

**Tracy Payton Watson, MA, LPC
8604 Greenville Ave. #201
Dallas, TX 75243**

INFORMED CONSENT

Welcome

This contains important information about my professional services and your rights as a patient. Your signature on the last page indicates that you have received this document and that you agree to enter into a professional relationship.

Informed Consent Agreement

This form explains aspects of how I work. I encourage you to ask any questions you have about my way of working or about psychotherapy in general at any point in our therapy together.

The Therapeutic Process

Psychotherapy can have both benefits & risks. Since therapy often involves discussing unpleasant parts of your life, you may experience uncomfortable feelings like sadness, guilt or anger. As you learn more about yourself & begin to make changes, you might encounter increased conflict with friends, co-workers, or family members. On the other hand, therapy has also been shown to have benefits for people who go through it & those benefits can far outweigh any discomfort encountered during the process. Therapy often leads to better relationships, solutions to specific problems, & a significant decrease in distress. But there are no guarantees of what results you will experience. In my view, working with clients entails tailoring therapy to meet the needs of each client individually. My approach to therapy is that it is a way of being (as opposed to a set of techniques) and each client's human nature is viewed in a positive light incorporating the belief that people naturally move toward becoming fully functioning. Whatever the issue, the work is based on the assumption that therapy paves the way for clients to utilize their innate capacity to create solutions for themselves. It is my lifelong mission, a privilege, and an honor to work with clients along their journey to true happiness and health.

Clients initials _____

Client Rights and Responsibilities

You, as the client, are in control of the counseling relationship, and may choose to at any time to end the therapeutic relationship. If at any time you are dissatisfied with Tracy Payton Watson, LPC's services as a therapist. You have the right to let me know. If you feel that Tracy Payton Watson LPC's may not resolve the complaint, formal complaints may be filed through the Texas Board of Examiner of Licensed Professional Counselors at 1-800-942-5540 or PO Box 149347, Austin, Texas 787 4-9347.

Clients Initials _____

Alternative Treatments

Other treatment approaches are sometimes used when I counsel or provide therapy. I will also discuss these approaches beforehand with you and ask for your consent to proceed. Such techniques may include, breath work, teaching meditation techniques, hypnotherapy, expressive journaling or art therapy, group counseling, psychodrama, referrals to 12 step groups, referrals to a variety of practitioners based on you request or interest. Additional alternative treatments can include guided imagery, energy field tapping, cognitive behavioral

therapy, and dialectical behavioral therapy. I will explain each of these methods to you prior to implementing them.

Clients initials _____

Hypnotherapy-Certified by the American Society of Clinical Hypnosis

It is important to understand that hypnotherapy carries unique benefits and risks. Effective treatment can be obtained without consenting to hypnotherapy.

Therapeutic Process

Hypnotherapy involves the use of hypnosis to induce an altered state of consciousness with intensified focus, increased inner awareness, and heightened suggestibility. It is usually associated with a state of enhanced relaxation and increased control over one's own body and mind. The use of hypnotherapy can aid in creating untried solutions and discovering previously unknown or forgotten inner resources.

Possible Risks to be Aware of

- Resolving unpleasant life events in therapy can bring about intense feelings, which may cause discomfort and often involves hard work.
- Hypnosis can cause false confidence in memory. The only way to know for sure if memory recalled from hypnosis is accurate is to corroborate it with other evidence
- It is possible that anything you remember in hypnosis will not be admissible in a court of law. Some courts have held that a person who has been hypnotized cannot testify about anything remembered during or after the hypnosis.

Clients initials _____

EMDR (Eye Movement Desensitization and Reprocessing)-Trained certification by EMDR Institute

EMDR is a psychotherapy treatment that enables clients to heal from the emotional symptoms that are a result of disturbing life events. Through bi-lateral stimulation the brain is able to naturally move toward healing. Much research has been done on EMDR therapy that it is now recognized by organizations such as the American Psychiatric Association, the World Health Organization and the Department of Defense as an effective form of treatment for trauma and other adverse experiences.

Rates and Fees

My rates are \$120 for a 50 minute individual session, \$175 for couple/family therapy (50-minutes). There is an additional 15% fee when payment is not rendered at the time of service. I do not file insurance; payment in full is due at the time services are rendered, unless you make special arrangements with me beforehand. I accept Mastercard, Visa, or HSA credit cards, checks, or cash. There is no processing fee for on site swiped credit cards and Credit Cards that are kept on file, a 3% fee processing fee will added.

No Surprises Act 2022

The statute requires that good faith estimates of the costs of services be included in the notice to fully inform patients of their potential out-of-pocket costs if they continue with care from out-of-network providers or facilities. The law further instructs such good faith estimates be conveyed using the expected billing and diagnostic codes for items and services. The standard form also requires that good faith estimates reflect the amount the out-of-network provider or facility expects to charge for furnishing such items or services, as well as include the service codes. However, the form does not stipulate which codes are to be used.

A Good Faith Estimate is difficult to estimate in a psychotherapeutic setting. Each presenting problem has a goal that is determined by each individual client. An estimated time frame for individual goals is agreed upon between the client and the therapist on an individual basis.

