

Blue Rose Christian Counseling  
12002 Warfield, Suite 208  
San Antonio, TX 78216  
Phone: (210) 264-2565

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Masters in Counseling  
Licensed Professional Counselor

## INFORMED CONSENT

**Confidentiality:** Confidentiality is an important part of the counseling process. Information given in the counseling session is kept confidential unless the client gives written consent to disclose that information. There are exceptions to confidentiality in the following situations:

1. If the client is a threat to themselves or another person (suicidal or homicidal) I will report this to a family member, emergency contact, law enforcement professional, and/or mental health professional.
2. If I suspect abuse, neglect, or exploitation of minors, elderly, or disabled persons I am required by law to report to the appropriate agency, which may then investigate the matter.
3. If I am ordered by a court of law to turn over records to the court, or ordered to testify regarding those records.
4. For consultation purposes with other health care professionals.
5. If the counselee is under the age of 18, a guardian must give written consent and has access to confidential information.
6. Confidentiality cannot be secured when counseling involves multiple persons, or there is an attendee in the session.
7. *Electronic Communications:* I cannot ensure the confidentiality of any form of communication through electronic media, including text messages, emails, and video conferencing. You are also advised that any email sent to me via computer in a work-place environment is legally accessible by an employer. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.
8. You disclose sexual contact with another health care professional.

**Court:** I prefer not to be involved in court related situations, as this detracts my time and effort away from the counseling care I provide my clients. If I am required by a court of law to provide information, records, attend a deposition or hearing the charge is \$400 per hour. This includes, but not limited to, time spent on documentation, if traveling is required, time accrues once I leave my office to the time I return to my office.

(over)

**Counseling Approaches:** Cognitive Behavioral Therapy, Exposure and Response Prevention (ERP), Interpersonal Process Approach, Insight Oriented Therapy, and Medical Hypnoanalysis from a Biblically based perspective. Occasionally, rabbits or dogs are used as an intervention tool. Are you allergic to rabbits? \_\_\_No \_\_\_Yes  
Are you allergic to dogs? \_\_\_No \_\_\_Yes The client handles animals at their own risk.

**In Home Counseling Sessions** are available as a resource for those who are unable to come to the office. Additionally, counseling is available through **video conferencing** for the convenience of the client, and for long distance purposes within the state of Texas.

**Counseling Process:** Counseling involves discussing various aspects of life, which often elicits a variety of emotions, some of which may include temporary, uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Counseling has been shown to improve communication in relationships, reduce feelings of distress, and resolve specific problems. I am unable to make any guarantees about how the therapy process will be for each client.

**Minors:** If you are a parent or guardian who is consenting to treatment for a minor, by signing this Agreement, you affirm that you are the parent or legal guardian of the child; that you have the legal right to consent to psychological treatment for the child; that there has not been a Divorce Decree or any other Court Order that limits your ability to consent to the child's treatment. If the child's parents are divorced I will need a copy of the Divorce Decree or Court Order prior to providing any services to the child. I do not generally allow step-parents to make therapy appointments for child clients unless the child's parents have signed an Authorization allowing the stepparent to schedule the child's appointments.

**Cancellation Policy:** If an appointment is cancelled with less than 24 hours notice or a client fails to show up to an appointment a \$60 fee will be added to the account, and must be paid prior to the following session. ***Reminder texts are only made when time allows. Do not rely on this courtesy to keep from missing appointments.***

### **Messages/Emergencies**

In the event I need to call you may I leave a message on your phone recorder?

\_\_\_Yes \_\_\_No

You may leave a message for me on my phone anytime (210 264-2565); however, my number is not an emergency number. In case of an emergency, or if you need immediate assistance for any reason, please call 911 or 211 or the National Suicide Prevention Help Line 1-800-472-4357 or go to the nearest emergency room.

**Financial Policy**

Initial Evaluation:

- Individual with OCD assessment (2 hrs).....\$200
- Individual without OCD assessment (1 hr 20 min).....\$155
- Couple/Family (2 hrs).....\$200
- Regular Session (55 minutes)-.....\$87
- Extended Session (1 hr 20 min).....\$135
- Consultation (30 min).....\$50
- Out of Office Session .....1st hour- \$150, 2nd hour-\$87  
(San Antonio and surrounding areas)
- Written Reports/Letters.....\$87 per hour

There is no charge for brief phone calls; however, if the call is over 10 minutes there will be a charge of \$3 per minute.

**Payment** is accepted by cash, check, or credit card. There is a sevice fee of \$3 for credit card payments. Payment is due prior to the session. This office does not accept insurance. If you wish to file on your own please request a receipt.

Your signature below verifies that you have read and understand Informed Consent, the Policies, Fees, & HIPAA (The Health Insurance Portability & Accountability Act):

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Policy for Minors**

(Clients under 18 years of age)

Prior to counseling a minor who is named in a custody agreement or court order I need a current copy of the custody agreement or court order, as well as any appicable divorce decrees. I, \_\_\_\_\_ (legal guardian), have legal custody and give my consent for counseling of the named minor, \_\_\_\_\_.

**Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_