



COUNSELING4LIFE LICENSED INFORMED CONSENT

(2024) rev. 4/16/2024

Welcome to Counseling4Life! Our mission is to make a lasting and positive impact in your life

This document explains the rights and responsibilities of you as a client, your therapist, and of our practice, Counseling4Life, LLC. Your agreement and understanding of this document is vital, so if you have questions, please talk to your therapist or call us at 210-209-0642.

In this agreement, the client or client's legal representative, on behalf of the client, will be referred to as "you" or "your."

Your Therapist

Your therapist is either a licensed therapist, provisionally licensed therapist, or a graduate student; the qualifications of each therapist is listed below. Your therapist's profile is listed on our website, <https://www.Counseling4Lifellc.com/OurTeam>. Your therapist's name, contact information, and clinical supervisor's name, contact, and license information, if applicable, is provided in your Client Portal in "MyDocs" as "Contact Information."

A "Fully Licensed therapist" (LPC/LPC-A, LMFT/LMFT-S, LCSW/LCSW-S), is a licensed professional therapist in the State of Texas, who has received a Master's degree or higher in professional counseling or a related field from an accredited college/university, passed the NCE and Texas Jurisprudence Exam, and completed successfully 3,000 hours of post-master's supervised experience under a board-approved licensed supervisor.

A "Pre-licensed Counselor" (LPC-Associate, LMFT Associate, LMSW) is a provisionally licensed professional counselor in the state of Texas, who has received a Master's degree or higher in professional counseling or a related field from an accredited college/university, passed the NCE and Texas Jurisprudence Exam, and in the process of completing 3,000 hours of post-masters supervised experience under a board-approved licensed supervisor. The confidentiality of clients of Pre-licensed Counselors also extends to the Pre-licensed Counselor's clinical supervisor for the purpose of clinical training and development during case consultation.

A "Graduate Student Counselor" is currently completing specific coursework and a 300-clock-hour supervised practicum with at least 100 hours of direct client contact as part of their current Master's degree or higher Graduate program, in professional counseling or a related field from an accredited college/university, and is receiving ongoing and regular by Graduate program approved supervisor(s) during their clinical experience.

During your treatment, it is possible your therapist may advance in license status, certification, or experience that may cause changes that may affect your treatment, to include the session fee. If changes are expected regarding your therapist that will affect you, you will receive a 30 day advance notice.

Communication with your Therapist

The best place to contact your therapist is through the messaging system in the Client Portal; all correspondence with your therapist is part of your record.

Communication between sessions about scheduling is acceptable via your client portal (most preferred), email to your therapist, or to our Scheduling Team by phone/text to 210-209-0642 and will be timestamped.

Correspondence beyond scheduling matters, regarding "session content," must be saved for session time only.

Recording sessions without your therapist's written permission is prohibited in our practice.

Client Support for Questions or Feedback

Our Administrative Team at Counseling4Life is here to assist you. If you have any questions, or if there is a complaint/concern, please reach out! We're here to help and we care!

Scheduling Office: 210-209-0642 / Scheduling@Counseling4LifeLLC.com

Office Manager: (210) 209-0642 / OfficeManager@Counseling4LifeLLC.com

Billing Dept.: (210) 209-0642 / Billing@Counseling4LifeLLC.com

To leave confidential feedback, email the owners privately at: LeaveMyFeedback@gmail.com.

Risks and Benefits of Counseling

Counseling is a personal exploration that may lead to major life changes in the way you think, feel, and behave in certain situations. Risks and benefits of this experience are listed below:

- Counseling is a process without guarantees.
- You could experience uncomfortable feelings and memories.
- You could get worse before you get better.
- You may have a reduction in feelings of distress, better relationships, better problem-solving and coping skills, and resolutions of specific problems.

Your Rights as a Client

You have the right to be treated with respect and dignity, to refuse a recommendation, or discuss concerns with your counselor, and to end counseling at any time. It is best practice to be open with your therapist about any concerns you may have about this and to have a last session to communicate about this decision before terminating. We honor honest feedback, as it helps us grow!

