes to your fees ahead of any charges.

## Litigation Policy

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (including but not limited to divorce and custody disputes, injuries, lawsuits, depositions etc.), neither you, your attorneys or anyone acting on your behalf will subpoena records from my office or subpoena me to testify in court or in any legal proceeding. By checking the box below, you agree to abide by this agreement. If I am subpoenaed to provide records or testimony in violation of this agreement, you acknowledge and agree you will pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. If you or your child become involved in any legal matter that requires my services, there is a fee of **$400 per hour** and this includes preparation time, travel time and attendance at any legal proceeding. I also reserve the right to terminate our professional, therapeutic relationship immediately and refer you and/or your child to other mental health providers.

I will NOT provide custody evaluations or recommendations. I will NOT provide medication or prescription recommendations. I will NOT provide legal advice. None of these activities are within scope of my practice.

## Use of Electronic Communications

I will use email communication only for administrative purposes, such as scheduling and billing. Email is an inherently insecure form of communication, so please do not email me about clinical matters. If you need to discuss a clinical matter between sessions, please call me. Any emails you send to me can be printed and will become part of your clinical record.

## Confidentiality

The session content and all relevant materials to your child’s treatment will be held confidential unless you request in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/herself in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If I learn of previous sexual exploitation by a mental health provider, I am required to report it to the district attorney in the county of the alleged exploitation and the appropriate licensing board of the provider. The patient has the right to remain anonymous when the report is filed.
7. If a court of law issues a legitimate subpoena for information stated on the subpoena.
8. If you file suit against me for any reason related to your therapy.
9. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert’s report to an attorney.
10. If third party payers (i.e., insurance companies) or those involved in collecting fees for services require additional information.
11. Information contained in communications via computers with limited security/control, such as email and telephone conversations via cell phone is not secure and can compromise your privacy.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you and/or your child may be shared in this context without using your name.

I require an emergency contact for your child’s file. This individual will only be contacted in emergency situations that require assistance. This is not a release to speak with this individual about your child’s file other than what would be immediately necessary information regarding the emergency at hand.

If we see each other accidentally outside of the therapy office, I will not acknowledge you or your child first. Your child’s right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your child’s privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

## Emergencies

**If your child experiences a life-threatening emergency, go to the nearest hospital emergency room and request to see a mental health professional. Another option is to call 911.** If your child is suicidal, you can call the **Dallas Suicide and Crisis Center (214) 828-1000** or the Suicide Prevention Lifeline **1-800-273-TALK (8255).** If your child is covered by insurance, you can call the number listed on the back of the insurance card and get a referral to an in-network psychiatric hospital for consultation with an intake specialist.

If your child is taking any psychotropic medications, it is important to coordinate a crisis response plan with their physician to determine what steps you should take in a crisis. If at any time your child experiences suicidal thoughts during our work together, we will develop a detailed Crisis Response Plan specific to keeping them safe. When a Crisis Response Plan is developed it is important you and your child have it readily available to use should the need arise. It will detail steps for you and your child to follow.

## Records and Your Right to Review Them

Documentation of sessions consists of a summary of each meeting and may include general issues addressed, possible symptom presentation or change, level of functioning, mental status, diagnosis and treatment plans. Texas law requires that I maintain appropriate treatment records for at least 10 years from the last date of service. If the client is a minor child at the time services are provided, the records are kept for 10 years after the client’s 18th birthday. As a parent/guardian, you have the right to review your child’s records or receive a summary of your child’s records. Texas law requires that all requests to review or obtain copies of your child’s records must be made in writing. The records can be misinterpreted and/or can be upsetting to lay readers. If you request a copy of your child’s records, I will provide them to you within 15 business days of receiving the request unless I believe that to do so would endanger your child’s life or the life of another person. The charge for providing you with a copy of your child’s records is $25.00. By law, I am not required to provide copies of requested records until the fee is paid.

## Complaints

You have a right to have your complaints heard and resolved in a timely manner. If we cannot work things out to your satisfaction you may inform your insurance carrier and file a complaint with them or with your therapist’s licensing board: The Texas State Board of Examiners of Psychologists (800-821-3205).

**By clicking on the checkbox below I am agreeing that I am the legal guardian of the child for whom I am completing this form, that I have read, understood, and agree to the items contained in this document, and that I give my full and informed consent for my child to receive services from Haus of Seraphim Therapeutic Services.**