

The above-named health care provider may use my health care information and may disclose such information to the insurance company for the purpose of obtaining payment for services and determining insurance benefits.

Physician contact

The mind and body are not separate. Physical and psychological conditions interact. I will encourage you to seek medical consultation if the situation warrants. In some cases, medication can be helpful for psychological problems, especially when used in conjunction with psychotherapy.

Ethical Standards

I adhere to the ethical guidelines for Counselors put forth by the Texas State Board of Professional Counselors and the ethical standards of the American Dance Therapy Association. Any complaints about my ethical treatment of your case can be filed by writing the Texas State Board of Examiners of Professional Counselors, MC 1470 P.O. Box 149055 Austin, TX 78714-9055 or calling, 1-800-942-5540.

Freedom to withdraw

You have the right to choose to end therapy at any time. However, if you choose to enter therapy with me I ask you to agree to at least one more session after you inform me of your desire to terminate. Termination is an important part of the therapeutic process, and successful closures are planned in advance with the therapist.

Email and Texting Consent

As a professional it is important that I keep your health information secure and protected. Email and texting are convenient ways for me to handle scheduling and some administrative matters; although they are not 100% secure. Please indicate your preference about whether I can email or text you for administrative purposes.

I DO DO NOT consent to use email or texting

Informed Consent

My signature attests that: *"I have read and understood this information. I have had the opportunity to ask questions and I am in agreement with the above terms and conditions."*

Printed Name: _____

Signed Name _____

Date _____