

Informed Consent and Practice Policies

Jill E. Brown, LPC-Associate #98861, LCDC #15122, PLLC dba JourneyWell Counseling

Supervised by Megan Guidry, LPC-S #74726

1101 Water's Edge Drive, Ste. 120, Granbury, Texas 76049

817.290.5996 recoverylife@jbrownlcdc.net

INFORMED CONSENT AND PRACTICE POLICIES

QUALIFICATIONS: I have a Master of Science (M.S.) in Clinical Mental Health Counseling from Tarleton State University. I am a Licensed Professional Counselor-Associate (Supervised by Megan Guidry, NCC, LPC-S #74726) and a Licensed Chemical Dependency Counselor (LCDC). My licensures and certifications qualify me to provide counseling and psychological assessment services independently. My formal education and training have prepared me to counsel individual adults, couples, and groups with a variety of concerns.

EXPERIENCE: I have counseled adults, couples, families, and facilitated many kinds of groups. I have experience and professional training in using Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Attachment Theory and Polyvagal Therapy. Additionally, I have professional training in Emotionally Focused Therapy (EFT). My experience allows me to administer, score, and interpret a variety of assessments.

NATURE OF COUNSELING: My counseling is from an Adlerian viewpoint, based in individual psychology. I believe that people continually strive to overcome feelings of inferiority and toward wholeness and connection. My hope for you, the client, is that you will discover your true potential through an increased sense of identity, self-worth, support and confidence. We will collaborate on setting goals for treatment and appropriate interventions based on the issues brought to counseling, and any changes you may experience through growth and awareness will always be your decision.

Our first session will consist of an intake, which will give you the opportunity to tell me your history, how you are currently experiencing a need/desire for counseling, and to determine if we can work effectively with one another. After the intake, we will collaborate on a treatment plan, which will act as a guide for how we work together to help you reach identified goals.

COUNSELING RELATIONSHIP: The therapeutic relationship is unique in that it is highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding of how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. I do not discriminate based on age, racial or ethnic identity, gender identity, religion or spirituality, national origin, ability status, or sexual/affectional orientation. If significant differences, such as in culture or belief system, exist between us, I will work to understand those differences. Feel free to discuss any of this with me at any time during your counseling journey.

THE THERAPEUTIC PROCESS: You have taken a brave step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of beliefs and feelings attached to those events can bring on strong reactions of anger, depression, anxiety, etc. This is not miracle work. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and the repeating patterns that may not support your recovery goals, as well as to help you clarify what it is that you want for yourself.

CONFIDENTIALITY: When you attend sessions with a counselor, the information you share is protected by strict confidentiality laws enforced both by the licensing board governing my license and state law. The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Without your written consent and permission, I cannot reveal whether or not you are a client of mine and cannot discuss any information from our sessions with a third party. Limitations of such client-held privilege of confidentiality exist and are itemized below, according to Texas State Law:

- If you pose an imminent danger to yourself, your partner, or a third person, I am allowed to disclose information to law enforcement personnel or hospital staff to keep you safe and coordinate care.
- If you talk about events that cause me to believe that a child under the age of 18 or an elderly or disabled person is at risk or has been victim of emotional, physical or sexual abuse, neglect, or exploitation, I am required by law to make a report to Texas Child/Adult Protective Services within 24 hours of the disclosure.
- If you disclose sexual misconduct by a previous therapist I am required to make a report to their licensing board.
- If a judge in a court of law orders me to release information or if I need to respond to a lawfully issued subpoena.
- If I need to cooperate with legal actions against a mental health professional by a licensing board.

Due to the status of my provisional license, I am required to meet weekly with my designated LPC Supervisor. This is not for the purpose of sharing your confidential information, but rather how I am developing in the skills needed to support your success. Occasionally I may need to consult with other professionals, as well, in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in both contexts without using your name.

If we see each other outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize them. However, if you acknowledge me first, I will be more than happy to speak briefly with you but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

CLIENT FILES: Client files are kept on a HIPAA compliant practice management software. In the event that I am no longer able to perform my duties as a counselor, client files will be securely stored and kept confidential by my trusted colleague, Megan Guidry, LPC-S. You will be contacted and provided with referral.

In the event case management duties become necessary for your case, such as consultation, release of records, and referral gathering beyond general practice, I will bill for the time it takes to complete tasks at my hourly rate of \$90. Please be aware that any and all records requests must be in writing and will not be completed without a release on file. You may request records at the following email address: recoverylife@jbrownlcdc.net. I will not surrender hardcopy client files to anyone except the client on file. If you require a hardcopy of your client file, please request via email at least two weeks prior to when you need them.

I am happy to send records to other mental health/medical professionals via registered postal mail, or a secure, digital means with written consent.

