CROSSWAYS COUNSELING & CONSULTING
CREATING NEW PATHWAYS TO BALANCED, HEALTHY LIVING

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CLIENT CONSENT AND INFORMATION FORM FOR COUNSELING SERVICES

I am very pleased and honored that you have chosen me to be your therapist. Please take the time to carefully read the following information regarding some important aspects of the counseling process. If you have any questions at all, please do not hesitate to discuss them with me. I will be very happy to answer any questions you may have related to these issues.

PART I: The Therapeutic Process

CONFIDENTIALITY: Confidentiality refers to the process whereby the information that is shared by you with your therapist is kept private. In fact, even your identity as a client will remain confidential unless you yourself choose to disclose this information to someone else. Therefore, information regarding your counseling will not be released without your written authorization. However, please understand that in certain specific instances, there are limits to this confidentiality agreement. (1) In cases where a counselor has reason to believe that a person may be in imminent danger of harming him/herself or others, the counselor may notify the proper authorities. (2) The state of Texas mandates that any person who knows or suspects that a child, an elderly person, or a disabled person is in danger of being physically, emotionally, or sexually abused must report such abuse or suspected abuse to the proper authorities. Counselors are also required to report suspected or actual sexual exploitation of counseling clients by mental health professionals. (3) In Texas, confidentiality does not extend to criminal proceedings or to legitimate subpoenas from a judge in civil proceedings. If a court subpoenas counseling records, the therapist is required to provide the requested information. (4) In cases involving couples counseling, please be advised that confidentiality exists in the bubble around the counselor and the couple. However, any information shared with the counselor individually will not be considered confidential from the other partner involved in the couples counseling process. In couples counseling, the couple unit is the client, not the individuals within the couple per se. Should there be any need for a summary of a session where one individual was unable to attend, this would occur collaboratively at a future session in person rather than over the phone to help maximize healthy communication and avoid any possible perception of "reporting" back to the other partner. Given the foundational importance of trust in any healthy relationship, even a well-intended effort to keep certain issues confidential between the individuals in the couple is an ethical nightmare and is often counterproductive (e.g. increasing distrust, fears of possible collusion with the therapist, secret keeping, forgetfulness on the part of the therapist could be seen as betrayal, etc.). However, should you ever desire to work with a counselor individually to address issues you'd prefer your partner be unaware of, please let me know and I'll be happy to refer you to a competent colleague for individual counseling.

BENEFITS/OUTCOMES: Therapy will seek to meet goals established by all persons involved, usually revolving around a specific presenting problem. A major benefit that may be gained from participating in therapy includes a reduction in distress and a better ability to handle or cope with personal, couple, marital, family, relational, work, and other problems and stress. Another possible benefit may be a greater understanding of personal and relational goals and values; this may lead to greater maturity and happiness as an individual and increased relational harmony. Other benefits relate to the probable outcomes resulting from resolving specific concerns brought to therapy. I will do my best to assess progress on a regular basis and solicit your feedback regarding the therapeutic process to help provide you with the needed help you are seeking.

REALISTIC EXPECTATIONS: Work outside of the counseling sessions is a necessary element of change; therefore, I may ask you to perform some 'homework' related to your goals and our session content. I promise to work as efficiently as possible; at the same time, therapy may move more slowly than you anticipated. I will review your goals with you periodically, and I ask that you request a conversation about the status of our counseling whenever you have questions about progress and/or the length of treatment.

RISKS: In working to achieve these potential benefits, however, therapy will require that firm efforts be made to change and may involve the experiencing of discomfort. Therapeutically resolving unpleasant events and relationship patterns can arouse intense feelings. Seeking to resolve problems can similarly lead to discomfort as well as relationship changes that may not be originally intended. We will work together for a desirable outcome; however, there is a possibility that the goals of therapy will not be met. We will review your progress at regular intervals and modify our treatment plan as needed. If progress does not occur in an agreeable manner, I may suggest a referral to a physician for a medical evaluation or to a different therapist.

