

# North Texas Counseling Associates

8090 Precinct Line, Suite 103  
Colleyville, TX 76034  
(T) 817-281-6822; (F) 817-503-1996

## INFORMED CONSENT AND RELEASE OF LIABILITY

Our goal is to provide you with quality therapy services. Some clients need only a few sessions to achieve these goals while others may require more. As a client, you have the right to end our therapy relationship at any point.

1. I understand that my therapist is working under Texas laws, rules and statutes as a Licensed Psychologist, a Licensed Professional Counselor (LPC), LPC-Intern, or as a practicum student under the supervision of Dr. Jennie Fincher, LPC-S, Licensed Psychologist.

2. I understand that my counseling records are kept confidential, except where disclosure is required by law or the ethics of the therapy profession. Possible exceptions to confidentiality include but are not limited to the following situations:

- abuse of a child, elderly or disabled person
- potential harm or threat to self or others
- third party requests for payment (e.g. Texas Workforce Commission)
- child custody cases that go before a court of law
- information subpoenaed by a court of law

3. In consideration of the benefits to be derived from the therapy and testing, the receipt whereof is hereby acknowledged, I hereby release, remise and forever discharge and covenant not to sue or hold legally liable North Texas Counseling Associates, PLLC, its employees or members from any and all claims, demands, actions, or causes of action of whatsoever kind and nature related to the counseling or testing process. I also give permission for my therapist to converse with other entities in the group practice to provide the best possible treatment.

4. The clinical records are the property of North Texas Counseling Associates, PLLC and are deemed records of confidential sessions between therapists and clients. I waive any right I may otherwise have to seek to use the clinical records of the counseling center as evidence in any judicial proceedings. I understand that if anyone from this office is subpoenaed or court ordered to testify in court as an expert witness, court fees are separate from the therapist's regular therapy rates. Court appearances, depositions, and attorney consultations are \$150.00 per hour (including all time involved in preparation, research, parking fees, mileage, travel time to and from the court house and all other expenses incurred in relation to testifying). A retainer of \$900.00 is to be paid prior to the court date. If the full amount of the retainer is not needed to complete the court testifying process, then the remainder of the funds will be refunded. If the costs for the testifying process exceed the amount of the retainer, then those fees will be billed to you and are due upon receipt of the invoice. The party issuing the subpoena is responsible for the testifying fees. Any request for written documentation provided by the therapist to a third party will be billed at \$100/hour. Payment is required upon completion of documentation.

**5. Any client that has more than 3 no show fees, late cancellation fees, or combination of both on their account, the individual forfeits future standing appointments. If any more than 3 cancellations on a recurring appointment occur, then the client forfeits that time for future appointments. 24-hour notice is required for all cancellations to avoid a \$75.00 fee for Dr. Jennie Fincher & Bailey McAdams and a \$50.00 fee for all LPC Interns and Practicum Interns. If you fail to respond to communication for a late cancellation or missed appointment the card on file will be charged for the amount owed.**

**All accounts are required to have a credit card on file.**

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Type of Card:  DC  VISA  MC

6. NTCA is not a crisis therapy practice. If at any time you become extremely emotionally distressed or are in danger of hurting yourself or someone else, please call 911 for assistance. We do not provide an on-call service at this time. You can also contact the National Suicide Prevention Lifeline at 1-800-273- 8255 (TALK).

7. Therapy sessions last approximately forty-five (45) minutes. Therapy fees vary based on a sliding scale. Fees are due at the beginning of each therapy session. Testing is billed at a rate of \$150 per hour of service. If testing is not paid in full, then a payment plan must be signed for remittance of payment at the feedback session. All services of NTCA are out of network with all insurance providers. Client are responsible for paying 100% of all sessions provided, regardless of filing with their out of network benefits.

### Privacy Practice Notice:

The Notice of Privacy Practices for NTCA is provided at the time of initial service and available upon request. The Notice of Privacy Practices describes the types of uses and disclosures of my Protected Health Information (PHI) that will occur in my treatment, payment of my bills and the rights I have regarding my PHI.

