Informed Consent (Individual, Couple and Family)

Eartha Camon, MA, LPC-S

I am a Licensed Professional Counselor-Supervisor with certifications in Anger Resolution and Trauma. I have training in Dialectical Behavior Therapy and am Licensed as a Special Educator. I earned my Master of Arts in Counseling from Dallas Baptist University. My experience includes providing on site therapy for elementary students through a Child Study Center community-based program.

I have experience working with families and women at Women’s Haven who were dealing with anger management, anxiety, depression, and trauma. I have experience with acute, chronic, in-patient, and out-patient care through psychiatric assessment teams and residential treatment centers.

I have post graduate education and training in anger management and substance abuse. I believe that therapy is a collaborative process that must address the unique experience of each person. I strive to provide a positive, proactive, and productive therapeutic experience for individuals, couples and/or families.

All information that you share with me, is private and confidential except for special circumstances as described below.

Communication and Confidentiality:

Our communications will become part of your clinical record which is kept secure under the guidelines of the Texas State Board of Examiners of Professional Counselors. The information you share with me is confidential and will be released only with your written consent. Limits or exceptions to confidentiality where your information may be released without your consent are: (1) when there is imminent (immediate) danger to yourself or others; (2) if you disclose knowledge or founded suspicion that a child, disabled adult, or elderly adult are, or has been, abused or neglected; (3) if I am ordered to release information by a court of law; (4) if you are a minor and your parents or legal guardians request information about your counseling; or (5) if you disclose sexual contact with another health or mental health care professional. In cases of imminent danger or child endangerment, the law and professional ethics set protection of life and safety as the highest priority.

EAP or MOS Services:

EAP or MOS services are usually for short-term non-medical care only. It does not include any type of assessments for disability or leave, evaluation for fitness for duty, medication management or psychological testing. If after an initial EAP or MOS consultation it is determined that you need services outside the scope of EAP you will be referred to your benefit plan (regular insurance) and/or other community resources.

\*All clients must check to be sure you have read, understood, and discussed all questions with your clinician. An informed consent has the force of contract so we cannot proceed until we reach an agreement on all items.

Fees:

The cost for an initial consultation is $350 for 70-80 minutes session. Therapy appointments thereafter cost $300-$400 for 60-70 minutes session. Crisis / Urgent care therapy appointments cost $450 for 80-90 minutes session. If you are using insurance for therapy session minutes and fees due are specified by your insurance plan. It is recommended that you verify your coverage prior to initial appointment. Payment is expected at the time of service unless prior arrangements are made and agreed upon in writing prior to the beginning of therapy.

Modifications in session time will be pro-rated based on fees listed above. Each new client will receive a free 10 minute phone consult prior to your scheduled appointment time. I accept Master Card and/or Visa credit / debit cards. There will be a 3% service fee charged for all credit / debit card usage. Stop payment or reversal fees are based on banks designated amounts and are billed to the client. Fees are subject to change annually and you will be notified in advance of any change in fee. I do not process secondary insurance claims. I am willing to provide you with a receipt if you would like to file with your provider. Out of network insurance is accepted and must be approved prior to your initial session.

* It is understood that you may have insurance and elect to not use it for privacy or other reasons. If this is the case your insurance company may require you to sign a waiver if I am a participating provider on their panel. The waiver must be signed prior to your initial appointment.

Legal Cases

If you become involved in legal proceedings that require my participation (including preparation and/or attendance), the charge is 1 ½ of the basic session fee due to the complexities of the process.

Request for Copy of File:

All request for copies of your file must be in writing. Copies of files are released after written request on or before the 15th day after requested. Fee for copies of files = $70 - $100.

No-Show and Cancellation Policy:

When you schedule an appointment at RUD, that time is reserved for you. It is required that all appointments be canceled with a notice of 24 hours. Reasonable exceptions are made for emergencies. No show / cancellation fee = ½ of regular scheduled appointment fee (Range $150 - $200).

In counseling and/or psychotherapy it is accepted practice to consult with other licensed professionals on cases with intent for increased quality of care. Whenever there is a consultation about your case your identity will not be disclosed.

### Couples and family members are often seen together and individually. All adults must sign informed consent and release of information forms waiving confidentiality between couples and/ or specified family members.

### Minors understand that the law allows your parents to receive a copy of your treatment records. I will generally encourage parents of adolescents to waive their rights to access your records during treatment. If they agree our conversations about your sessions will be in general terms. I must notify your parents if there is a risk of self-harm or harm to others. I will discuss this matter with you and together we will address any concerns with your parents.

### If parents of a minor seeking therapy are divorced a copy of the final divorce decree must be attached to the initial new client documentation and received in our office prior to the first appointment.

Telephone and After-Hours Procedures:

I can be reached by phone at 817-466-4450. I am typically not immediately available by phone. My telephone is answered by a virtual phone system with voice mail. Usually, I will return your call within 2 business days. Telephone calls typically are limited to scheduling arrangements. Telephone counseling sessions may be considered and scheduled under certain circumstances for current clients. Appointments may be scheduled/rescheduled 24/7 online via our website [hope2heal.net].

When I will be unavailable for an extended time (such as vacation), I will provide you with the name of a colleague to contact, if necessary, and/or leave that information on my voice mail. If you need immediate emergency assistance, please call 911, contact your family physician and/or the nearest emergency hospital / facility.

We will need to communicate through phone or email about any appointment needs or issues that arise. You are welcome to email me, but please know that standard email does not offer a secure enough connection to protect your confidentiality. I may respond to emails via a phone call or message via our telehealth platform to protect your privacy.

Risks and Benefits of Therapy:

The process of counseling can help an individual evaluate his / her beliefs. The critical task is to become aware of beliefs that have become such an integral part of our lives that we view them as external reality rather than internally created. Initially it could result in experiencing pain and discomfort. Counseling provides an opportunity to examine one’s own thoughts and feelings. It can be an opportunity to actively live the lives we want as opposed to unconsciously reliving the past.

Consent for Therapy and Termination:

Generally counseling is voluntary and can be terminated whenever you desire. It is recommended that you have a planned ending to your treatment. If you should have any concerns, please discuss those with me and we will work together to rectify your concerns or end your counseling. It can be therapeutic to address your concerns during therapy. If termination is requested and / or recommended I will make every effort to refer you to another licensed professional and/or local facility.

Complaints:

Clients are encouraged to discuss their concerns with their clinician, giving him/her the opportunity to address the situation immediately in order to expedite a resolution.

You also have the option to express concern about unethical care to the TBHEC, Texas State Board of Examiners of Professional Counselors, 333 Guadalupe St, Ste 3-900, Austin, TX 78701 or call 1-512-305-7700 to file complaints against licensees. You may file a HIPAA complaint with OCR via the following link - <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

* You may contact our privacy coordinator in the event your clinician is incapacitated or you have questions about this consent and privacy notice (RUD C & P PLLC, Privacy Coordinator, 910 S Crowley Rd Ste 9-348, Crowley, TX 76036).

Statement of Understanding: I agree that, in signing this Informed Consent form, I have read and fully understand the information contained herein.