You have the right to a medical record. Your client record will be stored with Counseling4Life, LLC for 7 years, and then destroyed. If Counseling4Life, LLC stops doing business, you will be informed in writing of the custodian of your record as applicable. For minor clients, your client record will be stored with Counseling4Life, LLC for 7 years after your eighteenth birthday, and then destroyed.

Confidentiality and its Limitations

You have the right to confidentiality in the following ways::

Counseling4Life, LLC partners with its subsidiary practice, GoodMindrx, LLC, offering accessible and collaborative telehealth mental health evaluative and medication management services to our clients. Your confidentiality and record will automatically extend to Goodmindrx, LLC, as it pertains to your mental healthcare, allowing your therapist to collaborate freely with your Goodmindrx provider and support your treatment goals, as services are required.

Counseling4Life is a "teaching" facility and multi-provider practice where we train, supervise, offer co-therapy, provide weekly consultations, and collaborate on shared or internally transferred cases to improve our level of service. Minimal identifying and pertinent case information is disclosed during such exchanges. Your written authorization is always required for co-therapy or recordings of your sessions to take place.

As a client of Counseling4Life, LLC and Goodmindrx, LLC, you are agreeing that your confidentiality and record automatically extends to both to include all providers, therapists, employees, subsidiaries, and contractors, only used for collaborative healthcare and efficient clinical purposes. Please discuss with your provider/therapist if you have any concerns about this.

Your therapist will not acknowledge you in public or social media as a client, accept any gifts from you, or send/receive text messages about anything other than scheduling matters.

Your therapist or Counseling4Life, LLC cannot disclose any information about you or your treatment without your written permission, unless,

- you are suicidal, if you are intent on harming yourself or someone else
- you disclose information about child, elder, or disabled person abuse.
- you tell me you about the abuse of a client by another mental health professional
- a court orders or the law requires disclosure by subpoena
- you make threats toward me or exhibit harassing behavior

Your therapist cannot guarantee your confidentiality in these situations:

- Telehealth (the privacy of your location)
- Group Therapy
- Couples or Family Therapy
- Release of your PHI in records, school excuses, insurance claims process, EAP paperwork, etc.
- Chargeback filings, billing, and insurance and balance collections
- Online Reviews when you choose to publicly acknowledge your affiliation with Counseling4Life, LLC
- Third party entities Counseling4Life, LLC and its subsidiaries and contractors work with to provide billing, administrative, communication, record storage, and clinical services to carry out its business functions

Late Cancellation/"No Show" Policy

This policy helps to protect against missed opportunity costs that therapists incur when they reserve spaces for their clients and their clients do not attend their session.

The fee for 1) late canceling, 2) missing or being 15+ minutes late to an appointment ("No Show"), or 3) rescheduling an appointment with less than a 24 hour notice will result in a cancellation fee of \$50.

For quicker service, cancellations and reschedules should be made directly to your therapist by email or by messaging in the Client Portal.

We understand there are sometimes unavoidable/emergent circumstances that may cause you to cancel within 24 hours, therefore you may request a one-time (per 12-month) exception by emailing OfficeManager@Counseling4LifeLLC.com.

By signing this agreement you are stating that you understand and agree to abide by the boundaries should you miss, late cancel, or reschedule your session.

Therapy Appointment and Your Client Portal

Counseling4life, LLC employs Therapy Appointment is a practice management application that is used to organize the client's appointments, clinical information, session notes, and billing information. Therapy Appointment is HIPAA compliant and secure and is the most recommended of all HIPAA compliant telehealth and communication platforms offered to our clients.

The Therapy Appointment Client Portal is made available to you to cultivate accessibility and transparency regarding your documents, appointments, billing information, and account ledger.

The direct link to access the client portal is: <https://portal.therapyappointment.com/>

The Client Portal is the most efficient way to communicate with your therapist, update your billing, payment, and personal (your phone, email, address, and emergency contact) information, and make changes to your appointment. Keeping your information up-to-date is very important so if you need help doing so or using the Client Portal, please email Scheduling@Counseling4LifeLLC.com or call/text our office at (210) 209-0642, so there are no delays in your receiving services. It is your responsibility to update your contact information.

