

# ANITA COOK, LMFT-A

## Informed Consent

*Counseling is a cooperative venture with responsibility resting on both the counselor and the client. In order to enable you and your counselor to work most effectively together, we ask that you carefully read the information below. If you have any questions, your counselor will be happy to discuss them with you.*

**CONFIDENTIALITY:** The Health Insurance Portability and Accountability Act (HIPAA) has created new patient protections surrounding the use of protected health information. Commonly referred to as the “medical records privacy law,” HIPAA provides patient protections related to the electronic transmission of data, the keeping and use of patient records, and storage and access to health care records. HIPAA applies to all health care providers, including mental health care, and providers and health care agencies throughout the country are now required to provide patients a notification of their privacy rights as it relates to their health care records. An explanation of those rights has been given to you.

Communications between client and counselor are confidential and will not be revealed unless required by law such as in situations of child or elder abuse/neglect or threats of physical harm to self or others or subpoena of a court. As unlicensed clinicians, communications with your counselor are not protected by privilege which means that they may be subject to subpoena by the courts should litigation be brought against you. If you believe that you may need the testimony of a counselor in a court of law, a licensed mental health professional would be an appropriate choice.

Data from the counseling assessment process may be used for research purposes by the counselor, Anita Cook. If the collection of data will involve any additional effort on the part of clients beyond the standard counseling procedures, you will be invited, but not required, to participate. Identification data will be removed from all chart materials, test results or therapist ratings used in research to protect client confidentiality.

**RECORDING:** Your counselor may record the counseling sessions either by audio or video; these recordings will be used by the counselor for clinical supervision. Recorded sessions will not include identifying information, other than information included during conversation or observation. The confidentiality of all such materials will be safeguarded and recorded materials will be erased at the end of the 2018 calendar year.

**COUNSELING FEES:** There is a \$50-80 session fee, which is based on a sliding scale. Please contact the office to inquire about the session fee that corresponds to your family size and income. Insurance is not accepted at this time. A 10% session fee discount is available to families with children enrolled as wish children in the Make-a-Wish Foundation.

**CANCELLATION OF APPOINTMENTS:** Please contact Ms. Cook directly to cancel appointments. You may cancel by text message or voice mail, within 24 hours of the appointment time. There is a \$25.00 for failure to cancel with 24 hours notice.

**TELEPHONE CALLS:** Should you need to contact your counselor, you may leave a message directly in her voicemail at 832-520-3053. Your call will be returned as soon as possible.

**EMERGENCY PROCEDURES:** The counselor is not available 24 hours to handle emergencies. If you have an emergency and cannot reach the counselor, you will need to contact either a hospital emergency room or the police depending on the situation.

**I have read the above information and voluntarily request counseling services from Ms. Anita Cook, LMFT-A, and I agree with these terms and conditions\***

Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*The signature of the custodial parent or guardian is required for clients under 18 years of age.*