



Policies and Informed Consent

This document is intended to provide important information to you regarding your counseling process. Please read the entire document carefully and be sure to ask any questions that you may have regarding its contents.

Benefits and Risks of Therapy. Participating in therapy can result in a number of benefits to you, including a better understanding of your personal goals and values, improved interpersonal relationships, and resolution of the specific concerns that led you to seek therapy. Working towards these benefits, however, requires effort on your part and may result in your experiencing considerable discomfort. Intense feelings of sadness, guilt, anxiety, depression, loneliness, or helplessness may be aroused. These feelings are a normal part of the therapy process, and are usually temporary. We will work together to get through the difficult times. If you are ever concerned that our work together is not helping, let's discuss it. At Growing Bonds Counseling, I believe that therapy is a collaborative process. I firmly believe that you are the expert on your life and/or your relationship. While I have the professional skills and knowledge to help you tap into your strengths and overcome challenges, we rely on therapeutic teamwork and openness to reach your personal and relational goals. Occasionally, during the therapeutic process, I will speak with the client(s) regarding treatment regression or lack of improvement towards set goals. This can happen for a number of reasons and will be discussed and options given to the client. The client and therapist will collaborate on a plan to address the situation appropriately, yet ultimately, if an effective plan cannot be reached collaboratively, the therapist will make the determination of best care needed for client.

***Please initial that you have read and you understand the risks associated with psychotherapy.**

Information about your therapist: Maile Giles, M.A. is a Licensed Marriage and Family Therapist and a Licensed Chemical Dependency Counselor in the state of Texas. Training in Emotionally Focused Couple's Therapy, Gottman Procedures, EMDR and FSAP.

Fees, Payment, Scheduling Policies. The fee for an individual counseling session (one person in the treatment room) is \$_____ per 60 minute session. The fee for a couple, family or relational counseling session (two or more people in the treatment room) is \$_____ per 60 minute session. Payments can be made in form of cash, check or credit card. There will be a \$25 penalty for any returned checks. Payment must be made in full at the end of each session. If payment is not made, or checks are returned more than twice, treatment may be terminated. Phone calls during unscheduled hours will be charged at a rate of \$110 per 50 minutes, and prorated if under the 50 minutes. If decide to use insurance a release of information will need to be signed for consent to submit protected health information, notes and diagnosis. All co-pays, deductible amounts will need to be paid at each session.

Follow-up appointments will be scheduled at the end of each session. If an appointment needs to be cancelled or changed, please call at least 48 hours in advance. If canceled less than 24 hours, or a no show for the appointment, the full fee for the session will be charged. More than two missed sessions, or sessions cancelled less than 24 hours in advance may also result in treatment termination. Also, if missing more than two sessions and cancelled within 48 hour time window, a possibility of losing your set time could result in forfeiture of time slot for future sessions. To be determined by the therapist in regards to circumstances of client's situation and therapist's schedule and effects on business. If more than one week advance notice is given to GBC, a good faith attempt will be made to hold set time if able to fill slot with another client. If set time is unable to be saved for client, that client will be notified and other options will be explored to accommodate your schedule with availability. Unfortunately, there is no guarantee that an accommodation will be possible due to therapist's schedule and time slots available when compared to client's availability. If therapist and client are unable to determine a new time and day for a session, options will be given: an approximate wait time for an opening for time slot desired, client to be notified of cancellations, or referrals given to appropriate therapists that might have availability of time and day needed by client. If therapist determines that it is in the best interest due to the therapeutic situation and best clinical practice, as well as client's situation, the therapist will offer referrals to other appropriate therapists. The client is responsible for stating directly to therapist by text or email the decision to take the option of receiving referrals from GBC/Maile Giles. The client is then responsible for making contact with referrals given, and to schedule an appointment with new therapist. At this point, once referrals are taken by client, termination of therapy with GBC will result.

I will do my best to give you also a 24-48 hour notice of any cancellations, and will make another day/time available to attend or offer a phone session that same week. At times due to professional or personal emergency a cancellation can happen with less than a 24 hour notice. Also, it is important to explain that at times during a client's session there is a possibility that a potential crisis or emergent situation could result in a delay of a start time for your session that day or a sudden cancellation the same day. A sudden cancellation of your appointment that day is rare and if does happen all attempts will be made to reschedule that week in person or by phone for session that was cancelled.

***Please initial that you have read and understand your therapist's licensure status and agree to comply with Maile Giles/GBC fees, payment & appointment policies.**

Client's Rights:

1. You have the right to decide to determine the length of counseling and to end our counseling work at any time without prejudice. If you wish, I will provide you with the names of other qualified therapists.
2. You have the right to ask any questions about procedures used during therapy. If you wish, I will explain my usual models and therapeutic practices with you.
3. You have the right to refuse the use of any therapeutic technique
4. You have the right to learn about alternative methods of treatment. I will discuss these with you during our work together.
5. You have the right to determine your own counseling goals and collaborate in developing an appropriate treatment plan.