I am happy to provide a case summary for any court-related issues, however, I will not agree to appear in court to testify in divorce/custody disputes. The use of your therapy notes to provide evidence in court is not recommended or encouraged, as it may result in unfavorable outcomes for you, the client. If I am ordered to appear, I require payment for services five days in advance at the rate of \$200/hour. These fees cover the unpredictable duration of court, travel, preparation, consultation, and appearances in court, and miscellaneous charges I may incur.

If I am not called to appear in court, these fees are still due. You, the client, are responsible for any fees I incur related to your case (litigation issues, lack of payment, parking, lodging, printing/copying materials, etc.). For the record, I will not agree to appear in court to testify on your behalf unless I am subpoenaed by a judge.

APPOINTMENTS, SERVICE FEES AND CANCELLATIONS: I am legally required to provide you with a Good Faith Estimate (GFE) for privately paid services. I will issue a GFE after I have done a thorough evaluation and have assessed for diagnosis, issues and treatment needs.

This will give you an idea of the range of costs/costs you can expect during your time receiving my services.

Appointments are typically scheduled weekly or every other week. I may suggest more or less frequent appointments dependent upon my clinical discernment and your preference.

Fees per session:

30 minute alcohol/substance diagnostic assessment: \$40

50 minute intake OR individual session OR one partner of couple: \$90

50 minute couples session: \$120

120 minute couples workshop: \$300

I accept credit card, check and cash payments. If you prefer payment by check, please acknowledge that there is a \$45 charge for all returned checks.

Fees are subject to change annually and you will be notified at least 30 days in advance of any change in fee.

Payment for Services: You understand that the fee agreement is a legally binding contract and that you are under obligation to pay for services provided at the time of the session or prior to, and that the fee agreement is valid while receiving services and may be renegotiated pursuant to business costs. You understand that failure to pay for services rendered within the negotiated time frame may result in legal action. **Insurance Billing:** If you have a health insurance policy, it will usually provide coverage for mental health treatment. **Currently, I am not a participating provider for any insurance plan, but I will supply you with a super bill for services, upon request, which you can submit to your insurance company for reimbursement.**

****Please note that not all insurance companies reimburse for out-of-network providers.**

Cancellations and re-scheduled sessions will be subject to a full charge if **not received at least 24 hours in advance**, and the credit card on file will be charged. This is necessary because a time commitment is made to you and is held exclusively for you.

You may cancel/reschedule by phone call (please leave a VM), text, or email. When texting, please identify yourself by first name only.

Your collaboration regarding the punctuality of starting and ending sessions at the appointed times will be appreciated. If you are **15+ minutes late** for a session and have not notified me of the reason you are late, you will be considered a no-show and charged the full fee per session.

If you have been exposed to or are symptomatic of COVID-19, flu, or any other virus that is highly contagious, please do not come to the counseling office. You may request a telehealth session or cancel the session. Please do not reschedule until you have been fever-free for 48 hours.

TELEPHONE ACCESSIBILITY AND EMERGENCY CONTACTS: If you need to contact me between sessions, please attempt to call me first. Leave a message on my voicemail or send me a text message with your first name and "TALK."

I am often not immediately available; however, I will return your call as quickly as I can.

If a true emergency situation arises, please call 911 or go to your nearest emergency room.

OTHER LOCAL RESOURCES:

Pecan Valley Behavioral and Developmental Healthcare (Hood, Somervell, Erath, Johnson, Palo Pinto and Parker counties):

Mental Health 800-772-5987 Crisis Hotline and Intake Screening Line

1-866-948-7198 Intellectual and Developmental Disabilities Intake Line

Dial 988 for Suicide/Crisis Lifeline or text 838255.

SOCIAL MEDIA AND TELECOMMUNICATION: Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, Instagram, LinkedIn, etc.). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can discuss it further.

ELECTRONIC COMMUNICATION: I cannot ensure the confidentiality of any form of communication through electronic means, including emails and text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

E-mail /Text notifications: When appointments are scheduled, automatic email and/or text message reminders of your appointment will be sent to the e-mail and/or phone number you used when scheduling your first appointment. To set the preferred method of receiving these notifications, please login to your client portal.

By signing this consent form, you, the client, agree to receive these notifications, and understand that email is not a confidential medium for transmitting any protected health information. Phone calls and texting are appropriate through a HIPAA protected mobile app only, which should be use for non-emergencies.

That phone number is **817-290-5996**.