RESPONSIBILITY REGARDING APPOINTMENTS AND CANCELLATIONS You are responsible for meeting for each appointment you agree upon. However, I understand that in certain cases, unexpected things can arise which prevent individuals from being able to keep a scheduled appointment. Therefore, I adhere to the following policy. If I am prevented from keeping an appointment (e.g. due to sickness, an emergency, called out of town, etc.), I will notify you as soon as possible. Similarly, if you are prevented from keeping a scheduled appointment, I simply ask that you notify me **24 Hours in Advance** so that another client may have the opportunity to utilize that time slot. If I do not receive such advance notice, you will be responsible for paying the full fee for the session you missed. Similarly, if I am prevented from keeping an appointment and am not able to notify you 24 hours in advance, there will be no charge for your next session.

FEES

The fee for individual, couples, or family therapy is $225 for a 45-50 minute appointment. The American Medical Association has set 45 minutes as the standard for a psychotherapy session's length. Because I understand that some people cannot afford to pay the full fee, I do have a sliding-fee scale empowering my clients to set their fee along a continuum between the endpoints of $165 to $225 per session. The per-session fee you agree to pay is to be paid at the conclusion of each session. Cash, personal checks, Zelle, Venmo, Cash App, and Apple Pay are accepted for payment (in the event of a check being returned due to insufficient funds, you will be responsible for paying the balance plus a $25 fee). You will be provided with a weekly receipt for all fees paid. In the event that you miss your scheduled appointment time, you will need to pay the remaining balance at the beginning of your next session. In the event that you miss two scheduled appointment times in a row, another appointment time will not be scheduled until you have paid your remaining balance.

POSSIBLE MEDICAL SUPPLEMENT TO COUNSELING

If there is an indication that a prescribed medication might help you in relation to your problem or concern, I will discuss this with you. In some cases, I may request that you consult a psychiatrist or other medical doctor. If you need the name of such a professional, I will be happy to refer you to one. Please be sure that you inform me of any medications that you are either currently taking or have taken in the recent past.

PHONE CONTACTS AND EMERGENCIES

My phone is answered by voicemail 24 hours a day. Due to my work schedule, it may take several hours before I am able to return your call. However, please understand that weekend calls are not normally returned until the following Monday. I am not accessible 24/7. If you believe you need a therapist who would be available to you 24 hours a day, I'd be happy to refer you to another therapist. In emergency situations, you can access emergency assistance by calling the Suicide Crisis Center in Dallas County at 214-828-1000, or dial 988, or simply dial 911 if either you or someone else is in danger of being harmed.

COURT APPEARANCES: Because the client-therapist relationship is built on the foundation of trust, and that trust being confidentiality, it's often damaging to the therapeutic relationship for the therapist to be asked to present records to the court, testify whether factual or in an expert nature, in court or deposition. Therefore, I ask that you only request a court appearance in extreme cases. Unfortunately should this occur, it will likely necessitate the need to terminate our therapeutic relationship and refer you to another therapist. In the event that it's necessary for me to testify before any court, arbitrator, or other hearing officer at a deposition, whether the testimony is factual or expert, or to present any or all records pertaining to the counseling relationship to a court official, the client agrees to pay me for my services, including travel, preparation, and necessary expenditures (copies, parking, meals, and the like) @ the rate of $450/hour, rounded to the nearest half hour, with a minimum commitment of eight hours, for a total minimum charge of three thousand six hundred dollars (8 hours x $450 = $3,600). The client further agrees to pay the $3,600 two weeks prior to the appearance, presentation of records, or testimony requested.

PART II: Your Rights as Client(s)

1. You have a right to ask questions about any procedures used during therapy; if you wish, I will explain my approach and methods to you. If I see a child under the age of 18, all custodial parents have the right to information shared in the session unless I determine that the sharing of such information would harm the child. If I determined this to be the case, I would share my concerns with you and outline our legal options.

2. You have the right to decide not to receive therapeutic assistance from me; if you wish, I will provide you with the names of other qualified professionals whose services you might prefer at a cost equal to or less than my own usual and customary fee.

3. You have the right to end therapy at any time without any moral, legal, or financial obligations other than those already accrued. Should you make such a decision without consulting me, please contact me by phone.

4. You have a right to review most of your records in the files at any time. If you wish to do so, please ask in writing in advance of your session. I do not keep any "secret notes," so please do not ask me to do so.