If you choose to not be contacted by text, email, or mailing address, or make other updates, you must make the change in your Client Portal or email your request to Scheduling@Counseling4LifeLLC.com.

Electronic Transmission of Client Information

Since Counseling4Life, LLC uses electronic transmission to carry out business and clinical functions and there are inherent risks in the electronic transmission of information which may make your PHI vulnerable to be accessed by unauthorized third parties.

By signing this agreement you are releasing your therapist and Counseling4Life, LLC of any responsibility or liability with respect to any error, omission, claim or loss arising from electronic transmission of your PHI.

Termination or Transferring Your Case

For the purpose of continuation of care, Counseling4Life, LLC allows the transfer of a client's record to another provider within our group practice, without any additional authorization, if required. Please contact our office at (210) 209-0642 to make your request to be transferred to another Counseling4Life therapist.

Counseling4Life and your therapist reserves the right to terminate your services immediately due to the following reasons:

If your counseling needs exceed the maximum benefit of therapy has been met, your needs exceed your therapist's scope of practice, or your therapist is an inappropriate fit for your counseling needs.

If you have had 4 sessions without payment from your insurance company or you incur a balance (due to a credit card decline or insurance non-payment that is 45+ days past due (beyond the original claim submission date) without payment in full or a fulfilled Promise to Pay Agreement. You may contact our office at (210) 209-0642 or visit our website www.Counseling4LifeLLC.com/insurance-fees to obtain a Promise to Pay Agreement to reinstate your services.

In these events, your therapist or our practice will communicate this decision with you and provide you a list of appropriate referrals by email and client portal.

If you experience a financial hardship that does not allow you to continue with your therapist, our office can transfer your care to another provider in our practice with more affordable rates.

If your therapist abruptly ends their affiliation with Counseling4Life, Counseling4Life, LLC will contact you to coordinate your continuation of care with the least amount of disruption to your care.

We do not want to see you go and we want to grow! If you are in any way dissatisfied with your experience at Counseling4Life we want to know about it! We value honest feedback as it helps us all grow. Please leave your honest feedback at LeaveMyFeedback@gmail.com for the owners to review.

Consent for Telehealth Services

Counseling4Life offers a secure video conferencing system for your telehealth session to take place through the Therapy Appointment platform, or other secure and HIPAA compliant telehealth platforms, during technical difficulty. Your telehealth session can be accessed through "My Dashboard" in your Client Portal or from the reminder link sent to your email, at the time of your session.

No information will be recorded and stored through Therapy Appointment and your therapist will terminate each session upon completion.

Telehealth is governed by all the same protections, limitations, and practice's policy, as in-person counseling.

If you have hearing, visual, or cognitive deficits or privacy or connectivity limitations that may limit the ability to communicate via Telehealth-based technology, please request in person counseling as a more suitable alternative.

If your therapist cannot make a sufficient connection with you, your therapist will contact you and offer a suitable HIPAA compliant alternative for teletherapy to occur.

It is your responsibility to be prepared for and ensure your privacy with a secure location for teletherapy services to occur. Your therapist will discontinue the session if you lack privacy and the fee for a missed session will be assessed.

It is your responsibility to inform your therapist of your teletherapy location at each session, if your location is not at the address provided in "My Profile" in your Client Portal.

Telehealth is not a suitable medium for all clients. If your therapist deems it inappropriate, he/she will discontinue telehealth and offer a suitable alternative for therapy to continue, as appropriate.

Therapists licensed in Texas cannot do teletherapy across Texas state lines, including consultation with parents/guardians/collateral participants. Please make arrangements to be physically in Texas at the time of your teletherapy treatment to avoid missing your appointment.

By signing this Agreement, you agree to adhere to the telehealth policies as stated above.

