

Life Guide Counseling Services



Introduction

Welcome and thank you for choosing Life Guide Services. Please know that I am dedicated to helping you increase your self-awareness and problem-solving skills to be able to achieve success in the pursuit of your life goals. Also, I strive to provide you with a safe, supportive and nurturing environment, which facilitates your personal growth and enhances your ability to cope with negative feelings. We look forward to a productive and positive working relationship with you. I believe that together we can take on any challenges you are facing in your life at this time.

Personally, I view psychotherapy as a journey. In this journey, I see the patient as the person in a small boat struggling to navigate through fog, in troubled waters, in order to reach the safety of the shore beyond. The therapeutic process is the lighthouse that illuminates the way to the shore of a functionally healthy life. Said another way, I help patients by using effective therapeutic techniques to discover problematic patterns, attitudes, defenses, and underlying feelings, and dysfunctional upbringing that contribute to their unhappiness and problematic life patterns. In addition to discovery and awareness patients also learn strategies to help them to cope and find appropriate solutions to their problems. The strategies learned enable them to find their way out of darkness of confusion and suffering into the positive light of a productive and meaningful life.

As a psychotherapist, I employ many techniques and strategies from variety of approaches such as Cognitive Behavioral (CBT), Dialectical Behavioral (DBT), and classic Behavioral, Gestalt, Relational, Transactional Analysis (TA), Mindfulness practices, Trauma-Informed Stabilization Treatment (TIST), and many others, so long as the techniques employed are consistent with my education and training.

Therapeutic Expectations

Effective psychotherapy requires a partnership between the therapist and the patient. Mental and emotional well-being is achieved primarily through dedicated and effective teamwork by the therapist and the patient in a warm and supportive environment. Mutual trust, openness, respect, and a nonjudgmental, accepting attitude are all important qualities of a good therapeutic relationship. A therapeutic partnership works well when there are clear understanding of mutual expectations and the rules of engagement. Next, I have outlined some issues that need to be discussed and agreed upon by both parties in order to achieve such working relationship.

What you can expect

- ~ To help you identify problem areas.
- ~ To help you set realistic goals in order to help improve your situation.
- ~ To review our progress together openly and regularly in order to evaluate the effectiveness of the therapeutic process and change course as needed.
- ~ To confront openly any lack of progress and to explore contributing factors.

- ~ To terminate therapy and make appropriate referrals when we mutually agree that our therapeutic partnership is not working in your best interest.
- ~ To maintain the highest standards of ethical and professional conduct set by the Texas Board of Examiners of Professional Counselors (www.dshs.state.tx.us).
- ~ To NOT engage in a personal relationship or friendship with you, as this would be highly unethical and also counterproductive to the therapeutic relationship.
- ~ To maintain your confidentiality (refer to HIPAA, Notice of Privacy Practices) within the limits explained later in this document and HIPAA NPP (available on the website and in the office).

Please state below any other expectations not listed above that you would like included:

Patient's Initial _____

What is expected of you

- ~ To take the therapeutic partnership seriously and work hard on achieving your treatment goals.
- ~ To openly discuss any problems or concerns you might have with any behaviors or therapeutic techniques used at any time during our sessions. This is crucial in building a mutually trusting and open relationship.
- ~ To respect our professional boundaries and NOT to attempt to obtain information about our personal lives and relationships.
- ~ To avoid unsafe behaviors that are physically harmful/threatening to you or us either in session or elsewhere.
- ~ To NEVER engage in sexually inappropriate behaviors in the context of our professional relationship (any such conduct may result in termination of therapy).
- ~ To give at least **24 hours notice** if you must cancel a session, unless there is sudden serious illness or an emergency, otherwise you will be responsible for the scheduled session fee. ~
- ~ To openly discuss any concerns you might have about the therapeutic process, including exceptions to confidentiality, beginning with your first visit.
- ~ To pay your fee for each session, unless we agree to other arrangements in advance.

Patient's Initial _____

Explanation of Confidentiality

I regard the information you share with me with the greatest respect and will keep it strictly confidential except as authorized by you or mandated by HIPAA, state and federal law and the profession's ethical principles.

