

*Martha Wiley Brock, MA, LPC, LMFT, LCDC
Certified Life Coach
Journeys Christian Counseling Center®, LLC
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INFORMATION AND CONSENT STATEMENT

I am pleased that you have selected me as your counselor. This document is designed to inform you about my background and to help you understand our professional relationship.

EDUCATION:

Texas Woman's University, Denton, Texas, M.A.
University of Dallas, B.A.

CERTIFICATION:

Texas Teacher Certification – Secondary Level
Licensed Professional Counselor in the State of Texas
Licensed Marriage and Family Therapist in the State of Texas
Licensed Chemical Dependency Counselor
Supervisor, Licensed Professional Counselor
Supervisor, Licensed Marriage and Family Therapist
Certified Life Coach

BACKGROUND:

Since 1987 I have worked as a counselor of all ages of people. Clients have come to me with their needs for growth and healing in such areas as premarital instruction, marriage and family conflict, parenting skill building, career exploration, learning differences, Attention Deficit Disorder, interpersonal relationships, recovery from addictions as issues emerge in 12 Step programs, grief, depression and anxiety. I also work with children in a therapeutic play setting.

NATURE OF COUNSELING:

You have the right to choose alternatives and to participate in designing your treatment plan. My guidelines for creating a treatment plan incorporate an approach to counseling which takes into account the spiritual, psychological, social and biological dimensions of a person. The therapeutic relationship which we establish will be characterized by respect and cooperation. One of my goals is for you to grow, develop and within a reasonable length of time come to a place of competence where, with God's help, you can discern, process and resolve your own problems without my assistance or intervention. I will offer you vehicles, principles and methods which you can utilize in the achievement of this goal.

Because our sessions may be very intense psychologically, it is important that we acknowledge that we have a professional relationship rather than a social one. Our contact will basically be limited to the sessions you arrange with me; although, there might be times when our paths will cross, for example, if we are members of a ministry team, the same church, a Bible study, committees or attend the same social function. Please limit our interaction to the function in which we are involved at the time and save our therapeutic relationship for our counseling sessions.

You will learn a great deal about me personally as we work together during your counseling experience; however, it is important for you to remember that you are experiencing me largely in my professional role.

I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards. You are entitled to an explanation of your condition and the treatment that will be provided as well as the duration and adverse risks involved. Please note that it is impossible to guarantee any specific results regarding your counseling goals; however, together we will work to achieve the best possible results for you.

CONFIDENTIALITY:

The information which you tell me belongs to you, not to me; therefore, I will keep confidential anything you say to me with the following exceptions: (a) you direct me, in writing, to tell someone else; (b) I determine you are a danger to yourself or others; (c) I am ordered by a court to disclose information; (d) for supervision/consultation purposes; or (e) for backup coverage when I am not available. Please note that I am bound by my Ethical Code to contact the nearest of kin and/or proper authorities if, in my opinion, a person is deemed to be a threat to himself or to others. I am required, by law, to report incidences of physical or sexual abuse of a minor or of the elderly.

This office may use and disclose medical information and financial information related to your care that may be necessary now or in the future to facilitate payment by third parties for services rendered by me. Guidelines for such disclosures will comply with the Health Insurance Privacy Practices Act. I am legally obligated to maintain the privacy of your protected health information and to provide you with this Notice of Privacy Practices and to abide by its terms.

It will be necessary for you to sign consent for release of information in the event you want any information released to another individual.

REFERRAL POLICY:

The process of helping you address specific areas of your life is unique. It inevitably is the catalyst for several personal issues to arise that may cause some discomfort. This is a normal and natural part of the relational process occurring between us. As the person chosen by you to be involved in this process, I will help you work through this discomfort. To this end I anticipate and desire a productive professional relationship with you.

If I believe that I do not have sufficient training or expertise to appropriately guide your treatment, I will refer you to someone who can.

In the event that a particular dissatisfaction with my services should arise, I am willing to discuss the nature of your dissatisfaction and make an attempt to move toward a solution acceptable to both of us. If we are unable to arrive at an acceptable solution, I will provide you with several possible referral sources.

FINANCIAL POLICY AND FEE ARRANGEMENTS:

You have the right to know about any fees that you may be charged for services before those services are delivered and to a full explanation concerning fee policies. **I am willing to work with you concerning your ability to pay.** Depending on your financial situation, your insurance carrier, and the type of counseling services you choose, arrangements will be determined regarding fees. Generally, fees range from \$60 per session to \$150.00 per session. In return for your determined fee per 50-minute session, I agree to provide the requested counseling services for you. Virtual sessions fall under the same fee guidelines. The fee for each session will be due and payable at the conclusion of each session, unless otherwise arranged. Credit/debit cards, Venmo, Zelle, cash, or personal checks are acceptable.

There will be a charge for my time spent outside of session, inter alia: court appearances as an expert or regular witness, letters of recommendation, depositions or observational school visitations. I require a \$800.00 retainer for all court and legal-related services. My fee for services related to anything legal is \$200.00 per hour. This includes preparation, depositions, time spent in court, and testimony given.

CANCELLATION POLICY:

In the event that you will not be able to keep an appointment, you must notify me 24 hours in advance. If I receive less than 24 hours' advance notice of cancellation of a scheduled session, you will be obligated to pay a sum of money equal of one half the amount for the session you missed. If you fail to show up for the appointment and no advance notice is given, you will be responsible for paying the full fee for the session that you missed.

If you have any questions, feel free to ask. Please sign and date both copies of this form to indicate that you have read, understand and consent to the information contained in it.

Martha Wiley Brock, M.A., L.P.C., L.M.F.T.
LCDC, Certified Life Coach

Client's signature

Date _____

Date _____