

Edward Richards, M.A., L.P.C.
Psychotherapist

3883 Turtle Creek Blvd., Ste. 406, Dallas, TX 75219, 214-766-9200

Information and Consent

I am pleased that you have selected me as your psychotherapist. This document is designed to inform you about my background and insure that you understand our professional relationship.

I have a Master of Arts degree in Counseling. I am licensed by the Texas State Board of Licensed Professional Counselors.

I accept in my practice clients who I believe have the capacity to resolve their own issues with my assistance. Together we will set goals for your therapy and adjust them accordingly as we progress. The techniques used will be primarily cognitive and behavioral. Some clients need only a few counseling sessions to achieve their goals, whereas others may require longer term counseling. As a client you are in complete control and may end our counseling relationship at any point. I will be supportive of that decision, however, ask that you discuss the matter with me prior to termination of therapy.

I will keep confidential anything you say to me, with the following exceptions:

- A. You direct me, in writing, to tell someone else:
- B. I determine that you are a danger to yourself or others:
- C. I am ordered by a court of law to disclose information.
- D. You choose to file for insurance benefits and I am required to disclose treatment progress notes to your insurance reviewer:
- E. You reveal child or elder abuse:
- F. As part of your treatment I may discuss your case with other mental health professionals, however, will not disclose your name.

If at any time for any reason you are dissatisfied with my services, please let me know. If, together, we are not able to resolve the issue, you may contact the Texas State Board of Licensed Professional Counselors.

In return for a fee of \$120.00 per session to be paid to Edward Richards, I agree to provide psychotherapy services to you. At some point in the future this fee may be adjusted, however, any change will be discussed with you prior and agreed upon by both of us. The fee for each session will be due and must be paid at the conclusion of each session. Cash, checks, Mastercard and Visa are acceptable forms of payment. If you are using your insurance benefits, I will Provide you with a form to submit to your insurance company so that they can reimburse you for the cost of the therapy session, less your deductible. Sessions are fifty (50) minutes in duration (90 minutes for group therapy).

In the event that you are unable to keep an appointment, you must notify me twenty-four (24) hours in advance by telephone call. If I do not receive such notice, you will be responsible for paying the session you missed.

I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards. Please note that it is impossible to guarantee any specific results regarding your counseling goals. However, together we will work to achieve the best possible results.

REQUIRED: CREDIT CARD # _____
EXP. DATE _____, 3 DIGIT CODE ON BACK _____
AUTHORIZED SIGNATURE: _____
THE ONLY AUTHORIZED USE OF YOUR CREDIT CARD IS FOR
MISSED APPOINTMENTS WITH LESS THAN 24 HOURS NOTICE.

By signing below you acknowledge that you have read and understand the terms of this document.

Edward Richards, LPC

Date

Date