Confidentiality: Confidentiality is of utmost importance. The information disclosed by you is confidential and will not be released to any third party without written authorization from you, except where required or permitted by law. Exceptions to confidentiality include, but are not limited to, situations where you pose a threat of serious harm to yourself or someone else; cases involving suspected child, elder or dependent adult abuse; cases in which your therapist is court-ordered to testify or produce records; or as outlined in the HIPAA "Notice of Privacy Practices" (a copy is given with this form and is yours to keep.)

If you participate in marital or family therapy, I will not disclose confidential information about your counseling sessions unless all person(s) who participated in the sessions with you provide their written authorization to release such information. However, it is important that you know that I utilize a "no secrets" policy when conducting family or marital/couples therapy. This means that I do not keep secret information gathered in individual conversations (whether on the phone or in an individual session) if the information revealed in some way violates the integrity of the couples/family therapy (such as revealing an affair, substance problem, or intent to leave the relationship). Such information will need to be revealed to the other partner for therapy to

effectively continue. Please feel free to ask me about my "no secrets" policy and how it may apply to you.

To protect confidentiality of clients, Maile Giles, LMFT will not provide expert witness testimony in court or in written documentation for legal proceedings unless mandated.

If claims are filed to your insurance company, they may require release of information regarding your therapy. The release will be either verbal or written and will contain information including, but not limited to, your diagnosis, notes, and progress in therapy. The current problems being addressed and expected prognosis. It is necessary for your consent in order to release this information.

***Please initial that you have read and understand Growing Bonds Counseling confidentiality procedures.**

HIPAA Notice of Privacy is a separate form included in your packet, please read and keep the form.

***Please initial that you have been provided with the HIPAA NOTICE OF PRIVACY PRACTICES, and have had my questions about privacy and confidentiality answered to my satisfaction. I understand that the HIPAA NOTICE OF PRIVACY PRACTICES is incorporated by reference into this agreement.**

Therapist Availability / Emergencies. You may leave a message for me at any time on my confidential voicemail at 210-860-7633. DO NOT TEXT me in this situation. If you wish to have me return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. If you are experiencing a mental health emergency, please call 911 or go to the nearest ER for help. But if a non-urgent phone call or text, they are generally returned within 24 hours during normal workdays (Monday through Friday) and if on a weekend it could be 48 hours for a return call/text. Please understand that as a small practice, Growing Bonds Counseling does not provide crisis services and does not have an on-call therapist. Again, in the event of a mental health or medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance, or go to the nearest emergency room. If at any time the counselor, Maile Giles believes you, the client would be better served at a higher level of care or a referral for services that in addition to counseling to

stabilize or better assist a client and a client declines such services, the counselor could terminate therapy on an outpatient level and encourage to seek treatment referred to. Also, it is possible for the counselor to make a referral to another counselor that would have more specific training or experience in line with the client's needs, if believed the client to be better served in this capacity. If referral declines such referral to a counselor with the training to work with the client in a more capable capacity, the counselor can terminate services with the client. Emails and texts are not confidential and therefore it is in your agreement to accept texts or emails with this knowledge, as well as the texts and emails you send to Maile Giles cannot guarantee secured confidentially over the web or phone service.

***Please initial that you have read and understand that Maile Giles or GBC does not provide crisis counseling and is not a resource for emergent situations. Also that possible referrals to other more appropriate services could be made and if not followed through with termination of treatment could result.**

Acknowledgement. By signing below, Client(s) acknowledge that Client(s) have reviewed and fully understand the terms and conditions of this Agreement. Client(s) have discussed such terms and conditions with the therapist, and have had any questions with regard to its terms and conditions answered to Client(s)' satisfaction. Client(s) agree to abide by the terms and conditions of this Agreement and consent to participate in counseling with the Therapist. Moreover, Client(s) agree to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

I understand that I am financially responsible for payment for all services rendered.

Patient Name (please print)	Signature of Patient (or authorized representative)	Date
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Patient Name (please print)	Signature of Patient (or authorized representative)	Date
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Maile Giles, LMFT	Signature of Counselor	Date
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Consent to Counseling of Minors. This section must be completed by the parent or legal guardian of each child who attends session. Some custody agreements require the signatures of both parents for counseling services. Because of this, it is generally my policy to require the signature of both parents in any divorce situation.

Please note: My role as a therapist is to help minors learn to communicate openly and directly with their parents, and thus, I typically involve parents in the counseling process. That said, when children are making poor and dangerous decisions parents will be brought into the conversation as soon as possible, which in the case of many situations – such as suicidal ideation or attempts – is immediately.

I hereby consent to treatment of my child(ren) per the terms outlined in the above pages of this document:

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Name _____ Birthdate _____

Parent / Guardian Name (please print)

Parent / Guardian Signature

Date

Parent / Guardian Name (please print)

Parent / Guardian Signature

Date