

# Mont Belvieu Counseling

Leah E. Neese, M.A., LPC  
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[www.montbelvieuxcounseling.com](http://www.montbelvieuxcounseling.com)

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## ***Informed Consent/Counseling Policies and Procedures/Authorization for Services***

The information in this consent form is given so that you will be better informed about the health care services you will receive. After you are sure you understand the information which will be given about the services, and, if you agree to receive the services, you must sign this form to indicate that you understand and consent to the services.

### ***Counseling Process:***

Counseling (Burks & Steffire, 1979) can be defined as a “professional relationship between a trained counselor and a client...It is designed to help clients to understand and clarify their views of their lifespaces, and to learn to reach their self-determined goals through meaningful, well- informed choices and through resolution of problems of an emotional or interpersonal nature.”

The primary purpose of counseling is to create changes in mood, attitudes, behavior, thoughts and feelings that have prevented the client from enjoying life and realizing his/her potential. Counseling involves sharing sensitive, personal, and private information that may, at times, be distressing. During the course of counseling, clients often experience periods of anxiety or confusion. Counseling is best accomplished when it is a combined effort between the counselor and client. Talking with a counselor, alone, does not guarantee success or progress. The level of satisfaction for a particular individual is not predictable.

Ms. Neese will respect each client as an individual and convey this respect by keeping appointments or contacting the client to reschedule, if necessary, giving the client complete attention during sessions, avoiding interruptions during sessions, and providing the client with the most effective counseling possible.

Sessions will be documented in writing. Only information considered critical to the counseling situation is maintained as part of the counseling record. Ms. Neese is required by law to maintain client records for a period of seven (7) years.

### ***Confidentiality:***

ALL discussions with Ms. Neese will remain confidential. Ms. Neese will not give out any information about you to your employer, parents, friends, or others without your written permission except in circumstances described below. If you are under eighteen (18) years of age, Ms. Neese reserves the right to advise your parent(s) or legal guardian about developments that could significantly affect your health or well-being. In such situations, the contents of specific meetings between you and Ms. Neese will not be discussed, but your overall progress may be discussed in general terms.

### ***Exceptions to Confidentiality:***

There are certain, specific situations in which your confidentiality is overridden. Ms. Neese is required by law to report any statements of child or elderly abuse or neglect to the appropriate authorities.

Further, if you make statements that indicate you intend to harm yourself or others, Ms. Neese is required by law to notify medical and/or law enforcement. If you are involved in a criminal case, a judge may order Ms. Neese to turn over your file to the court.

You must give signed permission before Ms. Neese can share any facet of your counseling with anyone. If you give Ms. Neese written permission, you will have the right to designate who should receive information from your file, what information they are allowed to receive, the intention for which they will use the information and the period of time during which you are granting the permission.

Examples of circumstances requiring a release of information include: certain inquiries from insurance companies, a new counselor wanting to use records from a previous counselor to provide continuing care, and collaboration with another agency or professional in your treatment.

Ms. Neese may consult and seek supervision with a mental health professional regarding your assessment and care. This consultation is free of charge to you. Any identifying information (to protect confidentiality) will not be revealed. All consultants are legally bound to maintain confidentiality.

### ***Counseling a Minor:***

The information obtained from a minor through the provision of counseling is confidential and will not be shared without the written consent of the minor's parent(s) or legal guardian except for the following reasons: a). there is an imminent danger to your child; b). your child reveals information about mental or physical abuse; and, c). A court orders the counselor to release the information. Information contained in your child's records will not be released to a third party other than in circumstances described above unless you give written consent for release.

### ***Referrals:***

There are some mental health-related services that Ms. Neese may be unable to provide. In these cases, Ms. Neese assists clients with referrals. The referral process often requires sharing of information and completion of paperwork.

### ***Payment Policy:***

Payment is due at the beginning of each session. Ms. Neese's fee is \$100.00/hour for Individual Therapy and \$150.00/hour for Couples and Family Therapy, and must be paid by the client at the onset of each session. On a case by case basis, Ms. Neese will provide in-home counseling at a rate of \$200/hour. If Ms. Neese is considered an out-of-network health care provider by your insurance company, she will provide you with the proper information and information to submit to your health insurance company. If Ms. Neese is considered an "in-network" provider, your deductible payment is due to Ms. Neese at the onset of each session, and Ms. Neese will subsequently submit the proper paperwork to your insurance company.

If more than three (3) consecutive sessions have occurred without payment, termination or referral of services may be considered, and will be discussed with the client.

### ***Phone Consultation:***

After the first ten (10) minutes of phone consultation, clients are billed \$20.00 per ten (10) minutes. After the first ten (10) minutes, clients are billed a minimum of \$20.00. Immediate payment is required. Please see the examples below:

Example A: Thirty (30) minute phone consultation First ten (10) minutes = free of charge

Twenty (20) minutes of phone consultation = \$40.00

Example B: Forty-five (45) minute phone consultation First ten (10) minutes = free of charge

Thirty-five (35) minutes of phone consultation = \$70.00

### ***Subpoenas and Court Costs:***

Ms. Neese's retainer for attending court (with or without a subpoena) is \$1000.00. Subsequent fees are \$300 an hour (including travel time) plus any other expenses incurred (i.e., gas, airfare, car rental, hotel).

### ***Cancellation Policy:***

Cancellation of an existing appointment must be made at least twenty-four (24) hours in advance. If the appointment is canceled less than 24 hours before the scheduled time, the client will be billed \$100.00 for an individual therapy and \$110 for a couples/family therapy.

Furthermore, if Ms. Neese is not contacted to reschedule or cancel an appointment (at any time), she will make at least two attempts to contact the client. Subsequently, a Termination of Services letter and \$100.00 invoice (for the missed appointment) will be mailed to the client.

Please be aware that most if not all insurance companies do not reimburse for “no-show” or canceled appointments, and the client will be responsible for the full amount. Unforeseen or emergency situations will be taken under consideration. By engaging in the counseling process, I understand and commit to the activities and policies outlined in this document.

***By signing below, I affirm that I have read and discussed the information herein with Ms. Neese. I understand the risks and benefits of counseling, the nature and limits of confidentiality, and my responsibility as a client.***

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Leah E. Neese, M.A., LPC

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Date

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Client Signature or Parent Signature  
(if client is under 18 years-old)

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Date

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Print Name