

Laurette Beeson Presley, LPC

824 Bering Drive #5207

Houston, Texas 77057

713-775-4822

PROFESSIONAL AGREEMENT FORM

I look forward to the opportunity to work with you. It is of great importance to me that you feel comfortable as you enter counseling. The following information will help inform you about my practice and at the same time help you to make informed decisions about your therapy.

This form gives you some information about our professional relationship. Please take time to read it thoroughly. I encourage you to ask any questions to help you have a full understanding of the material provided.

License: I am a Licensed Professional Counselor in the state of Texas. I am owner of a private practice located at 824 Bering Drive, #5207, Houston, Texas 77057.

Experience: During my years of counseling I have worked with a diverse group of socio-economic populations as well as a broad range of mental challenges and difficult transitions and circumstances in life. This work has taken place in my private practice, intensive outpatient (IOP) and at both St. Luke's Episcopal Hospital and Texas Children's Hospital.

Fees: Fees will be discussed and agreed upon before initial appointment. Thereafter, payment is due at the time service is rendered. A receipt will be provided to you upon request for insurance reimbursement. The first 15 minutes of phone consultations are free. After 15 minutes the regular fees apply.

Counseling goals and techniques: My counseling goals are to integrate responsible psychological principles with scriptural principles and in doing so, help clients to achieve mental, emotional, physical, social, moral and spiritual development that adjusts throughout their lifetime. I work with individuals, couples, and families. My work is person-centered and primarily utilizes Cognitive Behavioral Therapy (CBT).

Confidentiality: In 22 Texas Administrative Code, Chapter 681, Section 68.36 (a) provides that communications between licensee and client, and client records, however created or stored, are confidential under the provisions of the Health and Safety Code, Chapter 611. Section 61.02 (a) provides that communication between a patient and a professional are confidential. One of my highest priorities is protecting your confidentiality in all matters within the scope of the law. However, there are some limits to confidentiality:

- a) Under court order I can be forced to relinquish records for judicial (court proceedings) matters.
- b) In addition, within our work together, I am also obligated by law to report instances in which you are potentially suicidal or homicidal; there is report by client of child abuse and/or neglect; and report by client of elderly/disabled abuse or neglect.

There are other exceptions as well that are not listed; if you ever have any questions about any issues of confidentiality, please request clarification.

As we work together, any exceptions to confidentiality will be identified as they arise.

Boundaries: It is my practice to set and maintain professional boundaries. Dual relationships with clients are prohibited. A dual relationship is considered any non-counseling activity initiated by either the licensee or the client for the purpose of establishing a non-therapeutic relationship.

Referral: If necessary, we will discontinue the counseling relationship when it is reasonably clear that you are not benefiting from the relationship. When professional counseling is still desired on the part of the client, I will take reasonable steps to facilitate the transfer to an appropriate referral or source. Clients may obtain a second opinion from another mental health professional and/or may discontinue therapy at any time.

Contact Information: The Texas State Board of Examiners for Licensed Professional Counselors, 1100 West 49th Street, Austin, Texas 78756-3183. Call 512-834-6658 for any questions, comments, or complaints.

RIGHTS AND RESPONSIBILITIES

Rights

You have the right to be provided with professional and respectful care.

You have the right to know your therapist's assessment of the problem, the recommended treatment, and resources available to help deal with your situation.

You also have the right to refuse our suggestions.

Responsibilities

1. To be honest, open, and willing to share your concerns.
2. To ask questions when you don't understand or need clarification.
3. To discuss any reservations you have about your treatment plan.
4. To follow agreed upon treatment plan.
5. To report changes or unexpected events related to your problem.
6. To keep appointments whenever possible or to call and cancel within 24 hours prior to your appointment.

SIGNATURE FOR PROFESSIONAL SERVICES AGREEMENT

I do voluntarily agree to participate in the assessment and counseling as offered by Laurette B. Presley, Licensed Professional Counselor. I am aware that treatment often involves family therapy or education which will be recommended if the therapist deems it important to the healing process. I acknowledge that no guarantees have been made to me regarding the outcome of my therapy. I understand my rights and responsibilities as stated in this document. I consent to the use of my personal health information for routine practices for treatment, payment, and health care operations according to the laws of the State of Texas and the Federal government as outlined in the Confidentiality Section of this document and discussed in detail in the Confidentiality Policy and Privacy Practices Brochure.

- I have read and agreed to the payment information as stated in this document.
- I understand I will be charged for appointments not cancelled within 24 hours.
- By my signature below, I accept all terms and conditions as herein stated.

Client Name: _____

Signature: _____

Date: _____