



COMPASSION CORRAL

EQUINE FACILITATED COUNSELING

469-833-8236

COMPASSIONCORRAL.COM

Consent for Treatment

Welcome to Compassion Corral. It is our desire to ensure that your participation in counseling is productive and satisfying. In order to facilitate a therapeutic relationship, we have set forth certain information which will enable you to make an informed consent to counseling. This document is intended to inform you of our policies, state and federal laws, and your rights.

Qualifications

I am a Licensed Professional Counselor in the state of Texas engaged in a private practice providing mental health services to clients directly. I am qualified to work with individuals, children, adolescents, and families who are confronting various personal, emotional, social and behavioral issues.

Nature of Counseling

It is our belief that an established therapeutic relationship can provide the vehicle for change and growth to occur in our clients. During counseling, a client's feelings, thoughts, behaviors, and perceptions will be explored and an attempt to link these to their views of self, others, and the world will be made. While some clients will only need a few sessions, others may require more. Counseling is a collaborative process between therapist and client as well as parents/legal guardians when a child is involved. Feedback, suggestions, and parenting skills will be discussed. You have the right to refuse or negotiate any recommendations you do not feel will be beneficial. Our services will be rendered in a professional manner consistent with accepted ethical standards, specifically those set forth by the American Counseling Association as well as the State Board of Professional Counselors. Although therapy has proven to be highly successful, please note that it is impossible to guarantee any specific results regarding you/your child's counseling. Be advised that therapy is not always a pleasant experience. In some cases, it can be a painful and emotional process and may get worse before it gets better.

Relationship

This is a professional and therapeutic relationship. In order to preserve the integrity of the relationship, it is imperative that we not have any other type of relationship with the client. Personal and/or business relationships undermine the effectiveness of the therapeutic relationship. We cannot accept gifts from you or your child, barter or trade services. In public, we cannot acknowledge you/your child unless you/your child first acknowledge us. In that case, there cannot be any conversation of a clinical nature between us. In addition, our policy at Compassion Corral is to not engage in any social media relationships. Please do not extend invites via Linked In, Facebook, Instagram, etc.

Referrals

If at any time for any reason you are dissatisfied with our services, please let us know. Should you and/or we believe a referral is needed, we will offer recommendations on referrals. You will be responsible for contacting and evaluating these referrals. You are in complete control and may end our counseling relationship at any point. If you decide to terminate, please notify us in advance, as it is best to properly terminate the relationship, especially with a child.

Appointments

Appointments can be made by calling 214-402-8728 or by sending an email to chris@compassioncorral.com. **Please call to cancel or reschedule at least 24 hours in advance or you will be charged \$50.00 for the missed appointment. This will need to be paid in full before the next appointment will be scheduled.**

Payment for Services

A typical session is 50 minutes in duration with a fee of \$95 per session. Payment is required at the time of the session and, if the client is a minor, is the responsibility of the parent who brings the child to the corral for treatment. Payment is accepted by cash, check, Visa, and MasterCard. Our therapists are out of network for most insurance companies, who will generally reimburse you for 70-80% of the fee. We will provide you with a receipt at the end of each session and you are able to file it with your insurance directly. We encourage you to contact your insurance provider and inquire about mental health out of network benefits.

If an emergency phone consultation is initiated by the client, the first 10 minutes are at no charge. However, \$25.00 will be applied for each subsequent 15-minute period.

By consenting to treatment, you acknowledge that you are responsible for the cost of these provided services to you or your child and agree to pay them at the time of service. There is a \$25.00 service charge on all returned checks. Be advised that if your account is not paid in full in 90 days, it will be turned over to a collection agency. You agree to pay attorney fees and/or collection fees and expenses. If rates should increase in the future, we will advise you at least 30 days prior to the increase. We do reserve the right to suspend services if there is an unpaid balance on your account.

Legal Fees/Services

It is in your best interest to know that the therapists at Compassion Corral are not considered Forensic Psychologists and conducting witness/testimonial services is not in the therapist's area of expertise. If you have a suspicion that your case will be going to court or you need therapist testimony, please let your therapist know and they will provide you with an appropriate referral source. Should you subpoena your therapist as a factual case witness or involve them in court related processes, you agree to the following fees.

My fee for court preparation and related travel is \$200 per hour. If I am subpoenaed to testify regarding our counseling relationship, then I will block out half a day (unless I am notified that I will be required to stay longer) of my work day. My fee for court appearances that require the half day block is \$2000.00. If your hearing is rescheduled it is your responsibility to notify me at least 72 hours in advance, so that I may re-book those appointments. If you fail to notify me within the appropriate time frame, you will be billed for that block of time. I require the minimum court fees (\$2000.00) 48 hours in advance of the hearing and any additional fees will be billed and are expected to be paid within 48 hours of the court appearance. You are responsible for any legal fees I incur as related to your case (litigation issues, lack of payment, etc.)