Financial Policies

Counseling sessions are generally 45-55 minutes in length. Payment is due at the time of service. You are ultimately responsible for any past due balance on your account.

Past Due Balances, Collections, & Situations of Financial Hardship:

Counseling4Life, LLC reserves the right to immediately interrupt services until a balance is collected. Should the client need immediate services while balance is being collected, the client should request outside referrals from Counseling4Life, LLC.

Future sessions will be canceled if there is a balance due to unpaid copays/coinsurance, Late Cancellation/No Show fees or other fees, a credit card on file declines, or there has been no attempt by you to make a payment on a Promise to Pay Agreement, or if you have had 4 sessions without payment from your insurance company or your insurance claims have not paid within 45 days of the original claim being filed by our office. We are happy to reinstate your services when the balance is paid in full or payment arrangements are underway. To pay your balance, please contact the Billing Dept. at (210) 209-0642; do not attempt to make payment yourself to avoid being double charged. To initiate a Promise to Pay Agreement, please contact our office at (210) 209-0642 or download the agreement form on our website at www.Counseling4LifeLLC.com/insurance-fees and return to our office immediately.

An account will go to collections if the balance is 120+ days past due from original claim submission date. Before the first 120 days, we will provide you with four invoices to the mailing address and/or email on file. (It is your responsibility to provide all updates to your client portal so that you receive all notices regarding your bill). After no response or successful attempt to collect the balance within 120 days, Counseling4Life, LLC will turn the debt over for collections plus a 40% increase on the unpaid balance.

Counseling4Life seeks to work with clients to resolve unpaid balances. We offer payment plans and Care Credit options for balances less than 120 days old; we cannot make adjustments to copays/coinsurance/deductibles since these are predetermined by your insurance company. Please contact our office at (210) 209-0642 to settle your balance so your services will not be interrupted.

How to Receive Your Bill for Services:

Your Client Portal provides up-to-date and real time information about your bill and how your claims/payments are paying/posting. It is your responsibility to keep up with your balance so that you do not incur an excessive amount owed. You may also contact our Billing Dept. at Billing@Counseling4LifeLLC.com if you have any questions. If your balance is due to insurance claims not yet paid, please check with your insurance company to make sure your claims are going to be paid as expected.

Credit Card Authorization and Disputes:

All payments are made via a credit card on file through your Client Portal. There is a \$25 fee per Credit Card decline; please update your credit card on your Client Portal to avoid this fee. If your credit card declined or is rejected, you will incur a balance and your next session will be canceled. To pay your balance, update your credit card, and restore services, please contact the Billing Dept. at (210) 209-0642; do not attempt to make payment yourself to avoid being double charged.

Counseling4Life, LLC will charge the credit card(s) you put on file in your Client Portal for services; we are not responsible for charges made to a credit card that was not authorized for this purpose or fraudulent activity involving the credit card you put on file.

You may designate a "Default" credit card to be used exclusively (otherwise when you may request in writing by email to Billing@Counseling4LifeLLC.com for a card on file to be deleted.

Counseling4Life, LLC reserves the right to communicate with the credit card owner and company of the credit card you add to your client portal to use for your services, in the event of a dispute. A \$50 fee will apply for all credit card "Chargeback" challenges or disputes. When you enter another's credit card in your Client Portal, to pay for your treatment, you are agreeing that you authorize this Third Party Payer to receive your relevant clinical information for billing purposes, and that no other written authorization will be required.

Session Fees:

Fully Licensed Therapists:

- \$140 for initial; \$130 per session (45-55 minutes)
- \$70 per every additional 30 minutes added to session time, also applied to emergency sessions.

