

**Rebekkah Alexander, M.Ed., LPC, CRT (LPC TX 14061)**

Natural and Holistic Approaches to Personal Growth

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## **INFORMATION AND CONSENT**

### **Appointments**

Sessions are scheduled for 50-60 minutes in duration unless we discuss and agree otherwise. The time scheduled for your appointment is assigned to you alone. ***All sessions will be charged 24 hours prior to scheduled time. If you need to cancel or reschedule a session, please provide 24 hours' notice. If you miss a session without cancelling, or cancel with less than 24-hour notice, you will have the opportunity to reschedule within the week. If you cannot schedule within the same week of your originally scheduled session, you will still be charged the full fee for the session. Please initial.\_\_\_\_\_***

***If you are late for your session, it will still need to end on time, and you will be charged for a full session. If I am late for an appointment, you will be charged for only a partial session, or the time will be extended to allow for a full session. Please initial.\_\_\_\_\_***

### **Confidentiality**

The information disclosed by you in psychotherapy (including your patient records) is generally confidential and will not be released to any third party without your written authorization, except when required or permitted by law.

#### **Exceptions to Confidentiality**

- (a) You direct me to tell someone else
- (b) I have reason to believe you are a danger to yourself or others
- (c) I am ordered by a court to disclose information
- (d) I have reason to believe you are abusing a child or older person, or are a child or older person being abused.

### **Fee**

My regular fee is \$130 for a 50-minute session. ***The payment is due 48 hours before scheduled session time for new clients, first session only. For returning clients, payment is charged within 24 hours before scheduled session time.*** (Please see the first paragraph of this Information and Consent for more information.) I typically use IvyPay or Square to charge the session fee. Extended sessions are sometimes asked for and needed and are charged on a pro-rated basis for every 15 minutes based on the agreed upon hourly fee. Phone calls (other than standard scheduling or business calls) are also sometimes requested and needed. They are also charged at the same pro-rated rate.

Writing and reading of reports, consultation with other professionals and reading records will be charged at the same rate with your prior knowledge and agreement.

I do not participate in court cases.

**Confidentiality and Technology**

Some clients may choose to use technology in their counseling sessions. This includes but is not limited to online counseling via Skype, Zoom, telephone, email, text or chat. Due to the nature of online counseling, there is always the possibility that unauthorized persons may attempt to discover your personal information. Your counselor will take every precaution to safeguard your information but cannot guarantee that unauthorized access to electronic communications could not occur. Please take precautions with regard to authorized and unauthorized access to any technology used in counseling sessions. Be aware of friends, family members, or co-workers who may have access to the technology used in your counseling sessions. Should a client have concerns about the safety of their email, your counselor may be able to arrange to encrypt email communication with you.

**Record Keeping**

Your counselor may keep records of your counseling sessions and a treatment plan, which includes goals for your counseling. These records are kept for the purpose of supporting a direction to your sessions and continuity in service. They will not be shared except with respect to the limits to confidentiality discussed in the Confidentiality section. Should the client wish to have their records released, they are required to sign a release of information, specifying what information is to be released and to whom. Records will be kept for at least 5 years. Records will be kept either electronically on a USB flash drive or in a paper file and stored in a locked cabinet in the counselor’s office.

**Termination**

You may terminate our professional relationship at any point. I do, however, request that you process closure of the relationship during a session. Your signature at the end of this form verifies your agreement to that request.

**Consent to Counseling**

Your signature is evidence that you have read and understand the information stated in this Informed Consent Agreement carefully. Your signature also indicates that you have been given opportunity to discuss any concerns about the matters in this agreement. Please sign and date below.

\_\_\_\_\_ Date: \_\_\_\_\_  
Client Name (Print)

\_\_\_\_\_  
Signature of Client or Responsible Party