Clients initials _____

Session Guidelines

I hold individual 50-minute or couples/family 90-minute sessions. If you need to cancel an appointment, **you must give me 24 hours notice. Otherwise you will be charged for the missed appointment.** Sessions are expected to begin and end at the scheduled time. Late arrival on your part will not extend the scheduled ending time for a session. I am also expected to be on time, and I will make appropriate remedy if I am late, such as by making up the time, prorating the fee, etc. The frequency of sessions and the length of the psychotherapy are aspects of the work that you and I will decide together as we proceed. Generally, our psychotherapy will continue until you and I together decide that our work is complete.

Clients initials _____

Confidentiality

In general, the confidentiality of all communications between a client and a therapist is protected (or if the client is a minor by his or her parent or guardian), and I can only release information about our work to others with your written permission. However, there are a number of exceptions including some legal proceedings. Texas state law requires me to inform you that in certain cases your confidentiality is not protected, and your information may be disclosed to the appropriate authorities/agencies. These cases are:

- *If I have reason to believe that you may harm yourself or others,*
- *If I have reason to believe that you are involved in or have knowledge of abuse or neglect of a child; or abuse, neglect, or exploitation of a person who is elderly or has a disability, or*
- *If I am ordered to disclose by state or federal courts.*

Additionally, I may disclose information if you sign a release form granting permission to designated third parties to receive information that you request me to share.

I will never disclose your information for any reason without your knowing of my intent.

Clients initials _____

ADDITIONAL EXCEPTIONS:

*** Please note that any individual attending group, joint marriage sessions and/or family sessions has access completely to the records of that session.***

MARRIAGE COUNSELING: If you are involved in marital counseling, confidentiality does not include your spouse and is left up to my discretion. This will be explained further in your initial session.

PARENTS OF ADOLESCENTS: If the client is a child or adolescent and is engaging in reckless behavior or persistent substance abuse, a need to discuss these activities with their parent will be discussed. The minor will then be given the opportunity to inform their parent/guardian during the counseling session of behaviors that are deemed by me a harm to self. Please understand that I will not betray confidences of parental defiance or

rebellion that are not life threatening. I will make every effort to encourage the minor to be forthright with their guardians as transparency is a recognized dynamic of a healthy relationship. If a parent feels betrayed by my keeping confidentiality, I encourage the family member to schedule a family session to discuss this matter.

By initialing here, I am recognizing and agreeing to the exceptions to confidentiality listed above which could pertain to records made at a later date.

Clients initials _____

I will treat with great care all information you share with me. It is your right that our sessions and my records about you be kept private. In all but a few rare situations, you're confidentiality is protected by state law, the rules of my profession, and my personal integrity. In the event of my death or unexpected incapacitation, the custody and control of my mental health records will transfer to Dr. J.D. Crowder MD at 469-330-3537.

Outside Contact and Emergencies

I do not provide formal emergency services. However, I wish to be available as much as reasonably possible. You may call me at any time & leave a message. I may have the time in between clients to return your call, but should I not be able to do so in a timely manner, and you feel that your situation is too urgent to wait, please contact Green Oaks Hospital or a crisis line. Please use good judgment about the wisdom of waiting for my call versus calling 911 or going to the nearest emergency room for immediate care.

Contacting Me

I may not be immediately available by phone. Even when in the office, I do not answer the phone if I am with a client. When I am unavailable, the best way to contact me is by text or leaving a voicemail message. If you choose to communicate via e-mail, remember that the internet is not a secure medium for transmitting confidential information. Consequently, I use e-mail communication only in response to your e-mails & with your permission. Also note that it is against HIPAA standards for me to contact you electronically using text or email that is not encrypted. And that information exchanged in this manner is NOT protected. Knowing this, if you still wish for me to respond to you with either of these methods, please initial here.

Client's initials _____

COMMITMENT TO COUNSELING: A necessary element of the counseling process is your commitment to attend sessions regularly. You may stop the counseling at any time, but please inform me before your last session. Attending sessions under the influence of alcohol or drugs or in possession of a weapon is not allowed.

Your signature below indicates that you have read, understand, & agree to the information in this document.

Signature of Client and/or Responsible Party and Date

Print name of Client and/or Responsible Party

Client Information
For Confidential Use Only

Name: _____

Address: _____

Gender: _____ Age: _____ Date of Birth _____

Home Phone: _____ Cell Phone: _____

Occupation: _____

Emergency Contact (name and phone number): _____

Relationship: _____

Client Consent to Method of Contact

*Credit Card Information:

*processing fees listed above apply when not security swiped in person.

Credit Card Number _____

Exp. date _____ CVV _____ Billing zip code _____

Home number: _____ OK to leave msg? . Yes .No

Cell/Text Number: _____ OK to leave msg? . Yes .No

Other Number: _____ OK to leave msg? .Yes .No

E-mail: _____ OK to leave msg? .Yes .No

Permission to send appointment confirmation via method of contact you have approved above? .Yes .No

Permission to send receipts, future updates, and information about my practice? .Yes .No