



INFORMATION FOR CLIENTS

The following is provided for your information. Please read the information & sign the last page after any of your questions have been answered. You may discuss any questions with the office staff or your provider.

Provider & Credentials

- Marilyn Powell-Kissinger, Ph.D.** – Licensed Psychologist
- Michael Morris, Psy.D.** – Provisionally Licensed Psychologist
Supervised by Marilyn Powell-Kissinger, Ph.D.

What is Counseling?

Counseling can be for an individual, family, couple, or group. It focuses on developing ways to address your particular concerns about your life. In the first session your needs and goals will be identified, as well as the most appropriate treatment options. By the end of your first or second session, the provider will tell you how he or she sees your case at this point and how he or she thinks the treatment should proceed. If the clinician cannot provide the appropriate service to address your needs, you may be referred to other sources of treatment. While your provider will ask about many areas of your life, the focus of the therapy will be on working toward your specific goals. To get the most out of counseling, you need to take an active role. This involves discussing your concerns openly, completing any assignments, and providing feedback to your provider about the progress of the counseling.

If there is current or prior involvement with any other professional (doctor, therapist, school counselor, teacher, probation officer, etc.), you may be asked to provide a **release of information** that allows your therapist to contact them. You may also be asked to complete a questionnaire during the course of your therapy. This will help us to provide you the best possible care and improve our services.

Commitment to Treatment

Duration of treatment depends on the extent of your concerns and your level of active involvement in the treatment. If you wish to stop treatment at any time, we ask that you agree now to meet with your provider for at least one session to review your work together. A necessary element of the counseling or assessment process is the client's commitment to attend sessions **regularly**. You may stop the treatment at any time, but the therapist needs to be informed **before** your last session.

About Psychological Assessment

The testing will gather data about your past and current psychological functioning. Procedures usually include an interview and administration of standardized psychological assessments. Based on the information gathered, your assessor will form a diagnostic impression (opinion) and make recommendations or conclusions. The assessor will share information with you, the examinee, and other authorized concerned parties. If you are here for DARS testing, your results will be submitted to DARS. Your evaluation may last from two hours to more than six hours, depending on the nature of the information your assessor needs to gather.

The Benefits and Risks of Psychotherapy and Psychological Assessment

As with any intervention, there are some risks as well as many benefits with therapy. For example, there is a risk that clients will, for a time, have uncomfortable levels of anxiety, frustration, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. Finally, even with our best efforts, there is a risk that therapy may not work out well for you. While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies.

There is little chance of unwanted side effects from psychological testing, as the basic format is conversational, and will include question & answer and tasks for you to complete. If problematic thoughts or feelings do occur, you are encouraged to address them with your assessor.

Supervision and Consultation

Providers at Enrichment Counseling and Assessment consult with each other in a confidential manner. The practice serves as a training site for clinicians receiving training or supervision. A provider who is closely supervised by a licensed psychologist may counsel or assess you. In order to provide you the best service, the trainee may discuss your case with their supervisor and/or other professionals at Enrichment Counseling and Assessment. If your therapist is under supervision, you may contact his or her supervisor, Marilyn Powell-Kissinger, Ph.D., anytime at (972) 788-9201.

If another professional treats you, your provider may coordinate services with them and with your own medical doctor with your express written permission. Your provider sometimes consults with other professionals about clients. This helps them in giving high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, and they will be told only as much as they need to know to understand your situation.

Your provider would like to thank the person who referred you. Please initial if we have permission to contact them _____. Please provide their contact information:

Name: _____

Address: _____

Phone: _____

About Confidentiality

Your provider will treat with great care all the information you share with him or her. It is your legal right that your sessions and the provider's records about you be kept private. You will be asked to sign a "release-of-records" form before your provider can talk about you or send records about you to anyone else. In all but a few rare situations, your confidentiality is protected by state law and by the rules of my profession. Here are the most common cases in which confidentiality is *not* protected:

- 1) You have given written authorization to release information.
- 2) A court order for records or therapist testimony
- 3) Your therapist has reason to believe that there is a serious risk of imminent danger to yourself or to someone else.
- 4) Your therapist has reason to believe or suspect that a child, disabled person, or elderly person has been or may be being abused or neglected.
- 5) Known or suspected sexual exploitation of a client by a past therapist.
- 6) In the case of minors, the parent or legal guardian has a right to receive information about the counseling their minor child is receiving, and non-custodial parents or others may have rights to information in accordance with court orders.
- 7) Communications with any third-party payors necessary for payment of fees or as may be necessary to collect an outstanding balance on your account.