5. One of your most important rights involves confidentiality. Confidentiality is not the same as privileged information. Within the limits of the law, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your written permission. Possible exceptions to confidentiality include court orders and the reporting of abuse or neglect (see #7 below), fee disputes, negligence suits against the therapist, or the filing of a complaint with the licensing board. If you have a financial balance, you will be sent a bill to the home address on the intake form unless you advise me otherwise. Any confidentiality concerns should be discussed with me at the time they occur.

6. If you request it, any part of your record in the files can be released to any person or agency you designate. I will tell you at the time whether or not I think releasing the information in question to that person or agency might be harmful in any way to you.

7. You should also know that there are certain situations in which I am required by law to reveal information obtained during therapy to other persons or agencies without your permission. Also, I am not required to inform you of my actions in this regard. These situations are as follows: (a) If a court of law issues a legitimate court order, I am required by law to provide the information specifically described in the order; (b) If you reveal information relative to child abuse, child neglect, or elder abuse, I am required by law to report this to the appropriate authority; and (c) if you are in therapy by order of a court of law, the results of the treatment ordered must be revealed to the court.

8. If you threaten grave bodily harm or death to yourself or another person, I may choose to inform others, including (but not limited to) appropriate law enforcement and/or medical agencies.

9. You have the right to know about the possible risks of therapy, which include significant personal and relational discomfort and intense feelings.

PART III: Why I Do Not Accept Insurance / Third-Party Payment for Service

I do not take insurance, and I would like to explain why. Under many health care plans today (insurance, PPO, HMO, etc.), these companies offer little coverage and/or reimbursement for mental health services. HMOs and PPOs often require "preauthorization" before you can receive services. Essentially, this means you or I must call the company and justify your need for services in order for you to receive reimbursement. The insurance representative, who may or may not be a mental health professional, will decide whether services will be allowed. If authorization is given, you are often restricted to seeing the providers on the insurance company's list (who offer truncated and reduced-fee services in order to be placed on this list). Reimbursement is sharply reduced if you choose someone who is not on the contracted list; consequently, your choice of providers is often significantly restricted. When visits are authorized, usually only a few sessions are granted at a time. When these sessions are finished, there is often a delay in treatment in order to go through the administrative process of requesting more visits. Sometimes additional sessions are not authorized, leading to an end of the therapeutic relationship even if you do not feel you have achieved your therapeutic goals.

Most insurance agreements make it necessary to assign you with a psychiatric diagnosis (for example, "major depression" or "obsessive-compulsive disorder") in order to get reimbursed. Psychiatric diagnoses can come back to negatively impact you in some ways. **Financially, many people have found that using their health insurance benefits actually cost them much more money than the cost of therapy**. After making claims, many find that their health insurance premiums go up and stay up. Depending on the diagnosis, access to life and disability insurance may be affected. In some cases, military applications and security clearances have been held up due to a psychiatric diagnosis. It's also important to understand that some psychiatric diagnoses are not even eligible for reimbursement

Most insurance companies require therapists to submit clinical information about you such as a treatment plan or summary of the issues discussed in therapy. At times, a copy of your entire record may be requested for review. The individual(s) reviewing your case may or may not have as much training as your therapist. Although insurance companies claim to keep your clinical information confidential, therapists have no way of guaranteeing this. Obviously, I have no control over what happens when this information leaves my office. You should be aware that some of your personal information might be added to a national medical information data bank. For these and other reasons, many therapists openly talk about "the myth of confidentiality" whenever insurance companies become part of a therapeutic triangle. Therefore, some people who seek services decide to forgo their mental health benefits entirely. There can be some real benefits to forgoing your mental health benefits, such as enhanced quality of care and other resulting advantages:

First, privacy is maintained. Managed care results in a sharp reduction in privacy. As more and more personal information is electronically stored and transmitted, the risk of having your privacy invaded increases as well. Disturbing stories of inappropriate access to clinical information have been on the rise. Obviously, opening up to a therapist and trusting that individual with your most private thoughts is an emotional risk. Knowing that someone at an insurance company, who is not clinically involved in your care, might view this private information can naturally create some concerns about disclosure in therapy. Privacy is essential in creating a sense of safety within therapy so that you can talk freely about what concerns you most and how to deal with it.

