

# The Mustard Seed

## Client Information and Consent

### Keri Lawrence MA, LPC

Building His Love into Every Situation!

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Welcome to The Mustard Seed!!

My goal is to assist you in achieving solutions to your problems and experience healthy, satisfying relationships that will add meaning and purpose to your life. It has been shown that more favorable results are achieved in therapy when clients have a good understanding of the therapy process. Please read the following information very carefully so you may be able to make an informed consent to the counseling process. Please ask regarding any questions you may have. It is very important that read CLOSELY this consent, so you will be aware of treatment expectations.

#### **Therapist**

My name is Keri Lawrence. I chose to work in the counseling field due to my continued faith in people and their overwhelming potential to heal through the power, grace, and love of Jesus Christ. With a BS degree in Human Development and Family Studies and a Master's Degree in Professional Counseling I have been helping families, adolescents, and adults experience hope and peace for twenty five years. I currently hold a license of LPC (Licensed Professional Counselor), issued to me by the Texas State Board of Examiners of Professional Counseling.

#### **Benefits and Risks of Therapy**

Counseling is both an art and a science. Many individuals show great benefit from counseling, although results cannot be guaranteed. People come into therapy with various problems that cause internal distress and relational issues. Often, growth may not occur until you experience and confront uncomfortable issues that may make you to feel sadness, sorrow, anxiety, or pain. Sometimes changes made during the therapy process effect other relationships such as family, friends or in the workplace. The success of the therapeutic relationship between you and your therapist depends on the quality of mutual efforts.

**Client/Counselor Involvement-** Much of the success in achieving goals in therapy relies on you to take responsibility for certain things. Keeping all scheduled appointments and **being on time** is very important. Being open, honest and active in sessions is essential also. Additional effort in-between sessions such as completing assignments and thinking through or being aware of thoughts and behaviors will also affect results. Please realize you are responsible for lifestyle choices/changes that may result from therapy. The relationship between the client and counselor is of the utmost importance. If at any time the client or the counselor believes the relationship is in jeopardy or is not a good fit, the client will be referred to another service provider.

My foundational belief is that Biblical principles speak to meaning, purpose and change needed in order to achieve healthy relationships with others, God and also to the individual themselves. I use Christian principles in the therapeutic process as a source for real personal growth always in a non-coercive manner. I also integrate proven secular psychological theories in the therapeutic relationship. Although many forms of therapies may be used, I mainly utilize inner healing strategies, uncovering beliefs that are rooted in history or current thinking.

Length of Therapy- The number of sessions depends on many factors and will be assessed and discussed with you. **Therapy sessions are 50 minutes in length.** Therapy will be terminated when goals have been achieved and by mutual consent. An exit session, or termination interview will be conducted at the end of therapy. You have the right to terminate therapy at any time.

Counselor's Right to Terminate with client: By the licensure law 608.41 section (u) A licensee shall terminate a professional counseling relationship when it is reasonably clear that the client is not benefiting from the relationship. (v) Upon termination of a relationship if professional counseling is still necessary, the licensee shall take reasonable steps to facilitate the transfer to appropriate care.

Consumer Information- An individual who wishes to file a complaint against a Licensed Professional Counselor may write to: Complaints Management and Investigative Section; P.O. Box 141369; Austin, Texas 78714-1369; or call 1-800-942-5540 to request the appropriate form or obtain more information.

#### **Confidentiality-Initial** \_\_\_\_\_

Discussions between a therapist and a client are confidential. No information will be released without the client's written consent unless mandated by law. It is the goal of the therapist to protect the confidentiality of your records; however, there are exceptions to confidentiality when limited according to legal requirements or specific consent.

Exceptions to Confidentiality- Exceptions to confidentiality are prescribed by the Licensing board in the State of Texas and include but are not limited to the following situations: abuse or neglect of minors or the elderly; a therapist's duty to warn due to threat of suicide, plans to take one's own life and/or imminent danger to the client, therapist or another person; a subpoena or court order; fee disputes between the therapist and the client; or the filing of a complaint with the licensing board. **I will not report self-harm or drug/alcohol use to a parent if treating a minor. According to the Texas State Board, this behavior does not warrant a breach of confidentiality and may hinder the client/counselor privilege.**

#### **Payment for Services-Initial** \_\_\_\_\_

Payment is expected at the time services are rendered, after each session. **The standard fee for a session is \$150 per 50 minute session.** The Mustard Seed accepts cash, checks and most credit cards. Fees incurred for returned checks are the client's full responsibility. In the event of legal proceedings, preparation of any documentation will be billed at a rate of \$350 per hour along with \$3,000 a day for testimony or court appearances plus all additional expenses (responding to subpoenas, depositions, drive time etc.).

#### **Administration Fees – Initial** \_\_\_\_\_

There will be a \$50.00 administration fee charged for the following services:

Receiving extra copies of past fee tickets for services, including documentation for end of year taxes.

Copies of documents in your chart. Calls to professionals that are associated with you or your child's care (doctors, teachers, psychiatrists, other counselors, CPS etc.).

**Emotional Support Letters** - If you are currently in treatment and it is found that your mental state would significantly improve with the addition of an emotional support animal, I will write you a letter to be used for apartment complexes, hotels, airline companies, etc. You will be charged \$125.00 for this letter.

If any other letter to support the establishment of your well-being is necessary in additional circumstances, e.g. to vacation companies, cruise ships, employers, teachers; you will be charged \$75 for this letter.

**Insurances-Initial** \_\_\_\_\_

I do file insurance claims with Blue Cross/Blue Shield Insurance providers. I will provide clients with fee ticket receipts containing procedures (CPT) and diagnosis codes. These tickets may be submitted by client to insurance carriers for reimbursement should their insurance allow for non-participating out of network benefits. **If there is ANY problems with insurance, or overpayments, The Mustard Seed will NOT reimburse you. You must know what your policy will or will not be paying up front. No mistakes made by you or insurance will be the responsibility of the counselor or The Mustard Seed.**

**Cancellations- Initial** \_\_\_\_\_

If you cancel your appointment without **24 hours' notice of your cancellation, you will be charged the entire amount of your appointment charge, unless you can be rescheduled within 48 hours of the original appointment.** You will also be charged the entire amount of the appointment if you fail to show for an appointment. I will cancel the appointment myself if you are more than 20 minutes late. Insurance will not pay for no shows; therefore, the client will be responsible for full payment of the missed appointment.

Failure to confirm the appointment does not mean that you will not be charged for a missed or cancelled appointment.

**Emergencies** - Emergencies are urgent issues requiring immediate action. If there is a life-threatening emergency, go to the Emergency Room or call 911. Your therapist is on call and can be reached by calling **682-429-6884** and will respond as quickly as possible.

**Consent to Treatment** – I voluntarily agree to receive counseling services from Keri Lawrence MA, LPC. I authorize her to provide such care, treatment or services, as are considered necessary and advisable. If the client is a minor, I the legal guardian will complete a consent to treat my minor child.

By signing this Client Information and Consent form, I acknowledge that I have both carefully read and understand all terms and information contained herein. I have asked and sought clarification on any unclear terms or concepts at this time. I also acknowledge that I agree to all of the terms in this form and have received a copy.

Client(s)

Date

\_\_\_\_\_  
Therapist