Associate Therapists:

- \$80 for initial session; \$70 per session thereafter

Graduate Student Therapists

- \$50 for initial session; \$40 per session thereafter

Non-Session Fees:

- \$30 Phone Consultation, for the first 15-min. + 2.00 per min. thereafter (non-emergency & arranged in advance; can't be billed to insurance)
- \$30 for Records Requests + \$5 per follow up on original record requests
- \$150 for each Letter, Form, or per page of Clinical Summary requested
- \$20 flat fee for Notary services on record requests, etc.
- \$50 Late Cancellations and No Shows (less than 24 hrs notice)
- \$25 per Credit Card decline. (Please update your credit card on your Client Portal to avoid this fee) and \$50 per Credit Card dispute/challenge.
- 40% of any unpaid balance sent to a Collections agency (collections are sent after 120 days outstanding) per Collections fee

When using Insurance

Counseling4Life does not accept EAP Benefits. Counseling4Life accepts most major insurance (PPO) plans.

Counseling4Life, LLC accepts insurance in good faith for delayed payments based on the verification of benefits, which is not a guarantee of how or if your insurance plan will pay. It is your responsibility to understand how your insurance plan pays. It is not our office's responsibility to interpret your benefits; all we can tell is how your claims are being reimbursed.

It is also your responsibility to provide up-to-date and accurate insurance plan information to our office should you experience a change in benefits/benefit or employment status that would affect your bill. If you have any changes/updates to your insurance information to report, please contact our Billing Dept. asap at Billing@Counseling4LifeLLC.com or call/text us at (210) 209-0642, so that you do not incur any financial penalties or delays in receiving treatment.

When your insurance does not pay, you are ultimately responsible for paying any outstanding balance caused by your insurance plan not yet paying or paying as expected. This could be due to any inaccurate or insufficient third party payer information or authorization, eligibility status change or change in coverage, or while you are in dispute with your insurance company overpayment. Our office does not have the resources to maintain correspondence or fight disputes with your insurance company, beyond one courtesy call, regarding nonpayment. It is ultimately your responsibility to pay for your services if and when your insurance stops or does not pay. While you are disputing such a matter, the Financial Policies of Counseling4Life will apply.

Balances will be collected with credit card(s) on file in accordance with our practice's financial policies, so services can continue without interruption. It is your responsibility to keep your insurance information current and up-to-date. For clients using Tricare benefits, our office will need to obtain an accurate copy of the referral/authorization before we are able to confirm your first session. Referral/authorizations can be emailed to Scheduling@Counseling4LifeLLC.com.

Risks when Using Insurance for Mental Health

Your insurance may request a copy of your entire record or your clinical information, like a diagnosis or treatment summary for billing purposes without additional consent; you signed consent for this when you signed up for your insurance benefits. This clinical information may be accessible to employers of employer provided benefits.

Insurance claims require a mental health diagnosis for payment to be issued, and this becomes part of your permanent health record (PHI); we cannot control how your PHI will be used by insurance companies.

If this discourages you from using your insurance please call our Billing Dept. at (210) 209-0642 immediately and opt for self-pay.

Uninsured and Self-paying Clients

For uninsured and self-paying clients, a Good Faith Estimate is provided in your Client Portal before your first session. If you do not receive, please request at OfficeManager@Counseling4lifeLLC.com. This is important. Read the Good Faith Estimate Disclosure below that explains:

Good Faith Estimate Disclosure for Self-paying Clients

Under Section 2799B-6 of the Public Health Service Act, health care providers and health care facilities are required to inform individuals who are not enrolled in an insurance plan or Federal health care program to receive a "Good Faith Estimate" of expected charges. This law does not apply currently to any clients who are using insurance benefits including Out of Network Benefits (seeking reimbursement from your insurance companies).

You have the right to receive a Good Faith Estimate for the total expected cost of psychotherapy services. If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises.

Assignment of Benefits Authorization

No separate written authorization is required to authorize your therapist and Counseling4Life, LLC to receive any reimbursements from your Insurance/Third Party Payer and to disclose and receive protected and individually identifiable health information (PHI) to/from your Insurance/Third Party Payer that you have provided for the purpose of paying for your services. This includes any clinical opinions, diagnosis, treatment plan or summary, and history information about you that is requested and required to assist with the filing of your claim and paying your bill. This also applies when third party primary subscribers and scholarships for treatment assist in paying for the client's treatment. Insurance and some Third Party Payers will require a diagnosis to be provided for In Network coverage and for consideration of Out of Network coverage.

