

Lisa Powell, PhD, LMFT-S, LPC-S
5601 Democracy Dr., Suite 135
Plano, TX 75024
(972) 765-8710
lapowell@me.com

Client Information

Name:

Date of Birth:

Address:

Best phone to reach you:

Other phone:

Email:

How did you find me?

Reason for seeking treatment:

Consent for Treatment

I hereby authorize Lisa Powell, LMFT, LPC-S to provide the necessary treatment for this named client.

Signature

Date

Guardian or Legal Representative

Date

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Informed Consent

I acknowledge I have read, (or have had read to me), received, and understand the Professional Disclosure Statement and the Informed Consent. I have had all my questions answered fully.

I do hereby seek and consent to take part in treatment with Lisa Powell, PhD, LMFT-S, LPC-S. I understand that developing goals and a treatment plan with this counselor and regularly reviewing our work will be in my best interest. I agree to play an active role in the process.

I understand that no promises have been made or will be made as to results of any treatment or any procedures provided by the counselor.

I understand that Dr. Powell will maintain my confidentiality with the exception of the ethical limits of confidentiality set forth in the Professional Disclosure Statement. I understand that Dr. Powell may consult with colleagues in reference to my case in order to better serve me. If we are meeting via Simple Practice, I understand that Dr. Powell will contact the local authorities to check in with me if she is concerned about my immediate physical health, per our confidentiality limitations.

I am aware that confidentiality while using electronic communication cannot always be guaranteed. I understand that while Dr. Powell will take every precaution to assure my confidentiality while using electronic communication, this is no assurance that confidentiality can be maintained. Because of confidentiality concerns, Dr. Powell will not engage in communication via social media with any clients or families of clients. I give Dr. Powell permission to contact me via:

- Email
- Text messages
- Leave messages on voice mail when calling

I know I must call to reschedule or cancel an appointment at least 24 hours in advance. Dr. Powell has reserved my appointment time for me and has potentially turned away other clients in order to save my time for me. If I need to cancel with less than 24 hours notice, or fail to attend a session, I will be charged a \$50 fee on my credit card kept on file with Dr. Powell. Insurance will not cover missed appointments and this is my financial responsibility.

If I have scheduled an appointment via Simple Practice, I understand that it is my responsibility to assure privacy in my environment and Dr. Powell will assure there is

privacy in her environment. If our communication is cut off due to technical problems, Dr. Powell will call me on my phone as soon as she can to resume our session.

I am aware that I may stop treatment with this counselor at any time. I will still be financially responsible for payment for past scheduled sessions if payment is not current.

My signature below confirms that I understand and agree with all these statements.

Client signature Date

Parent or guardian signature Date

Credit Card to be kept on file	
Name on card	
Credit Card Number	
Expiration date	
CVV code	
Zip code	

I have discussed these issues with the client, parent, or guardian of the client, or other representative. My observations of this person's behavior and responses give me no reason to believe this person is not fully competent to give me informed and willing consent.

Counselor signature

Date

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HIPAA COMPLIANCE

The HIPAA notice describes how mental health information about you may be used and disclosed and how you can get access to this information. This Privacy Notice tells you about the rights you have concerning your mental health care records. You can look at this copy anytime to see what use is made of your health care records. And who gets to see them. A new government rule requires that we give you this Privacy Notice to sign.

The HIPAA Compliance notice is posted in the waiting room. If you would like a hard copy of the HIPAA Compliance information, please let your counselor know and a copy will be provided for you. Please review it carefully.

By signing below, you attest that you have read and have been made aware of your rights of confidentiality as a mental health consumer.

Client/Guardian printed name and relationship to the patient

Client/Guardian signed name and date

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Professional Disclosure Statement

Professional Education

A licensed marriage and family therapist (LMFT) is a mental health professional who provides systemic counseling to couples and families. A licensed professional counselor (LPC) is a mental health professional that provides professional therapeutic services to those who would like to improve their mental health, receive psycho-education, or use human development principles to improve their daily lives. In the state of Texas, both a licensed marriage and family therapist and a licensed professional counselor are required to hold a master's degree in counseling, or a counseling related field, and must also complete at least 3000 hours of supervised experience in their field.