Second, access to therapeutic care is on your terms. You may see whomever you wish, whenever you wish, and for as long as you feel it is necessary. You and your therapist, not someone who has never met you, make treatment decisions jointly. No paperwork comes through the personnel office of your employer. You are in control of your care.

Third, there is no need for you to carry a psychiatric diagnosis with private pay therapy, especially when it's not necessary. There are many times when a psychologist can be helpful with "non-psychiatric issues," such as learning to cope with stress and life changes, learning to communicate more effectively with your spouse, or gaining personal insight and developing new, healthy skills. You can use therapy to help you with these

"normal" developmental issues or problems that arise during the course of life. Any decision you make about utilizing your insurance is a very personal one and I will be happy to help you examine your options. Please feel free to discuss your options at any time. If you wish to use your mental health insurance benefits, please provide a list of approved providers, and I will do my best to make recommendations.

_____

_____

I have read and understand the information contained in this consent form. Furthermore, I have discussed any questions that I may have had regarding this information with Dr. Kahle. My signature below indicates that I give my full and informed consent to receive counseling services.
I agree to pay $_____ per session.

_____ _____

Client's Signature Date Peter A. Kahle, Ph.D. Date

_____

Client's Signature Date

CONSENT TO TREATMENT OF MINORS (Children under the age of 18):
I hereby certify that I have the legal right to seek counseling treatment for minors in my custody and give permission to Peter A. Kahle, PhD to provide treatment to my minor child(ren). I understand that although I have a right to my child's records, I will waive my right to any records or disclosures, if, in the opinion of Dr. Kahle, such disclosure could negatively impact my child or my child's treatment. I hereby release Dr. Kahle from any and all liability for good-faith refusal to disclose to me information about my child or my child's records. I understand that except in rare circumstances, it is important for both parents to give consent for treatment. If I have unilateral decision-making capacity to obtain counseling services for my child, I will provide the appropriate court documentation to Dr. Kahle prior to or at the initial session. Otherwise, I will have my spouse or ex-spouse sign this consent for treatment form prior to the initial session.

_____

Parent's Signature Date

_____ _____

Child's Name Date of Birth

_____ _____

Child's Name Date of Birth

_____ _____

Child's Name Date of Birth

_____ _____

Child's Name Date of Birth

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CLIENT INFORMATION FORM

Date: _____

Name: _____ Date of Birth:_____ Gender: _____

Name: _____ Date of Birth:_____ Gender: _____

Mailing Address: _____

Street City State Zip

May we send mail to your home address (we use plain envelopes with only the return address)? ____

Telephone: (Home) _____ May we call you at this #? _____

(Work) _____ May we call you at this #? _____

(Mobil) _____ May we call you at this #? _____

Current Relationship Status: _____

Have you previously received professional psychological or psychiatric care? ___ Yes___No

If Yes, when and with whom? _____

Special Medical Conditions: _____

Current Prescriptions: _____

How did you hear about our services? _____

Children? ___ Living with me (#___) ____ Not living with me (#___) ___ None

Child's Name Gender Date of Birth School Grade

1. _____

2. _____

3. _____

4. _____

Emergency Contact Person: _____

Phone #1: (_____) _____ Relationship to you: _____

Phone #2: (_____) _____ *OK to leave message at these numbers?* ☐ Yes ☐ No

Please check any of the following with which you are currently experiencing difficulty.

___Alcohol/Drug Concerns
___Alcoholic Parents
___Anger/Irritability
___Anxiety/Fear
___Career Decisions
___Concentration
___Cultural Concerns
___Depression
___Eating/Appetite Concerns
___Family Issues
___Finances
___Friends
___Grief/Loss
___Legal Matters
___Loneliness
__Making Decisions
__Parenting
__Physical Abuse
__Physical Complaints
__Pregnancy Concerns
__Relationship Concerns
__Self-esteem/Confidence
__Sexual Issues
__Sexual Harassment
__Sexual Identity
__Sleep Disturbance
__Stress
__Suicidal Thoughts/Attempts
__Unwanted Sexual Experience

Please briefly describe what brings you to counseling at this time:

_____

_____

_____

In general, how much does this problem bother you?

1	2	3	4	5
Not At All	A Little	Pretty Much	Very Much	Couldn't be Worse

What are your goals for counseling?

_____

_____