If your provider must discontinue the treatment because of illness, disability, or other presently unforeseen circumstances, he or she asks you to agree to the transfer of your records to another professional who will assure the records confidentiality, preservation, and appropriate access. You can review your own records at any time. You may add to them or correct them, and you can have copies of them. We ask you to understand and agree that you may not examine records created by anyone else and sent to the provider. In some very rare situations, your provider may temporarily remove parts of your records before you see them. This would happen if the provider believes that the information will be harmful to you, but your provider will discuss this with you. Except for the situations described above, your provider will always maintain your privacy. We also ask you not to disclose the name or identity of any other client being seen in this office.

About Our Appointments

If receiving therapy, the very first time you meet with your provider, you will need to give, and you will receive much basic information. For this reason, the therapy intake session is typically scheduled for at least 60 minutes. Appointment times for psychological evaluations vary based on the type of evaluation. When you arrive at the office, you will be asked to spend around 30 minutes completing paperwork. If you are participating in a psychological evaluation, your assessments will occur over one or more sessions. If you are receiving psychotherapy, you will typically meet weekly or biweekly for 45-50 minutes per session. You may establish a different frequency of therapy sessions in collaboration with your provider based on your individual needs.

An appointment is a commitment to work with your provider. Please agree to be on time. If your provider is ever unable to start on time, we ask your understanding. We also assure you that you will receive the full time agreed to. A cancelled appointment delays our work. If you must cancel, please give your provider at least 48 hours notice. If you cancel a session with less than 24 hours notice, then you will be charged for the missed session.

Contacting your Therapist/Emergencies

Your therapist is not available 24 hours a day. You can always leave a message at 972-788-9201, and your therapist will return your call as soon as possible. In the event of an emergency or crisis between scheduled appointments and you are unable to reach your therapist, seek help by calling Contact Counseling & Crisis 24-hour Line at 972-233-2233 (adults) or 972-233-8336 (teens), the Suicide Crisis Center 24-hour Line at 214-828-1000 (all ages), or call 911 if it is a life-threatening situation.

If I Need to Contact Someone about You

If there is an emergency during your work at Enrichment Counseling and Assessment, or your provider become concerned about your personal safety, he or she is required by law and by the rules of his or her profession to contact someone close to you—perhaps a relative, spouse, or close friend. Your provider is also required to contact the authorities if he or she becomes concerned about your harming someone else. Please write down the name and information of your chosen contact person in the blanks provided:

Name: _____

Address: _____

Phone: _____ Relationship to you: _____

Statement of Principles and Complaint Procedures

It is the intention of your provider to fully abide by all the rules of the American Psychological Association (APA) and by those of his or her state license. If you are not satisfied with any area of your treatment, please raise your concerns with your provider at once. He or she will make every effort to hear any complaints you have and to seek solutions to them. If you feel that your provider has treated you unfairly or has even broken a professional rule, please tell your provider. In the event you do not feel your provider has adequately addressed your concerns, you may also contact the state board of examiners of psychologists.

Fees/Agreement to Pay for Professional Services

For an initial psychotherapy intake session as well as for ongoing psychotherapy or referral evaluation, I agree to pay \$_____ per session. Your regular fee will be charged for any additional professional services rendered at your request, such as phone contacts over 5 minutes, consults with other professionals, etc. Preparation of special forms, reports, court time, etc. will be billed at double your hourly rate for ongoing psychotherapy.

For psychological evaluation other than assessments contracted by a third party, I agree to pay \$_____ for the following psychological evaluation: _____. Fees for psychological evaluations may be paid along the following schedule: 50% before assessment begins – 50% at the end of testing. Any additional professional services, such as appearing in court or consulting with other professionals, will be billed at \$300 per hour.

I agree that this financial relationship with this provider will continue as long as he or she provides services or until I inform him or her, in person or by certified mail that I wish to end it. I agree to pay for services provided to me (or this client) up until the time there is no longer a therapeutic or evaluation relationship.

Acknowledgment/Consent for Treatment

I, the client, understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand I can choose to discuss my concerns with you, the clinician, before I start formal therapy or assessment. I also understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the therapy or assessment I have questions about any of the subjects discussed in this brochure, I can talk with you about them, and you will do your best to answer them.

I understand that after therapy or assessment begins I have the right to withdraw my consent to treatment at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending treatment with you.

I understand that no specific promises have been made to me by this clinician about the results of therapy or assessment, the effectiveness of the procedures used by this clinician, or the number of sessions necessary to complete the treatment.

I have read, or have had read to me, the issues and points in this brochure. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this brochure. I agree to the above fee, and I understand I am not liable for any fee for service if a third party, such as Social Security/DARS sent me for this treatment or evaluation. I hereby agree to enter into treatment with this clinician (or to have the minor child enter therapy or assessment), and to cooperate fully and to the best of my ability, as shown by my signature here.

Signature of client (or parent/guardian)

Date

Printed name

Signature of provider

Date

Supervised by Marilyn Powell-Kissinger, Ph.D.