Insurance benefits verifications are merely an estimate of how your Insurance/Third Party Payer will pay for your services and is NOT a guarantee of payment, therefore you are responsible for any and all balances, deductibles, copays, non-covered services, or non-payment by your Insurance/Third Party Payer. By signing this agreement, you are accepting full financial responsibility and our Financial Policies, if and when your insurance or any other third party elects not to pay for your treatment. Payment determination will be made at the time a claim is received by your insurance company and will be based on eligibility, plan limits, plan exclusions, and overall plan language.

If using your Out of Network Benefits, you are responsible for paying balances due at the time of service. You may request an Out of Network invoice to be sent to you by emailing Billing@Counseling4LifeLLC.com; you may submit this to your insurance provider when seeking Out of Network reimbursement.

By signing this agreement, you acknowledge and agree to its terms and you intend for this authorization to remain in full force until you revoke it in writing, to be sent to Counseling4Life, LLC at 16607 BLANCO RD, STE 1404 SAN ANTONIO, TX 78232. A revocation will not affect any actions taken before the receipt of the written revocation.

Request for Records

If a third party requests a copy of your records, this request must be in writing and must include the appropriate Release of Information Authorization of PHI. You may complete a Release of Information Authorization of PHI in advance directly from your Client Portal under "My Docs." The third party's request for records must be sent to us at Scheduling@Counseling4LifeLLC.com or via fax at 855-357-8282.

If you are the one requesting your records, please contact our office to request and make your request in writing with the Request for Clinical Documentation and Treatment Records form, also available on our website at <https://counseling4lifellc.com/insurance-fees>. This can be returned to us at Scheduling@Counseling4LifeLLC.com or via fax 855-357-8282.

Upon receiving a complete records request, our office will contact you to first obtain the payment of \$30 processing fee with your credit card(s) on file. Our office will have 15 days to provide your record to you/the requesting third party, once payment and proper authorizations have been received, to where it was requested to be sent. (If you request for your record to be mailed, we will add a charge for postage of \$15 for Certified Mail). Notary services will be subject to an additional \$20 flat fee.

Records for couples or family therapy, and in some cases for minors, cannot be released without all consenting parties signing the Request for Clinical Documentation and providing the proper Release of Information authorizations. Records for minor clients will only be released in accordance with how the most current court order, signed by a judge, naming this client will allow.

Counseling for Legal Expertise, Disability, Personal Injury, Workman's Compensation, FMLA, etc.

It is not our practice's mission to become involved in or provide counseling services for legal or other personal situations of our clients. Your therapist is not a medical doctor, lawyer, custody evaluator, support or emotional animal evaluator, or expert witness, therefore your therapist:

- Cannot fill out paperwork for disability, FMLA, medical leave, etc. without the corroboration and signature of your PCP.
- Cannot offer legal advice.
- Cannot complete paperwork for support animal or emotional pet evaluations.
- Cannot make child custody recommendations or provide interviews/evaluations/parent reunification services that may be used in or for such purposes or legal cases. ONLY a specifically trained professional appointed by the court is allowed to collaborate on custody issues.
- Cannot provide statements or testimony about events that were said to have occurred during the session that were not therapeutically relevant.

Forms, Letters, & Reports

If your therapist is asked to create or complete reports, assessments, treatment summaries, affidavit, letters, or other materials for Personal Situations, such as disability (non Social Security Administration requests), FMLA, legal situations, you will be billed at a rate of \$150+ per hour and a 1 hr. initial consultation with your therapist is required, along with payment, to properly execute this request. This consultation time, which is not a billable service to your insurance, is required for the therapist to understand the nature of the request and determine its ethical implications and whether it is appropriate to fulfill the request.

