

**S Shannon Thomas Counseling, Inc**  
**dba Southlake Christian Counseling**

---

231 East Southlake Blvd, Suite 160  
Southlake Texas 76092  
Phone: 817-897-8882 Fax: 817-953-8900

Date: \_\_\_\_\_

Thank you for choosing Southlake Christian Counseling (SCC) for your counseling needs. We will do all that we can so that your counseling experience is beneficial to your specific life situation and goals. Therapy can, at times, be difficult 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 emotional freedom may be found, and the rewards of therapy can then be enjoyed.

**Services:**

SCC provides counseling services for teens, individuals, engaged/married couples, and families. SCC utilizes a variety of traditional counseling theories that are individualized for each client's therapeutic goals. You may discuss this and any other questions you may have with your therapist.

**Good Faith Estimate – Appointments and Fees:**

You may call 817-897-8882 to make, change, or cancel your appointments. SCC sessions are scheduled for 45 minutes. The standard rate of service is \$115 or \$125 per session (depending on the staff member you are seeing) and is due at the time of service. A \$35.00 fee will be added in the event of a returned check.

Appointments are usually scheduled weekly, 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 in the event that you would like your session fees charged to the credit card and/or for fees to be charged to the credit card for late cancelled appointments (please see Credit Card on File Authorization form included).

**Agreement Not to Seek Testimony:**

Involving a treating therapist in legal proceedings can create conflict and negatively impact therapy. It can diminish the possibility of a successful outcome. Legal proceedings are disruptive for SCC therapists and unfairly impose a burden on their schedule. 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 will establish 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 that can occur between a client and a therapist. Your therapist cannot have a dual relationship with you that would violate the code of ethics in which SCC is governed. Your relationship with your therapist is strictly a professional one 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. Please be assured that your information will not be given out by SCC without your prior 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, elderly or handicapped persons, and 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 SCC therapists do not extend to social media. Following SCC therapists on professional social media accounts is at the sole discretion of clients. 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 are in a crisis, do not wait for a return phone call from SCC. Please call the Crisis Hotline at 800-273-8255, proceed to the nearest emergency room, or call 911 for immediate assistance.

**Therapist’s Incapacitation:**

The state of Texas requires that SCC clients be informed that in the event your therapist becomes incapacitated or deceased, the therapist’s calendar and your case file will be transferred to another licensed mental health professional who will briefly review the calendar and your file for the purpose of notifying you of the situation and possibly transferring you to another appropriate therapist for 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 health care 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 231 East Southlake Blvd Suite 160, 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 (parent/guardian for minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date