I earned my bachelor's degree at Hollins University in 1987. After my children were in school, I pursued my master's degree in marriage and family therapy at Amridge University. With that degree, I began the process of obtaining my licenses as both a marriage and family therapist and a licensed professional counselor. I earned my PhD in marriage and family therapy, also at Amridge University. I am active in AAMFT, the American Association of Marriage and Family Therapist. I am currently a faculty member at Abilene Christian University, as well as maintaining my practice.

Theories and Practices

My theoretical orientation is systemic and my therapy preference is solution-focused therapy. Systemic thinking involves the idea that we are all affected by those who are around us. Our families affect our thinking and our development. When working with a client, I try always to be aware of the system in which the client functions. Solution-focused therapy is a person-centered therapy that believes we have the tools to solve our own problems, if we are focused in the right direction. I work with clients to find the exceptions to their problems: times when things are working well. Then I help the client find ways to have things work well on a more consistent basis.

Some concerns respond better with other forms of therapy. I also use dialectic behavioral therapy, trauma focused cognitive behavioral therapy, psycho-education, play therapy and motivational interviewing. I work with the client in order to find the therapy that fits best with their presenting problem and their self as a person.

Counseling relationships have a normal timespan, depending on the need of the client. We will decide together what our goals for therapy are and when we will know they have been met. My hope is that your experience with me as a counselor will be a

positive one so that if you need additional counseling in the future, you will feel comfortable returning to counseling.

It is a violation of professional ethics to enter into a counseling relationship with a client who is under the care of another licensed or certified counseling professional. If you are currently receiving counseling elsewhere, please let me know so we can discuss options. If I feel at anytime that you need care beyond what I can provide, I will refer you to a capable source.

Confidentiality

Counseling is based on a sense of confidentiality and safety. It is my responsibility to keep all information concerning my clients confidential, unless the client or their parents or guardians give me WRITTEN consent. The limits to this confidentiality are listed below:

- I have reason to believe my client is a danger to themselves or to others
- My client discloses information about the abuse of a child, an elderly person, or a disabled person
- I have reason to believe my client is suicidal or homicidal
- I am issued a subpoena regarding my client
- My client's insurance company requires information in order to release payment
- My client makes a formal complaint to the Texas State Board of Examiners of Professional Counselors regarding our therapy

As part of this relationship, if we meet in public I will protect your confidentiality by not acknowledging or approaching you first. I will not discuss your case in a public place. You are in control of the counseling relationship. You have the right to end the relationship at any time.

Practical Concerns

Individual, couples, and family sessions last 45-50 minutes. The fee for a session is \$125 for the initial consultation session, and \$100 for all future sessions, payable at the time of the session. I accept credit cards, checks or cash, although I cannot provide change if you do pay cash. A \$35 charge will be due for all returned checks. I accept Blue Cross Blue Shield insurance and will file your insurance for you. I can provide you with a super invoice for any other insurance that you can file with your insurance company for reimbursement.

I value your time as much as you value my time. I will be ready to begin our appointments on time as part of my personal commitment to you. If you arrive late for your session, you will be able to complete the rest of your session but due to scheduling conflicts, cannot stay past your normally scheduled time. You will be financially responsible for the entire session. If you need to reschedule or cancel a session, please do

so at least 24 hours in advance. Sessions not rescheduled or canceled 24 hours in advance will be billed \$50 charged to the credit card on file in my office. If you cancel two sessions in a row, I will offer your session time slot to another client if needed.

If you need phone or email consultation between sessions, feel free to call, text, or email me. I will not interrupt a session to answer the phone, but I will return your call as soon as possible, no later than the next morning. I will answer emails within 24 hours of receiving them. Consultation phone calls will not last more than 15 minutes.

If you are dissatisfied with my services at any time, please let me know so we can discuss your concerns. If I am unable to resolve your concerns I will assist you in finding another counselor with whom you might be able to work more effectively. If you wish to file a formal complaint, please contact:

Texas State Board of Examiners of Professional Counselors Complaints management and Investigative Section
P. O. Box 141369
Austin, Texas 78714-1369
(512) 834-6658

Client, Parent, or Guardian signature	Date
Counselor signature	Date