Circumstances that may prompt disclosure include but are not limited to:

- 1) Threats of suicide or homicide or if there is a probability of imminent physical injury by you to yourself or others. **Duty to Warn:** In the event that you have given me information and I

reasonably believe you intend to cause serious and imminent physical harm, to yourself or another person, you specifically consent for me to contact a responsible party to prevent harm to yourself or another person. This includes but is not limited to medical and law enforcement personnel and the following persons (unless you include names and contact information below, I can only just contact law enforcement and/or necessary medical personnel). **List the name, relationship and contact information of the individuals you trust with such sensitive information:**

The information is to be provided at your consent to said person(s) only to prevent harm to you or another person. This authorization shall expire upon the termination of services of this provider.

- 2) Mandated reporting of any known or suspected abuse, neglect or exploitation involving a minor, elderly, or disabled person
- 3) Information required by law, including court subpoena and court order
- 4) Cases wherein you disclose sexual exploitation or contact with another mental health service provider
- 5) If you file and use your insurance benefits, your carrier may request your records with or without your knowledge
- 7) Information necessary for the purpose of training, supervision and consultation
- 8) Information released as outlined in the HIPAA Notice of Privacy Practice
- 9) Investigation by state or federal regulatory authorities.

Other than the exceptions (mentioned in items 1 through 9) or where mandated by state or federal law, I **will not release information about you or even acknowledge that you are a patient and receive services at this facility without your full knowledge and a signed consent to release of information.**

Patient's Initial _____

Appointments

To make an appointment you may email or call at the contact information provided to you by the referral source or at the office (also provided on the website: www.lifeguidetexas.com). If you are unable to keep an appointment, please leave a voice/text message or email at any time to cancel or reschedule.

Cancellation needs to be done at least 24 hours in advance, except in the event of sudden, serious illness or a life- threatening emergency. If you do not give such an advanced notice, you will be responsible for the payment of late cancelation fee.

Late Cancelation Fee: A fee of \$75.00 will be charged for any sessions canceled or unattended without adequate prior notice (24 hrs prior to the appointment) or proper justification.

Patient's Initial _____

In Case of an Emergency

Please be aware that we **do not provide 24-hour emergency services**. If you are experiencing a life threatening emergency, please contact **911** or go to the nearest medical emergency facility. If you are suicidal and therefore at risk of imminent harm to yourself, please contact the following services:

24hr Suicide and Crisis hotline at 214-828-1000 or 866-672-5100.

How to Contact your therapist for an appointment or in case of an emotional crisis

I check my voicemails/texts at regular intervals when feasible. You may text me or leave a message at any time on my confidential voicemail at 214-697-5557. I typically return calls between the hours of 8 am and 9 pm on

week days. If you are in an emotional crisis and you cannot wait until your appointment to discuss your problem, you may leave a message, stating the nature of your crisis. I will return your call as soon as there is reasonable level of privacy and time to be able to talk with you uninterrupted and I am not in session, on vacation or due to illness unable to meet your needs.

Therapist's Absence

When I am unable to serve you due to undergoing a medical procedure, on vacation, or going to be out of reach for any other reasons for an extended period of time, I will have a designated professional to be on-call to provide you with professional advice or referral on the phone. This information will be provided to you prior to my departure.

Referrals

As a patient you have the right to withdraw from our agreed upon treatment process at any time and request a referral for any reason. As a therapist, I reserve the right to withdraw from the treatment process if your needs are outside or beyond my scope of knowledge and expertise or if I determine that I am no longer able to be helpful to you. In the event I initiate withdrawal from your treatment, I will provide you with appropriate referrals, which of course you are free to accept or decline.

Substance Use

Therapy cannot be conducted if you are presenting impaired at the time of your appointment by being under the influence of alcohol or other mind-altering drugs. In other words, for therapy to work, you have to be able to be fully present in your session, to fully understand and remember the therapeutic interactions and discussions. Impairment may also occur with some prescription medications, if they are not taken according to the prescribing physician's instructions. If you arrive to your appointment in such an impaired state, **the appointment will be rescheduled and you will be held responsible** for the payment of fee of **75.00** for that session.

