# Therapy San Marcos

## Informed Consent and Therapy Agreement

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Client Name: _____
Date of Birth: _____

Thank you for the opportunity to work with you. This agreement outlines the nature of our therapeutic relationship, your rights and responsibilities, and important policies. Please read carefully. Your signature indicates your understanding and agreement.

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### Therapist Background and Approach

I am a Licensed Professional Counselor-Associate in the State of Texas, working under the supervision of Dr. Kevin Fall, Ph.D., LPC-S. As an Adlerian counselor, I approach our work with empathy, a non-judgmental attitude, and a focus on your unique strengths, helping you discover meaning and connection while navigating your personal challenges.

I see therapy as a collaborative partnership where we work side by side to achieve your goals, with your active participation being vital. Through a trauma-informed and developmentally sensitive lens, I use Adlerian techniques like exploring early recollections, conducting lifestyle assessments, and encouraging “acting as if” exercises, combined with mindfulness practices, to promote insight and inspire new behaviors. This approach creates a personalized, holistic, and empowering therapeutic journey for you.

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### Risks and Benefits

Therapy can lead to personal growth, symptom reduction, and improved relationships. However, it may involve experiencing uncomfortable emotions or confronting difficult issues. If your needs fall outside my scope of practice, I will provide referrals.

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### Initial Assessment and Treatment Planning

Our first session, and possibly the first few sessions, will involve an assessment of your therapy needs and goals. There are several possible outcomes of this initial assessment, as it is an opportunity for us to decide if working together may be beneficial for you. If my therapeutic approach appears to fit with your individual goals, I will offer you some first

impressions of what our work will include if you decide to continue with therapy and we will agree on a treatment plan.

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## Rights and Responsibilities

Your Rights:

- To be provided with professional care and respect
- To know your therapist's assessment and recommendations
- To refuse treatment or request modifications
- To ask about other treatment options and associated risks
- To obtain a second opinion at any time

Your Responsibilities:

- To be punctual for appointments
- To be honest and open during sessions
- To actively participate in therapy
- To ask questions and express concerns
- To communicate changes relevant to your therapy

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## Confidentiality

Confidentiality is a cornerstone of therapy. Information shared in session is confidential except under the following circumstances:

- Risk of harm to self or others
- Suspected abuse of a child, elderly, or disabled person
- Legal proceedings requiring disclosure
- Supervision requirements (de-identified)
- With your written authorization

Confidentiality is not guaranteed in digital communications. It is recommended to limit sensitive information via email or text.

## Social Media and Professional Boundaries

To protect confidentiality, I do not accept friend or contact requests from current or former clients on any social media platforms. You may visit the Therapy San Marcos website for information and resources.

## Records

Documentation of sessions consists of a summary of each meeting and may include general issues addressed, possible symptom presentation or change, level of functioning, mental status, diagnosis and treatment plans. Federal and Texas law requires that I maintain appropriate treatment records for at least 6 years from the last date of service.

As a client, you have the right to obtain a copy of your records upon submission of a written authorization. The records of your treatment will contain confidential information about you. Texas law requires that all requests to review or obtain copies of your records must be made in writing. In my practice, I require that clients sign an appropriate authorization before I release any records to them.

I have determined that a reasonable, cost-based charge for providing you with a copy of your records will be $25.00 for the first 20 pages and $ .50 cents per page thereafter, plus actual costs of shipping or mailing. Generally, I am not required to provide copies of requested records until the fee is paid.

## Payment Policy

- The standard rate is $100 for a 50-minute individual session
- Payment is due at the time of service
- Accepted forms: cash, check, credit/debit card
- Returned check fee: $35
- No insurance is billed directly by Therapy San Marcos

## Missed Appointments

Cancellations must be made at least 24 hours in advance. Missed appointments or late cancellations will be charged the full session fee.

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## Litigation and Legal Requests

I do not provide services related to legal proceedings (e.g., custody evaluations, court testimony). If subpoenaed, I charge $300/hour for all related time, including preparation, travel, and court appearance. A retainer of $1200 (4-hours of service) is required in advance.

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## Communication and Emergencies

You may visit www.therapysanmarcos.com to schedule an appointment. Communication via email, text, or phone is allowed for scheduling only and is not secure or confidential.

## Emergencies

I do not offer emergency services. If you are in crisis, contact:

- 911 or visit the nearest emergency room
- Crisis Hotline: 1-877-466-0660
- Suicide & Crisis Lifeline: 988

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## Termination

You may choose to end therapy at any time. I encourage you to discuss termination during a session. I may also recommend ending therapy if I believe it is in your best interest or outside my scope of practice.

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## Plan for Practice in case of Death or Disability

In the event of my death, incapacity or disability, I have made arrangements for another psychotherapist to take over my practice, assume control of my records, meet with clients, make appropriate referrals to other providers, if necessary, and take all reasonable steps to manage the practice for the benefit of my clients. By your signature below, you authorize

my designee to contact you directly and use and disclose your confidential mental health information and records for the stated purposes.

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## Complaints

You have a right to have your complaints heard and resolved in a timely manner. If we cannot work things out to your satisfaction you may file a complaint with my licensing board.

- Complaints to my licensing board may be sent to the Texas State Board of Examiners of Professional Counselors, 333 Guadalupe St., St, 3-900 Austin, Texas 78701, telephone 1-800-821-7700.
- If you have a complaint concerning the HIPAA Privacy Regulations, you may contact the U. S. Department of Health and Human Services, Office for Civil Rights, at OCRMail@hhs.gov.

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## Contact Information

Therapist: Jasmine Prince, M.A., LPC-A #98871

Supervisor: Dr. Kevin Fall, Ph.D., LPC-S #13958

Office Address: 102 Whitetail Dr. Suite 100, San Marcos, Texas 78666

Website: www.therapysanmarcos.com

Contact: jasmine@therapysanmarcos.com

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## Agreement and Signature

I understand the nature of therapeutic treatment and give my informed consent for therapy services provided by Jasmine Prince, M.A., LPC-Associate # 98871, supervised by Dr. Kevin Fall, Ph.D., LPC-S #13958.

I have also been informed regarding fees related to legal proceedings and Ms. Prince's litigation policy. I agree to abide by that litigation policy. If I choose to involve Ms. Prince in my legal proceeding, I agree to pay the fees set forth in this agreement, and I further agree not to contest any of those fees that are charged to my credit card on file.

I understand that this Agreement is a contract between me and Jasmine Prince, M.A., LPC-A, and may be legally enforced as a written contract. I agree that this Agreement will stay in effect until I revoke it in writing. I understand that any written revocation must be dated

AFTER the date of this Agreement and must be provided to Jasmine Prince, M.A., LPC-A. I agree that a copy of this Agreement has the same force and effect as the original.

Client Signature: _____

Date: _____

Therapist Signature: _____

Date: _____