



email: support@timberwoodscounseling.com | ph. 281.455.4670

INFORMED CONSENT & CONFIDENTIALITY

Client Name _____

Date of Birth _____

Address _____

City _____ State _____ Zip _____

SSN _____

Cell # _____

May we text you? Y N

Email _____

May we email you? Y N

Emergency Contact _____ Relationship _____

Contact # _____

Physician _____

Were you referred to our office by anyone? _____

OVERVIEW

Before we begin services together, there are some items to know about the process and about the practice. Legally this is called "Informed Consent." This information contained here will help you understand better what to expect and will explain some limitations regarding the coaching/counseling process. Please review the following and feel free to ask questions regarding any items that are unclear to you.

The goal is to help you resolve the issues for which you are seeking help. Although it is impossible to guarantee any specific results regarding your goals, I will work with you as conscientiously and diligently as I can to achieve the best possible results.

While our sessions might be intimate, it is important for you to realize that our relationship is professional rather than social. Our contact will be limited to the appointments you arrange



email: support@timberwoodscounseling.com | ph. 281.455.4670

with me at the office. I cannot attend social gatherings, accept gifts, or relate to you in any way other than in the professional context of our sessions. As a client, you will be best served if our relationship remains strictly professional. Unlike a friendship, our relationship will concentrate exclusively upon your goals and concerns.

INFORMED CONSENT

CONSENT FOR TREATMENT

I understand that services may include face-to-face contact interviewing and I agree to help as much as I can by supplying full answers, making an honest effort and working as best as I can to ensure that the findings are accurate.

Additionally, I am aware that the practice of coaching or counseling is not an exact science and that the predictions of the effects are not precise nor guaranteed. I acknowledge that no guarantees have been made to me regarding the results of treatment or procedures by this office or treating coach/counselor. Further, I understand that evaluation and treatment will involve discussion of personal events in my and/ or my family's own history which, at times, can be discomfoting and is at times very personal. I am aware that I may terminate my treatment any time without consequence, but that I will remain responsible for payment for services that I have received. I understand that there are risks and benefits of receiving these services and the risks and benefits of not receiving these services for myself.

By initialing you agree to all of these terms regarding Consent for Treatment:

(Client Initial _____)

BILLING, APPOINTMENTS AND CANCELLATIONS

Fees:

INITIAL EVALUATION (75 minutes) \$160

INDIVIDUAL COACHING/COUNSELING SESSION (50 minutes) \$110

BUSINESS RATES WILL BE PROVIDED UPON REQUEST

PAYMENT

Payment is required at the time of service. The practice accepts cash, or Visa/MasterCard/Discover/AmEx.



email: support@timberwoodscounseling.com | ph. 281.455.4670

You will be billed in full for missed appointments and those cancelled without 24 business hours notice. Remembering your appointment is your responsibility. Your credit card on file will be charged.

By initialing you agree to all of these terms regarding Billing, Appointments & Cancellation and Payment:

(Client Initial _____)

CONFIDENTIALITY

All of our work together, our conversations, our records and any information that you provide me, is protected by legal privilege. This means that the laws protect you from having you or your child's information given to anyone. Our practice respects your privacy, and we intend to honor your privilege.

The information that you provide is confidential and will not be shared with anyone without your written consent as prescribed by law. However, there are a few circumstances when confidentiality, by law, will not be maintained, including the following:

- Concern of imminent harm to yourself (suicide) or others (homicide)
- Crucial information regarding your physical or emotional well-being
- Suspicion of child or elder abuse or neglect
- Order for release of records by a judge or district attorney
- Requirement for mental health services from disability, insurance, etc.
- Any other situation required by law

LITIGATION LIMITATION

Due to the nature of the process and the fact that it often involves making a full disclosure with regard to confidential matters, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.) neither you nor your attorney, nor anyone else acting on your behalf, will call me to testify in court or at any other proceeding, nor will a disclosure of records be requested.



email: support@timberwoodscounseling.com | ph. 281.455.4670

CONTACT BETWEEN SESSIONS OR EMERGENCIES

For scheduling matters, please leave a message or text (713) 504-5983 Monday through Friday and I will do my best to return calls within 24 hours or less. If you have an emergency, please call your local hospital emergency room or 9-1-1.

The Internet is not a totally secure medium for purposes of transmitting coaching/counselor-client or other privileged information. Professional advice will not be provided via Internet. If you send messages by email or other electronic form of transmission, you acknowledge and agree that you may be compromising confidentiality by using such means of communication. If you do correspond with me by email or text, this indicates your consent to receive email or text back from me and therefore I can be held harmless. Text messages and emails sent in regard to appointment scheduling and referral information may be permitted. Again, as a precaution I ask that clients bring up / discuss therapeutic issues in session and not send via email or text as I cannot completely ensure confidentiality with electronic communication.

COMPLAINTS

Please discuss with me any concerns or complaints you may have as soon as possible so we can work toward a resolution. Expressing anger or disappointment can strengthen our coaching/counseling-client relationship and enhance the possibility of a successful outcome.

MAXIMIZING RESULTS

1. Please arrive on time for your appointments. This helps me stay on schedule and minimizes the time you and others have to wait, and it ensures you receive your full allotted time. I do my best to respect your time, but I ask for your patience in advance if I am running behind due to an urgent matter.
2. Success depends on your desire for change and on your willingness to be honest with yourself and with me. Awareness of need, willingness to feel and to talk about negative emotions, curiosity, and openness to direction will maximize your benefit from our coaching/counselor-client relationship.
3. I believe that complete healing requires addressing the mind, body, and spirit. Research shows that regular exercise, a healthy diet, and other lifestyle changes improve overall health



email: support@timberwoodscounseling.com | ph. 281.455.4670

and quality of life. As a Christian, I believe that prayer is an important part of healing and change. If you would like, I will pray for you at the beginning or end of a session. It will be up to you to let me know if that is your desire.

My mission as your coach/counselor is to provide you with high-quality mental health care from a Christian perspective with honesty and integrity.

Your signature below indicates that you have read and agree to the above terms. I consider it an honor that you have chosen me to be your coach/counselor. Thank you for allowing me to work with you.

Client Signature _____

Coach/Counselor Signature _____

Date _____