Emergencies

Compassion Corral is not set up for crisis care. If you are in an emergency, please call 911, go to your nearest emergency room, or call the 24 hour Mental Health Crisis Hotline for Denton County at 800-762-0157, Teen Crisis line at 972-233-TEEN (8336), or the Dallas Suicide & Crisis Center at 214-828-1000.

Records and Confidentiality

All of our communication becomes part of your clinical record. All of our communication is confidential, except in the following cases:

- It is determined that you are a danger to yourself or others
- You disclose abuse, neglect, or exploitation of a child, elderly or disabled person
- I am ordered by court to disclose information
- You direct me to release your records
- Required by law to disclose information
- In the case of billing or collection fees
- Any other exceptions authorized by law
- In case of emergency

Should you request a copy of your counseling records, this must be done so in writing. Records will be made available 15 days from the receipt of the written request. Please be aware that a \$25.00 record preparation fee will be incurred and a "Release of Information" must be signed and a copy of your driver's license is required. An overall counseling summary, in lieu of records, will be provided free of charge upon written request. If records are subpoenaed, this does not indicate an automatic release of records and I may choose to seek a court order quashing the subpoena or providing protection should disclosure be deemed not in the client's best interest. In order to provide the best service for my clients, I reserve the right to schedule a consultation to discuss the risks and benefits of releasing any records as well as to discuss any concerns you may have regarding the therapeutic relationship at the initial request of release of records.

If the client is a child of divorced parents and one parent requests the records, the co-parent will be notified of the request.

Peer consultation is a process within the counseling profession whereby cases are reviewed with professional, objective colleagues to ensure quality counseling. It is understood that this process may be utilized with licensed professionals in order to provide the highest quality services. No names or identifying information will be used in this process to ensure confidentiality.

Client Rights

I assure that my services will be rendered in a professional manner consistent with accepted legal and ethical standards. If at any time you are dissatisfied with my services, please let me know. If we are not able to resolve your concerns, you may report your complaints in writing to the Complaints Management and Investigation Section, Texas State Board of Examiners of Professional Counselors P.O. Box 141369, Austin, TX 78714-1369 or by calling 1-800-942-5540 to obtain more information.

If a divorce or separation of parents has occurred, a current copy of the decree in its entirety is required prior to services being initiated with minor children. If joint custody exists, the parent not bringing the child will also be contacted via letter and/or phone and will be supplied with an intake form and an invitation to participate in their child's counseling. It is the policy of Compassion Corral to involve both parents (unless parental rights have been restricted by a court order) in the treatment process.

Release and Hold Harmless

In consideration for participating in equine facilitated counseling, which involves working with and around horses, at Compassion Corral, located at 5509 Flamingo Dr., Rowlett, Tx 75089, the undersigned does hereby agree to and hold harmless and indemnify Christopher M. Johnson and further release him from any liability or responsibility for accident, damage, injury, or illness to the undersigned or to any family member or spectator accompanying the undersigned on the premises.

WARNING:

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE & REMEDIES CODE) A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.

Permission for Equine Facilitated Counseling Environment

Here at Compassion Corral, sessions will take place outside in the horse pasture, barn, or corral. Being outdoors, in an equine environment, presents a risk of confidentiality being limited due to persons in adjacent pastures or driving by. In addition, most, if not all, sessions will incorporate the use of an equine expert to care for the equine's needs so that the counselor may give full attention to the client. By initialing, you are granting your permission to utilize these environments for your treatment or the treatment of your child and understand the limitations to confidentiality.

Custodian of Records

In the event of my unexpected death or incapacity, the custodian of records will become an existing colleague (licensed professional counselor) of myself. At that time, you and the assigned therapist will determine the best course of treatment for your individual needs.

Preferred Method of Communication

I consent for the undersigned therapist to communicate with me by mail/email/phone/text at the following contact information. I will IMMEDIATELY advise the therapist in the event of any change.

Address: _____

Phone/Text: _____

Email: _____

I understand that my therapist will utilize email via a secure server but that any kind of electronic communication is without guarantee of confidentiality. By initialing, I am agreeing to receive electronic communications and clearly understand the risks. I also understand that my counselor will not provide therapeutic assistance via text or email, only basic information regarding location, appointments, etc.

Consent to Treatment

By your signature below, you are indicating that you have read and understand this statement and are consenting to entering this counseling relationship, as outlined above.

Client/Parent/Legal Guardian

Date

Client/Parent/Legal Guardian

Date

Child's Name

Acceptance by Counselor

Counselor's Signature

Date

I hereby state that I have the right to consent to psychiatric and psychological treatment for _____ (child's name)

I give permission for him/her to receive counseling services and will provide court documentation regarding the right to consent. _____ (parent initials)