



## COUNSELING CONSENT FORM

Welcome to Christian Love Hutcheson Counseling Center! It is my desire to insure that your participation in counseling will be a most productive and satisfying one. In order to facilitate a counseling relationship, I have set forth certain information which will enable you to make an informed consent to counseling.

### Therapist

My name is Christian Love Hutcheson and I am a Licensed Marriage and Family Therapist and Supervisor, as well as a Licensed Professional Counselor and Supervisor. I have completed a Ph.D. in Marriage and Family Therapy at Texas Wesleyan University.

### Mental Health Services

While it may not be easy to seek help from a counselor, it is hoped that through counseling you will achieve change in the following ways: 1) gain greater insight into your situation and feelings, 2) develop expanded conceptualizations of your life, relationships, circumstances, and future, 3) move toward resolving your concerns, and 4) forge a life plan that promotes greater realization of your human potential, happiness, and success. As your counselor, using my knowledge of human behavior and the human change process, I will make observations about situations as well as suggestions for new ways to approach them. It will be important for you to explore your own feelings and thoughts and to try new approaches in order for change to occur.

### Appointments

Clients are seen in the office on an appointment basis. Appointments are made by contacting me at (817) 296-2255. The sessions are billed at \$250.00 per session. The Counseling Center will not file your insurance for you. However, you will be given a receipt that is ready for you to submit to your insurance provider and you **may** receive reimbursement directly from your insurance company.

### Number of Visits

The number of sessions needed is variable and depends on many factors, which we will discuss in our first session. At the end of our first session we will discuss what the plan of treatment will be and options for future sessions.

### Cancellations

Cancellations are necessary at least 24 hours before your scheduled appointment. The reason for this is that when you make an appointment you are reserving a time. As your counselor, I have agreed not to utilize that time slot for any other purpose. If you fail to keep your appointment or fail to give adequate notice, I am unable to schedule another use for that part of my workday. Because of reserved time, set aside for you only, you will be charged the fee of the session if 24-hour advance notice is not given!

### Confidentiality

Discussions between a counselor and a counselee are confidential. No information will be released without the counselee's written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: child abuse, abuse of the elderly or disabled; abuse of patients in mental health facilities; sexual exploitation; AIDS/HIV infection and possible transmission; criminal prosecutions; child custody cases; suits in which the mental health of a party is an issue; situations where the counselor has a duty to disclose, or where, in the counselor's judgment, it is necessary to warn or disclose; a negligence suit brought by the counselee against the counselor; or the filing of a complaint with the licensing board. If you have any questions regarding confidentiality, you should bring them to my attention when we discuss this matter further. By signing this information and consent form, you are giving your consent to me to share confidential information with all persons mandated by law and with the agency that referred you. By signing this information and consent form, you are also releasing and holding harmless this counselor from any departure from your right of confidentiality that may result.

### Duty to Warn

In the event my counselor reasonably believes that I, the undersigned counselee, am a danger, physically or emotionally, to myself or another person, I specifically consent for Dr. Hutcheson to warn the person in danger and to contact medical and law enforcement personnel.

### Risks of Counseling

Therapy requires change. You may learn things about yourself that you may not like. Often, growth cannot occur until you experience and confront issues that induce you to feel sadness, sorrow, anxiety, or pain. The success of our work together depends on the quality of the effort you are prepared to give to this endeavor and the realization that you are responsible for lifestyle choices/changes.

### Counselor's Incapacity or Death

I, the undersigned counselee, acknowledge that, in the event my counselor becomes incapacitated or dies, it will become necessary for my counselor's assigned representative to take possession of my files and records. By signing this information and consent form, I give my consent to allowing the representative to take possession of my files and records and provide me with copies upon request.

### Emergency Services

I am unable to provide 24 hour a day, seven day per week services. In the event that you become in need of emergency services when I am unavailable, you need to contact the following:

## **Call 911**

Initial Here: \_\_\_\_\_, that you understand how to get emergency help!

Consent to Counseling

Dr. Christian Love Hutcheson  
211 E. Southlake Blvd.  
Suite 113  
Southlake, TX 76092  
(817) 296-2255

I, the undersigned counselee, voluntarily agree to receive counseling services and authorize the undersigned counselor to provide such counseling services as are considered necessary and advisable.

I understand and agree that I will participate in the planning of my counseling and that I may stop such counseling at any time. However, I do understand that premature termination may result in failure to achieve counseling outcomes.

I understand and agree that Dr. Hutcheson will not provide documentation or representation for any court proceedings. Dr. Hutcheson will not provide disability documentation. Dr. Hutcheson will not provide documentation for insurance disputes. A superbill will be provided for use to request reimbursement with your insurance.

By signing this Counseling Information and Consent form, I, the undersigned counselee acknowledge that I have both read and understood all of the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

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Printed Full Name of Counselee

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Counselee/Parent/Guardian Signature

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Date