CONSENT FOR TELEHEALTH CONSULTATION

1. I understand that my health care provider wishes me to engage in a telehealth consultation.
2. My health care provider explained to me how the video conferencing technology that will be used to affect such a consultation will not be the same as a direct client/health care provider visit due to the fact that I will not be in the same room as my provider.
3. I understand that a telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my health care provider or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
5. I have had a direct conversation with my provider, during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

CONSENT TO USE THE TELEHEALTH BY SIMPLEPRACTICE SERVICE

Telehealth by SimplePractice is the technology service we will use to conduct telehealth videoconferencing appointments. It is simple to use and there are no passwords required to log in. By signing this document, I acknowledge:

1. Telehealth by SimplePractice is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.
2. Though my provider and I may be in direct, virtual contact through the Telehealth Service, neither SimplePractice nor the Telehealth Service provides any medical or healthcare services or advice including, but not limited to, emergency or urgent medical services.
3. The Telehealth by SimplePractice Service facilitates videoconferencing and is not responsible for the delivery of any healthcare, medical advice or care.

4. I do not assume that my provider has access to any or all of the technical information in the Telehealth by SimplePractice Service – or that such information is current, accurate or up-to-date. I will not rely on my health care provider to have any of this information in the Telehealth by SimplePractice Service.

5. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment. By signing this form, I certify: That I have read or had this form read and/or had this form explained to me. That I fully understand its contents including the risks and benefits of the procedure(s). That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

COMPLAINTS: If you wish to file a complaint against this mental health professional at any time, you may contact the following:

https://bhec.texas.gov/wp-content/uploads/2022/08/Complaint-Form_BHEC-revised-20220712.docx

Texas Behavioral Health Executive Council

1801 Congress Ave., Ste. 7.300

Austin, Texas 78701

(512) 305-7700

Investigations/Complaints 24-hour, toll-free system- (800) 821-3205

<https://www.texasattorneygeneral.gov/consumer-protection/file-consumer-complaint>

TERMINATION: You have the right to end our counseling relationship at any time. You also have the right to refuse or to discuss modification of any of my counseling techniques or suggestions that you believe might be harmful.

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the therapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating.

If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified clinicians to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless communication has been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued. You will receive a termination notice with referrals after the third week.

Special Statement Regarding Couples Therapy

It is important to know what to expect and to understand your rights and commitments. This consent form is an attempt to be as transparent as I can about the nature of the couples therapy process as I understand it, so you are fully informed prior to starting couples therapy.

What to expect: Couples therapy is a process of identifying interaction and communication patterns that are negatively impacting the friendship, intimacy, and fulfillment of needs of one or both partners in a relationship. Each partner will be expected to honestly examine their own interaction and communication styles, identify and express their own feelings, and make an attempt at experimenting with alternative methods of communicating and interacting. Each partner will be helped to further clarify their own values and their own level of commitment to the relationship, and the outcome of the therapy may be increased satisfaction with the partnership or increased clarity about the decision to part ways.

When you attend couples therapy sessions, you as a couple are considered to be “the client” and your mental health records therefore belong to both of you. This means that except in the circumstances above, I will need a written consent from both of you in order to disclose any information from your record to a third party.

No Secrets: As a therapist who is entrusted with information from both partners of a relationship, I have a policy of “No Secrets”, which means that I cannot promise to protect secrets of either partner from the other person, especially if the secret is harmful or destructive to the process of the therapy itself or undermines the agreed upon intention of the therapy.

Boundaries: Because the relationship is the main focus of couples therapy, both partners of a couple must be present for the couples session to start. It is often not in the best interest of the couple to distribute time unevenly between partners or to have unplanned meetings with only one partner present. If one partner is late in arriving or does not show for the appointment, I reserve the right to delay the start of the session or to cancel the session if necessary. It is advisable (but optional) for each partner to schedule at least 1 individual session with me as part of the couples therapy intake process.

Length of couples therapy: A completed couples therapy can take anywhere from 5-20 scheduled sessions or more. Length of time depends on severity level of problems, history of past trauma/ infidelity/ or betrayals, and the presence of co-occurring emotional or psychological issues such as mood disorders, depressive symptoms, active substance use problems, or personality disorder traits.

Limitations to couples therapy: Couple therapy will only be effective in cases where both partners put in a good faith effort to work on their problems and their relationship. Deliberate dishonesty or deceit, unwillingness to introspect and

take responsibility for one's actions, or lack of interest and motivation to engage in the couples therapy process by one or both partners will undermine the therapy and termination may be appropriate.

You may request a copy of this disclosure.

Acknowledgment of Receipt of Privacy Notice, Informed Consent, Agreement to Telehealth Services and Practice Policies:

This notice went into effect on May 29, 2025. I reserve the right to change the terms of this notice and will provide you with a revised notice when needed.

If you have any questions or would like additional information, please feel free to ask.

I/we have CAREFULLY read the Informed Consent, Agreement to Telehealth Services and Practice Policies, and have discussed with Jill E. Brown, M.S., LPC-Associate, LCDC dba JourneyWell Counseling any questions and/or concerns I have had regarding its content. I/we am/are willing to enter therapy under these conditions.