*I, the undersigned, consent to treatment and to North Texas Counseling Associates Notice of Privacy Practices. My signature below indicates that I grant informed consent for North Texas Counseling Associates, PLLC to provide psychological services and counseling to myself and/or minor members of my family. I further understand that without 24-hour notice of cancellation, I will be charged \$75.00 fee for Dr. Jennie Fincher and Bailey McAdams and a \$50.00 for all LPC Interns and Practicum Interns with the credit card on file unless otherwise specified. I authorize NTCA to charge the card on file for any unpaid fees after 30 days of services being completed.*

Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Client Update Form

<b>Today's Date:</b>
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GENERAL INFORMATION
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Name: <span style="float: right;"><input type="checkbox"/> M <input type="checkbox"/> F</span>	DOB:	Age:
Street Address:	Home Phone:	
City, State, Zip:	Cell Phone:	
Email:	Work Phone:	
Race: <input type="checkbox"/> African-American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
<b>*Annual Household Income:</b>		

EMERGENCY CONTACT
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Name:	Relationship:
Home Phone:	Cell Phone:

Current Medications (List any prescription medications you are currently taking. Use back if necessary)
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Name of Drug	Reason for Taking It	Date Started	Frequency Taken	Strength	Has it been helpful?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe any side effects that you find troublesome from any of the medications you are currently taking.

Do you generally take your medications as prescribed?  Yes  Take too much  Don't always take

What other psychiatric medications have you taken in the past?

Mental Health/Substance Abuse Hospitalizations (Inpatient, PHP, IOP - Use back page if necessary.)
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Date	Reason for Treatment	Hospital	Duration of Treatment	Treatment Response (helpfulness)

**CURRENT STATUS**

**Counseling/Therapy** (Individual, Family, Group, Play Therapy - Use back page if necessary.)

**Please check any of the following that apply to you presently or in the recent past:**

- |  |  |
|--|--|
| <input type="checkbox"/> Abortion              | <input type="checkbox"/> Loneliness        |
| <input type="checkbox"/> Abuse, Physical       | <input type="checkbox"/> Loss of energy    |
| <input type="checkbox"/> Abuse, Sexual         | <input type="checkbox"/> Making Decisions  |
| <input type="checkbox"/> Abuse, Verbal         | <input type="checkbox"/> Marriage          |
| <input type="checkbox"/> Aggressive            | <input type="checkbox"/> Memory            |
| <input type="checkbox"/> Alcohol/Drug Use      | <input type="checkbox"/> Nervousness       |
| <input type="checkbox"/> Anger                 | <input type="checkbox"/> Pain              |
| <input type="checkbox"/> Anxiety               | <input type="checkbox"/> Panic             |
| <input type="checkbox"/> Bad Dreams            | <input type="checkbox"/> Pregnancy         |
| <input type="checkbox"/> Career Choices        | <input type="checkbox"/> Problems sleeping |
| <input type="checkbox"/> Change in Appetite    | <input type="checkbox"/> Racing Thoughts   |
| <input type="checkbox"/> Children              | <input type="checkbox"/> Rapid Heart Rate  |
| <input type="checkbox"/> Communication         | <input type="checkbox"/> Recent Loss       |
| <input type="checkbox"/> Compulsivity          | <input type="checkbox"/> Seeing Things     |
| <input type="checkbox"/> Concentration         | <input type="checkbox"/> Self-Control      |
| <input type="checkbox"/> Cutting/Self harm     | <input type="checkbox"/> Sexual addiction  |
| <input type="checkbox"/> Difficulty Breathing  | <input type="checkbox"/> Sexual Problem    |
| <input type="checkbox"/> Eating Problems       | <input type="checkbox"/> Shyness           |
| <input type="checkbox"/> Emotional Abuse       | <input type="checkbox"/> Stress            |
| <input type="checkbox"/> Finances              | <input type="checkbox"/> Stomach Trouble   |
| <input type="checkbox"/> Friends               | <input type="checkbox"/> Tension           |
| <input type="checkbox"/> Gambling              | <input type="checkbox"/> Terminal Illness  |
| <input type="checkbox"/> Grief                 | <input type="checkbox"/> Trauma            |
| <input type="checkbox"/> Guilt                 | <input type="checkbox"/> Trouble Relaxing  |
| <input type="checkbox"/> Headaches             | <input type="checkbox"/> Trouble with Job  |
| <input type="checkbox"/> Hearing Noises/Voices | <input type="checkbox"/> Unhappiness       |
| <input type="checkbox"/> Hopelessness          | <input type="checkbox"/> Other_____        |
| <input type="checkbox"/> Impulsive             |  |
| <input type="checkbox"/> Inferior Feelings     |  |
| <input type="checkbox"/> Legal Matters         |  |