

S Shannon Thomas Counseling, Inc
dba Southlake Christian Counseling

1560 East Southlake Blvd #100
Southlake Texas 76092
Phone: 817-897-8882 Fax: 817-953-8900

Date: _____

Thank you for choosing Shannon Thomas Counseling dba Southlake Christian Counseling (SCC) for your counseling needs. We will do all we can so your counseling experience benefits your specific therapy goals. Counseling can be complex as we will be discussing life challenges and previous experiences that may temporarily increase feelings of distress. However, as we progress through the healing process, new enjoyment may be found, and therapy rewards can be experienced.

Services:

SCC provides counseling services for individual adults. SCC utilizes a variety of evidence-based counseling theories that are suited to each client's therapeutic goals.

Good Faith Estimate – Appointments and Fees:

You may call 817-897-8882 to make, change, or cancel your appointments. SCC sessions are scheduled for 50 minutes. The standard service rate is \$135, due at the time of service. A \$35.00 fee will be added in the event of a returned check. Appointments are typically scheduled weekly or every other week, but other arrangements are made due to scheduling concerns and/or therapy needs. It is SCC policy that all clients maintain a current credit card number on file if you would like your session fees charged to the credit card and/or for fees to be charged to the credit card for late canceled appointments (please see Credit Card on File Authorization form included).

Medicare Opt-Out Notice:

Are you a Medicare Participant? _____ No _____ Yes

Shannon Thomas LCSW-S is a *non-participating* Medicare counselor. Completion of the private-pay contract is required before therapy services begin for all Medicare recipients.

Agreement Not to Seek Testimony:

Involving a treating therapist in legal proceedings can create a conflict of interest, negatively impact therapy, and diminish the possibility of a successful outcome. Legal proceedings are disruptive for SCC therapists and unfairly burden their schedules. Clients of SCC agree not to seek written or oral testimony of any kind nor allow any legal representative to do so. Any attempts will constitute a basis for a court to revoke issued subpoenas.

Therapist & Client Relationships:

The relationship you and your therapist create will be based on trust, rapport, and a common hope of you achieving your therapeutic goals. For this to occur, your therapist must maintain professional boundaries and follow the regulations of the state of Texas regarding the type of relationship between a client and a therapist. Your therapist cannot have a dual relationship with you, which would violate the code of ethics in which SCC is governed. Your relationship with your therapist is strictly professional and will not become personal outside of the office environment.

Confidentiality:

A part of gaining trust with a therapist is the knowledge that your discussions are confidential. SCC will not share your information without your written consent. However, there are limitations and exceptions to confidentiality as required by law and professional ethics codes. They include but are not limited to suspected

abuse of children, the elderly or handicapped persons, any probability of harm to yourself or others, or court order. Please feel free to discuss any questions that you may have regarding confidentiality with your therapist.

Use of Technology and Social Media:

SCC utilizes several forms of electronic technology for business management and social media for advertising/education purposes. These include, but not limited to, cell phone usage, correspondence via email, text messages, and faxing documents. SCC also maintains several business social media accounts. SCC will make reasonable and customary efforts to safeguard your privacy while utilizing electronic technology and social media. Any online posts that disclose a client/therapist relationship will be deleted; in compliance with HIPAA confidentiality regulations. The therapeutic relationship between clients and an SCC therapist does not extend to social media. Following a SCC therapist on professional social media accounts is at the clients' sole discretion. Please discuss any questions or concerns regarding the use of technology and social media with your therapist.

Emergencies:

If a psychiatric emergency occurs, please contact SCC by calling 817-897-8882. Your therapist will contact you as soon as scheduling allows. However, if you need immediate assistance, do not wait for a return phone call from your SCC therapist. Please call the Crisis Hotline at 800-273-8255, text SHARE to 741741 to reach the Crisis Text Line, proceed to the nearest emergency room, or call 911 for immediate support.

Therapist's Incapacitation:

The state of Texas requires that SCC clients are informed that in the event their therapist becomes incapacitated or deceased, the therapist's calendar and the client case file will be transferred to another licensed mental health professional who will briefly review the calendar and the client file to give notification of the situation and possibly transfer to another appropriate therapist for continuation of therapy services.

HIPAA Consent:

The Health and Portability & Accountability Act of 1996 (HIPAA) allows certain rights to privacy regarding your protected health information. This information can and will be used to (a) conduct, plan, and direct your treatment with SCC, (b) obtain payment from a third-party payer if applicable, and (c) conduct normal healthcare business operations. Upon your request, SCC will provide you with a copy of the complete description of these uses and disclosures as written in our Notice of Privacy Practices. SCC has the right to change its Notice of Privacy Practices from time to time, and you may contact SCC at 1560 East Southlake Blvd #100, Southlake TX 76092 for the most current copy of the Notice of Privacy Practices. You may request in writing that SCC restricts how your private information is used or disclosed to carry out treatment, payment, and health care operations. If SCC agrees to the requested restrictions, SCC will be bound to abide by those restrictions. You may revoke the consent in writing at any time, except to the extent that SCC has taken action relying on the consent.

I have read, understand and agree to the above-mentioned information. I hereby consent to treatment for therapeutic services by Southlake Christian Counseling and may obtain a copy of all intake forms at my request:

Name of Client: _____
(please print)

Client Signature

Date

Therapist Signature

Date