Legal Situations

If your therapist required to participate in a situation that your are legally involved in, such as a deposition, court appearance for an attorney or court ordered subpoena, you must pay a \$3000 retainer and fees for executing such a request are at \$300 per hour, plus any fees required by the therapist's supervisor or practice's attorney, if required. Court or expert testimony fees must be paid in full before a court or expert testimony is provided. These fees apply to:

- Consultation costs required by the therapist to prepare for or provide court or expert testimony with other professionals to include attorneys, clients, supervisors, etc.
- Time for Document Preparation
- Any fees to cover professional consultation with supervisors and attorneys
- Travel time to and from court, to and from consultation meetings, etc.
- Time for actual court presence, whether or not testimony is being provided during that time (including wait time)

Group Therapy

If you participate in group therapy, you agree to abide by the written rules and requests of group therapy. All fees for group therapy are due upfront, are non-refundable, and are at self-pay rates, not subject to insurance billing.

Notice of Privacy Practices

A Notice of Privacy Practices is available on our website. By signing this document, you acknowledge you understand and consent to our privacy practices.

Ethical Violations

To report a formal ethical violation or complaint with the Texas Behavioral Health Executive Health Council:

333 Guadalupe St. Tower 3, Room 900
 Austin, TX 78701
 512-305-7700 or 800-821-3205 (24 hr, toll free)

<https://www.bhec.texas.gov/wp-content/uploads/2020/07/BHEC-Complaint-Form.pdf>

No Harassment Policy

Counseling4Life does not tolerate any harassment or aggressive behavior toward our staff or tolerate any situations which will compromise the safety of our staff and clients. We will take all steps to enforce boundaries for safety to include the termination of treatment immediately, and up to the pursuit of legal action.

In Office Policies

Guests and clients should help maintain the safe, quiet, and clean environment of our office by keeping their voices and electronic devices to a minimum, tidying up after eating or drinking in the common areas, and taking phone calls outside and away from the building. No child under 8 years old can be left unattended in the waiting room. Fire arms, smoking or vaping, and non-service animals are not permitted on our property. Counseling4Life is not responsible for stolen or missing personal items, or for supervising your child/guest outside of the session.

Emergency Situations

If you have a life-threatening emergency, thoughts of suicide, self-harm, harming others, etc., you must call 911 or go to your nearest ER. In an emergency, do not wait for us to contact you back; you are in charge of your own safety. Your therapist does not provide non-emergent counseling services nor on-call services.

If your therapist assesses you for active suicidality, it is the law of Texas that your therapist must call the police to the office or your teletherapy location. It is your responsibility to inform your therapist of your teletherapy location at each session, to comply with all safety protocols for treatment to continue, and to cooperate in the most discreet way to help ensure your safety and protect your confidentiality.

Acknowledgment and Consent

Counseling4Life, LLC reserves the right to make any changes to this agreement. By electronically signing below, I, the undersigned client(s), agree to abide by the most current terms of this agreement and may obtain a copy of the most current version of this agreement at www.Counseling4LifeLLC.com.

I acknowledge that I have been informed of the terms of this agreement, and agree to abide by its terms, and conditions and I also intend for this authorization to remain in full force until I revoke it in writing, to be sent to Counseling4Life, LLC at 16607 BLANCO RD, STE 1404 SAN ANTONIO, TX 78232. In addition, I acknowledge that the revocation will not affect any actions taken before the receipt of the written revocation.

Printed Client Name

Client's Date of Birth

Signature of Client or Client's Representative

Date of Signature

Printed Name of Client or Client's Representative

Relationship to minor client

**** please complete below if the client is 17 or younger in age at the time of consent ****



COUNSELING4KIDS INFORMED CONSENT ADDENDUM (2023) REV. 01/2023

Counseling4Life, LLC employs the “Counseling4Kids Treatment Model” that nurtures the emotional needs of children, adolescents, and their parents by providing playful, evidence-based, and developmentally appropriate counseling approaches.

In addition to the Counseling4Life Informed Consent, below are the specific policies of our practice pertaining to treating minors (clients age 17 years and below) and working with parents in counseling. Your agreement and understanding of this document is vital, so if you have questions, please talk to your therapist or call us at 210-209-0642.

