

## **STEVE JOHNSON, LLC, M.A., M.A.B.C., L.P.C.**

**12160 Abrams Road, Suite 502  
Dallas, TX 75243  
214-536-8600**

### **Information and Consent Statement**

Thank you for selecting me as your counselor. This document is designed to inform you about my background and to insure you understand our professional relationship. Please note any questions you may have about this document so that they may be discussed before we begin the counseling journey.

### **Qualifications**

I have a Masters Degree in Counseling from Colorado Christian University and a Masters Degree in Biblical Studies from Dallas Theological Seminary. I am a Licensed Professional Counselor in the state of Texas and my license number is 16234. Even though I office with other counselors, I practice individually and am not part of a group.

My particular areas of interest and expertise focus on individual and couple's counseling. Clients who seem to work well with me in counseling are those seeking to address the issues of marital relationship difficulties, single relationship difficulties, past trauma, spiritual concerns, anxiety, depression and general personal growth issues. Each of these issues is addressed within the context of acknowledging and encouraging an individual's personal and spiritual growth.

### **Nature of Counseling**

I use an approach to counseling which takes into account the spiritual, psychological, social and biological dimensions of the client. I desire that the therapeutic relationship be mutually respectful, supportive and challenging in an effort to help you reach your stated goals. Change is difficult and the process of change can sometimes introduce discomfort which could include dealing with difficult events and feelings. Our mutual goal will be that you grow and develop, coming within a reasonable time to a place of competence where, with God's help, you can resolve your own problems and/or live with manageable pain without my assistance or intervention. I will offer you principles, methods and at times homework which you can utilize in the achievement of this goal.

Although our sessions may be intense psychologically, it is important that we acknowledge that we have a professional relationship rather than a social one. Our contact will basically be limited to the sessions you arrange with me. You may learn some information about me personally as we work together during your counseling experience. However, it is important for you to remember that you are experiencing me largely in my professional role. My services will be rendered in a professional manner consistent with accepted ethical standards. Sessions are 50 minutes in duration. I desire and expect that you will benefit from this professional relationship, but I cannot guarantee any specific results regarding your counseling goals. I will follow a course of counseling that is in your best interest and will attempt to

resolve only those problems that are within the scope of my training. Certain problems brought into counseling may have (or develop) physical components. In such cases I will advise medical consultation.

### **Confidentiality**

Everything that is communicated within our session is confidential information and cannot and will not be communicated to any other person or organization without your expressed written consent. This confidentiality applies to any and all records of your identity, diagnosis, session or progress notes, evaluation, treatment or treatment plan, as well as any information communicated by phone, fax, mail or email. Please note: **Confidentiality will not be observed with respect to the following conditions:**

1. You direct me by means of a signed and dated written consent form to disclose information to a person or organization of your choice (Couples entering therapy together will both need to sign a release of information).
2. I determine you are a danger to yourself or others, in which case I am required to notify appropriate family members, law enforcement or medical personnel.
3. I become aware of abusive or neglectful behavior to a minor.
4. I become aware of abusive, neglectful or exploitive behavior toward the elderly or disabled persons.
5. I am ordered by a court to disclose information.
6. I may consult with other professionals to gain perspectives and ideas on how to best help you reach your goals. No identifying information is shared in such consultations.

### **Confidentiality and Marital Therapy**

If you enter into therapy as a married couple, it is important for you to understand that you, as a couple, are my client. Because you, as a couple are my client, it is my standard practice to see you both together in my office as much as possible so that any and all issues, concerns, personal information, and behavioral patterns may be disclosed (or have the opportunity to be disclosed) in the presence of each other, as well as in my presence.

If, in the course of marital therapy, either of you request an individual session with me, I will agree to this under the following conditions:

1. Your spouse be informed of your desire to have an individual session and has the opportunity to express his/her approval, disapproval, thoughts and/or concerns about such a session.
2. You have the opportunity to understand the potential consequences of having such a session and thus be in a position to take complete responsibility for your own decision.
3. Individual sessions will be balanced and do not become the "norm" for counseling, replacing sessions as a couple.
4. Individual sessions, even if beneficial to you on one hand, do not become a hindrance to your overall ability to take hold of, organize and manage your own personal growth while in the presence of your spouse.

