

Blue Rose Christian Counseling  
12002 Warfield, Suite 208  
San Antonio, TX 78216  
Phone: (210) 264-2565

Karen Bagwell, MA, LPC  
Masters in Counseling  
Licensed Professional Counselor

### INFORMED CONSENT

**Confidentiality:** Confidentiality is an important part of the counseling process. Information given in the counseling session is kept confidential unless the client gives written consent to disclose that information. There are exceptions to confidentiality in the following situations:

1. Should the client make any threat of harm to self or others, the counselor may take such action as seems appropriate to protect the client and any others, including, but not limited to seeking involuntary hospitalization and/or warning any identified victims, or advising law enforcement.
2. If the counselor suspects abuse, neglect, or exploitation of minors, elderly, or disabled persons the provider is required by law to report to the appropriate agency, which may then investigate the matter.
3. If the counselor is ordered by a court of law to turn over records to the court, or ordered to testify regarding those records.
4. For consultation purposes with other health care professionals.
5. If the counselee is under the age of 18, a guardian must give written consent and has access to confidential information.
6. Confidentiality cannot be secured when counseling involves multiple persons, or there is an attendee in the session.
7. *Electronic Communications:* The counselor cannot ensure the confidentiality of any form of communication through electronic media, including text messages, emails, and video conferencing. Any email sent to the counselor via computer in a work-place environment is legally accessible by an employer. If the client wishes to communicate via email or text messaging for issues regarding scheduling or cancellations, the counselor will do so. The counselor will try to return messages in a timely manner, but cannot always do so. The counselor requests that the client does not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.
8. If the client discloses sexual contact with another health care professional.

**Court:** The counselor prefers not to be involved in court related situations, as this detracts time and effort away from the counseling care provided to clients. If the counselor is required by a court of law to provide information, records, attend a deposition or hearing the charge is \$400 per hour. This includes, but not limited to, time spent on documentation, if traveling is required, time accrues once the counselor leaves the office to the time the counselor returns to the office.

**Counseling Process:** The counseling relationship is collaborative, in other words, the counselor and client work together towards achieving the desired goals. There will be some techniques the client will learn to be practiced outside the counseling sessions, as well as, occasional homework to bolster therapy. The counselor seeks client feedback on an ongoing basis to ensure the collaborative effort. Counseling involves discussing various aspects of life, which often elicits a variety of emotions, some of which may include temporary, uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Counseling has been shown to improve communication in relationships, reduce feelings of distress, and resolve specific problems. The counselor is unable to make any guarantees about how the therapy process will be for each client.

**Couples Counseling:** The couple is viewed as “the client.” In couples counseling there may be times the counselor sees each person individually to gather information. The information shared during the individual parts of the session may be used by the counselor for the benefit of the therapeutic process.

**Family Counseling:** The adults in the family are viewed as “the client.” There may be times the counselor sees a member individually to gather information. This information may be used by the counselor for the benefit of the therapeutic process.

**Counseling Approaches:** Cognitive Behavioral Therapy (CBT) focuses on patterns of thinking. Exposure and Response Prevention (ERP), a type of CBT is used in the treatment of OCD. Interpersonal Process Approach (IPA) uses the counseling relationship to identify maladaptive relational styles. Insight Oriented Therapy (IOT) identifies unresolved issues. Medical Hypnoanalysis (MH) is a tool that may be useful in the reduction of trauma symptoms. These approaches are utilized in congruence with Biblically based principles. Occasionally, rabbits or dogs are used as an intervention tool. Are you allergic to rabbits?  No  Yes Are you allergic to dogs?  No  Yes The client handles animals at their own risk.

**In Home Counseling Sessions** are available as a resource for those who are unable to come to the office. Additionally, counseling is available through **video conferencing** if deemed appropriate, and for long distance purposes within the state of Texas.

**Minors:** If you are a parent or guardian who is consenting to treatment for a minor, by signing this Agreement, you affirm that you are the parent or legal guardian of the child; that you have the legal right to consent to psychological treatment for the child; that there has not been a Divorce Decree or any other Court Order that limits your ability to consent to the child’s treatment. If the child’s parents are divorced the counselor will need a copy of the Divorce Decree or Court Order prior to providing any services to the child. The counselor generally does not allow step-parents to make therapy appointments for child clients, unless the child’s parents have signed an Authorization allowing the step-parent to schedule the child’s appointments.

**Cancellation Policy:** If an appointment is cancelled with less than 24 hours notice or a client fails to show up to an appointment a \$60 fee will be added to the account, and must be paid prior to the following session. Under some circumstances exceptions may be made. **Reminder texts are only made when time allows. Do not rely on this courtesy to keep from missing appointments.**

### **Messages/Emergencies**

In the event the counselor needs to call you may a message be left on your phone recorder? Yes No

You may leave a message for the counselor on this phone anytime (210 264-2565); however, this number is not an emergency number. In case of an emergency, or if you need immediate assistance for any reason, please call 911 or 211 or the National Suicide Prevention Help Line 1-800-472-4357 or go to the nearest emergency room.

### **Financial Policy**

Initial Evaluation:

Adult with OCD assessment (1 hr 50 min).....	\$205
Child with OCD assessment (1 hr 20 min).....	\$160
Individual (1 hr 20 min).....	\$160
Couple/Family (1 hr 50 min).....	\$205
Regular Session (55 minutes)-.....	\$89
Extended Session (1 hr 20 min).....	\$135
Consultation (30 min).....	\$65
Out of Office Session .....	1st hour- \$160, 2nd hour-\$89

Includes San Antonio and surrounding areas

Occasionally, ERP may entail out of office sessions, if driving to an alternate location is required the out of office session fees will apply.

Written Reports/Letters.....	\$89 per hour
Phone calls 10 minutes or less.....	no charge
Phone calls over 10 minutes.....	\$3 per minute

Fee adjustments are not considered until 4 to 6 sessions have taken place. If qualifications are met the adjustment will be made at the discretion of the counselor.

**Payment** is accepted by cash, check, or credit card. There is a service fee of \$4 for credit card payments. Payment is due prior to the session. *This office does not accept insurance. If you wish to file on your own please request a receipt.*

Your signature below verifies that you have read and understand the Informed Consent, the Policies, Fees, & HIPAA (The Health Insurance Portability & Accountability Act):

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Policy for Minors** (Clients under 18 years of age)

Prior to counseling a minor who is named in a custody agreement or court order the counselor needs a current copy of the custody agreement or court order, as well as any applicable divorce decrees. I, \_\_\_\_\_ (legal guardian), have legal custody and give my consent for counseling of the named minor, \_\_\_\_\_.

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**Legal Guardian Signature**

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**Date**