In an effort to preserve the counseling relationship between the minor client and therapist, your therapist will provide parents/legal guardians with verbal summaries of treatment progress, at the end of sessions with your child, during appointed parent sessions, or as appropriate; requested written summaries are \$30.

Parents/legal guardians may communicate with therapists by email or Client Portal (most preferred) for brief in-between session updates. If more time is required to adequately respond to your message, you or your child’s therapist should schedule a session to discuss. We strive for the very best outcome when working with your child, so we encourage all parents/legal guardians to be participants in the treatment process, unless a court order prohibits this.

Parents, it’s your job to accompany your child to therapy or teletherapy and stay on-site during their session, in case of an emergency. No child under 8 years old can be left alone in the waiting room.

The parent/legal guardian who initiates therapy has sole access to the Client Portal and is the one responsible for getting the minor to therapy, making payment and taking care of balances, and scheduling, etc. Payments cannot be split among multiple parents; parents must make arrangements amongst each other for this. The other parent/legal guardian can correspond easily with the therapist via email and forms can be exchanged to this parent through email.

REGARDING MINORS NAMED IN A COURT ORDER
(Temporary Orders, Divorce or Adoption Situations)

If your child is named in a Custody Agreement or Document, by law, therapists must have and keep an electronic copy of the most recent court order signed by a judge, as part of your child's record, before meeting with your child for treatment. Please inform your therapist if you expect changes to the current court order. It is the client's parent/ legal guardian's responsibility to immediately provide any updated orders signed by a judge, that name your child, to your child's therapist or to our office at (210) 209-0642 or to Scheduling@Counseling4LifeLLC.com.

When your therapist receives the court order naming your child, they must abide by its legal designations regarding conservatorship, notice to the other parents, and rights for "access to records," "consent for psychological treatment," and "consultation with psychologist."

If a conservator named in such a court order is unavailable, unreachable, and unable to provide consent to counseling, the initiating parent for services, will provide a written and signed affidavit stating these reasons to the therapist.

When conservators are providing consent/signature electronically, they must include a copy of their photo ID for identification to accompany consents/authorizations.

All participating adults in the minor client's treatment will be required to sign a Collateral Participation Agreement outlining the expectations and limitations of the parent/legal guardian role in the minor client's treatment experience.

All exchanges between authorized participating parents/legal guardians/adults will become a part of the client's records. Parent/legal guardians' protected health information (PHI) may be disclosed during a minor's treatment, becoming a part of the minor client's record. Please be aware of this as you participate in your child's treatment. Therapists will include all authorized participating parents/guardians/adults in all electronic correspondences.

Our therapists provide "emotionally supportive" therapy for your minor. It is not the therapist's place to side with either parent or custody matters. In addition, it is outside a therapist's scope and prohibited by their licensing board for therapists to provide their opinion, to comment, or provide documentation about custody matters pertaining to their minor client, without extensive training in this area, which our therapists do not have. For custody issues, you will be referred to a custody specialist and emotional supportive therapy services with your minor will be suspended immediately until the custody situation is fully resolved. If a parent/guardian persists in interfering with the treatment of the minor, continuing with therapy will be at the discretion of the minor client's therapist.

Acknowledgment and Consent

Counseling4Life, LLC reserves the right to make any changes to this agreement. By electronically signing below, I, the undersigned client(s), agree to abide by the most current terms of this agreement and may obtain a copy of the most current version of this agreement at www.Counseling4LifeLLC.com.

I acknowledge that I have been informed of the terms of this agreement, and agree to abide by its terms, and conditions and I also intend for this authorization to remain in full force until I revoke it in writing, to be sent to Counseling4Life, LLC at 16607 BLANCO RD, STE 1404 SAN ANTONIO, TX 78232. In addition, I acknowledge that the revocation will not affect any actions taken before the receipt of the written revocation.

Printed Client Name

Client's Date of Birth

Signature of Client or Client's Representative

Date of Signature

Printed Name of Client or Client's Representative

Relationship to minor client

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