## Limits of Confidentiality for Marriage Counseling

If counseling is started as a married couple and one spouse chooses to disclose secret, personal information (such as an affair, some pattern of sexual acting out, or mismanagement of financial finances) in an individual session, that information will be held in confidence between the spouse and me. *However, it will not be my duty or personal or professional responsibility to disclose that information to the other spouse. Because both spouses have chosen to enter into marital therapy, my responsibility will be to help you*

1. Examine the ramifications of the disclosed information
2. Examine the ramification of the potential disclosure of that information to your spouse
3. Clarify your personal options as to what to do with your life in light of the above potential ramifications of your behavior and the information you have not disclosed to your spouse
4. Live a life of integrity by making courageous choices with respect to your personal values and convictions
5. Encourage you to take personal responsibility for your own life around these convictions

If, within a reasonable amount of time (two or three sessions), you choose **not** to disclose significant, personal or secret information to your spouse that you have chosen to privately disclose to your counselor in the context of a therapy session, I may terminate the therapeutic relationship and will clearly and responsibly communicate this decision to you.

*Because you as a couple are the client, please note that in the unfortunate event of a divorce, I will not be in a position to testify or to serve as a witness for either one of you against the other.*

## Fee Agreement and Cancellation Policy

My standard fee for a 50 minute session is \$150.00 which is to be paid in full at each session unless otherwise agreed upon. An administrative fee of \$15.00 will be charged for checks returned due to insufficient funds. *In the event you are unable to keep an appointment, 24 hour advance notification is required. A notification of cancellation less than 24 hours will be charged half the amount of the session. If no notification of cancellation is given and a session is missed entirely (except for emergencies), the full fee for the session will be charged.*

In the event I am required for any reason to go to court or attend to legal matters pertaining to you as a client (including copying of records and writing summary reports), there will be a charge of \$250.00 per hour from portal to portal.

When a client is a minor, counseling fees are the responsibility of the parent/parents or legal guardian.

Two consecutively missed appointments with no attempts to contact Steve Johnson constitutes a termination of our therapeutic relationship.

## **Insurance**

If you wish to seek reimbursement from your health insurance company, I will be happy to provide you with all the information needed to submit a claim. Please keep in mind that insurance companies require that I diagnose and disclose your mental health condition to them. I will inform you of the diagnosis I plan to render before I submit it to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

## **Client's Rights and Responsibilities**

Counseling duration differs from client to client. I will attempt to work with you so that you have sufficient time to meet your individual therapy goals without becoming inappropriately dependent upon therapy. This topic is always open to discussion.

State certification does not imply the effectiveness of any treatment. It is your responsibility to determine whether the services offered are appropriate and ultimately helpful. If you feel you are not being helped, I will be willing to discuss this with you to reach resolution or to provide you with appropriate referrals. If an issue arises in counseling that is outside the realm of my professional competency, I will discuss this with you and provide appropriate referrals.

I am committed to providing services in a professional manner which is consistent with accepted ethical standards. If you feel there has been a misunderstanding or you have a question or concern about my services, please bring this up with me immediately so that we might resolve your grievance. Counselors are required to abide by the rules set forth by the Texas State Board of Examiners of Professional Counselors who can be contacted at 1100 west 49<sup>th</sup> Street, Austin, TX 78756-3183, or at (512) 834-6658.

You have the right to end therapy at any time without moral or legal obligations. Financial obligations will be only those already accrued. If you choose to end the counseling relationship, you will be asked to participate in a termination session.

## **Emergencies**

Should you need emergency assistance, you may call me at 972-533-8161. If I am not able to respond within a reasonable amount of time, please proceed to the nearest hospital emergency room or call the 24 hour Mental Health Crisis Hotline at 972-562-7722, or call 911.

**Steve Johnson, LLC, M.A.,M.A.B.S.,L.P.C**  
**12160 Abrams Road, Suite 502**  
**Dallas, TX 75243**  
**214-536-8600**

### **ACKNOWLEDGMENT**

I acknowledge that I understand and agree with the following:

#### **Fees and Cancellation Policy:**

1. Fees for all services are due at the time of my appointment by cash, check or credit card (when available), unless other arrangements have been previously agreed upon.
2. One half the regular fee will be charged for appointments cancelled with less than 24 hours notice.
3. If I do not give advance notice for a missed appointment, I am responsible for paying the full amount of the session.
4. Two consecutively missed sessions with no attempts to contact Steve Johnson, constitutes a termination of our therapeutic relationship.

#### **Insurance Release**

I authorize my counselor to give out psychological information that is needed by my insurance company. This authorization for release is valid for the duration of the counseling relationship. I understand and agree that a diagnosis must be given and that diagnosis will become a permanent part of my records.

Initials: \_\_\_\_\_

#### **Copy of Disclosure and Consent:**

By signing this disclosure and consent statement, the client acknowledges having been informed of his/her rights and responsibilities under regulatory law for counselors in Texas. In addition, the client acknowledges he/she has read and understands the administrative policies for this counseling office and has been given a copy of the Disclosure and Consent Document.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_