

Susan T. Sowell, M.A., L.P.C.
20555 Kingsland Blvd.
Katy, Texas 77450
281.492.0785

Informed Consent

Counseling Relationship: During the time that we work together, we will meet at a mutually agreed upon frequency for approximately 45 minute sessions. Although our sessions take place in a church setting, and we may go to church together, it is important to remember that our relationship is professional and not social. Our contact will be limited to counseling sessions that you arrange through the counseling center.

Effects of Counseling: At any time, you may initiate a discussion of possible positive or negative effects of entering, not entering, continuing, or discontinuing counseling. While benefits are expected from counseling, specific results are not guaranteed. Counseling is a personal exploration and may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. Some of these changes could be temporarily distressing. The exact nature of these changes cannot be predicted. Together we will work to achieve the best possible results for you.

Client Rights and Responsibilities: Some clients need only a few counseling sessions to achieve their goals; others may require months or even years of counseling. As a client, you are in complete control and may end our counseling relationship at any time, though I do ask that you participate in a termination session. You also have the right to refuse or discuss modification of any of my counseling techniques or suggestions that you believe might be harmful. I assure you that my services will be rendered in a professional manner consistent with accepted legal and ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know. If I am not able to resolve your concerns, you may refer your complaints to the Texas Board of Examiners of Professional Counselors at (800) 942-5540.

Referrals: Should you and/or I believe that a referral is needed, I will provide some alternatives including programs and/or people who may be available to assist you. A verbal exploration of alternatives to counseling will also be made available upon request. You will be responsible for contacting and evaluating those referrals and/or alternatives.

Fees: Counseling Services will be provided to members of Kingsland Baptist Church at the reduced rate of \$30 per session. For non-members, services will be provided for a fee of \$125 per session. If the fee represents a hardship to you, please let me know, as full and partial fee adjustments are available. The fee for each session will be due at, and must be paid by, the conclusion of each session. Cash, money orders or personal checks made out to “Kingsland Baptist Church” are acceptable for payment.

Cancellation: As the demand for appointments often exceeds the availability, please notify Vicki Brigham at 281.492.0785 if you discover that you will not be able to keep an appointment. We request 24 hour notification if you need to cancel your appointment.

Records and Confidentiality: All of our communication becomes part of the clinical record. Records are the property of the Counseling Center. Adult client records are disposed of seven years after the file is closed. Minor client records are disposed of seven years after the client’s 18th birthday. Most of our communication is confidential, but the following limitations and exceptions do exist: a) I determine that you are a danger to yourself or someone else; b) you disclose abuse, neglect, or exploitation of a child, elderly, or disabled person; c) you disclose sexual contact with another mental health professional or clergy; d) I am ordered by the court to disclose information; e) you direct me to release your records; or f) I am otherwise required by law to disclose information. If I see you in public, including in the church, I will protect your confidentiality by acknowledging you only if you approach me first. Office clerical personnel will only have enough information to schedule appointments, contact you, and facilitate collection of fees. In the case of marriage or family counseling, I will keep confidential (within the limits cited above) anything you disclose to me without your family member’s knowledge. However, I encourage open communication between family members and I reserve the right to terminate our counseling relationship if I judge the secret to be detrimental to therapeutic progress. We will comply with federal and state laws regarding confidentiality. We will maintain confidentiality to the fullest extent professionally and personally.

Emergency Contact: The limited resources of the Counseling Center prevent us from providing crisis intervention or intensive counseling. If you have a crisis after office hours, please either contact your physician; 911, or go to the nearest hospital emergency room.

Acknowledgment and Consent: By your signature below, you are indicating that you read and understood this statement, or that any questions you had about this statement were answered to your satisfaction, and that you were furnished a copy of this statement. By my signature, I verify the accuracy of this statement and acknowledge my commitment to conform to its specifications.

Client’s Signature

Date