Patient's Initial _____

Methods of Payment

You may pay your fee for the session by **Zelle, check or money order** payable to Shea Alexander or Life Guide Services each time we meet, **unless we agree on other payment arrangements**. I **do not accept** credit or debit charge cards

Insurance Coverage

I am an **in-network provider** for **Blue Cross Blue Shield PPO**. I am considered an **out-of-network provider** for **any other health insurance** and my fees will be covered at the **out of network rate**. I provide on-line electronic/direct billing for patients insured by **Blue Cross/Blue Shield of Texas**. You will only be responsible for your co-pay and deductibles for the mentioned health insurance provider. You are expected to get your benefit information prior to your first appointment. You will be responsible for the session fee at the time of service for the out of network insurers. However, you will be provided with the required billing statement to file your claim for reimbursement from your insurance payer. Health insurance companies require that **we provide you with a diagnosis** of the mental health condition for which you are being treated, before they agree to pay for your treatment. You will be informed of this diagnosis prior to submitting your statement to your health insurance company. Any diagnosis made will become a part of your permanent health care records. Feel free to ask any questions about your diagnosis and discuss your privacy requirements.

Explanation of Dual Relationships

Although our sessions may be psychologically intimate, it is important for you to realize that we have a **professional relationship** rather than a social or a personal one. Our contacts will be limited to sessions you will arrange with me in advance. **Please do not invite me to your social gatherings, to friend you on social media, offer me personal gifts, ask me to write letters of recommendation or be a character reference for you or ask me to relate to you in any way, other than in the context of our therapeutic relationship.** It is my opinion as well as the opinion of the Texas licensing board that you are best served only if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. As we work together, you will learn some personal information about me only in the context of what would facilitate and help with your progress and not in any way to benefit me personally (appropriate and ethical self-disclosure). It is important for you to remember that you are experiencing me in my professional role. If we see each other in public, I will protect your confidentiality by acknowledging you only if you approach me first and only to greet you back. **This chance public encounter should not involve any discussion of our personal lives and would not take the form of a therapy session.** All sessions are scheduled in advance and with our prior knowledge and expectation of such services at a mutually agreed upon time.

Therapist's Incapacity or Death

In the event that the undersigned Therapist becomes incapacitated or dies, it will become necessary for another therapist to take possession of all of the files and records of this practice. By signing this service agreement, you give your consent to allow another licensed mental health professional designated by the undersigned therapist to take possession of your file and records and to provide you with copies upon your request, or to submit them to another therapist of your choice. You will select a successor therapist within a reasonable amount of time (no more than 6 months in duration) and will notify the designated mental health professional of the need for transfer of your records.

Treatment Plan

As mentioned previously, I utilize variety of treatment technique within the limits of my training and expertise. There may be alternative ways to effectively treat the problems and concerns you are experiencing. It is important for you to discuss any questions you may have regarding treatment options and to have input into setting the goals for your therapy. As therapy progresses and as your needs change, your goals for therapy and services may also change. We will address these changes as they occur and adjust your treatment plan accordingly as necessary.

Initial Diagnosis: _____ Previous Diagnosis: _____

Initial treatment goal(s) _____

Purposed Interventions: _____

Plan for continued treatment and or referral(s): _____

Consent to Treatment

Hereby I, _____, voluntarily, agree to receive mental health
(Patient's Name)

assessment and authorize the undersigned provider to offer such care, treatment and other services as are considered necessary and advisable. I understand and agree that I will participate in the planning of my care, treatment and any other services provided by the undersigned Life Guide Services' Provider. I understand that I may stop any services that I receive from the undersigned provider at any time.

I, the undersigned patient, acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear and discussion regarding such issues has been provided to me to my fullest satisfaction.

My signature/signature of my guardian below is testament to my agreement to enter in this therapeutic relationship and fully accept the terms as indicated in this agreement to services:

Patient's Official Name

Patient's Signature

Date

If under 18, Patient's Guardian's Official Name

Signature

Complaint Procedure

I encourage you to discuss any concerns or complaints directly with me. However, if you believe that I or any other mental health professional has treated you unethically or caused you harm, you may submit your grievance in writing and/or inform **Texas State Board of Examiners of Professional Counselors at 1100 W. 49th Street, Austin, Texas 78756, Phone: 512-834-6658, Hotline: 1-800-942-5540, Fax: 512-834-6789. Thank You!**

Service Provider's Name _____

Service Provider's Signature

Date