



INSIGHTS COLLABORATIVE THERAPY GROUP

8140 Walnut Hill Lane, Suite 450

Dallas, Texas 75231

214.706.0508

www.insightstherapy.com

INFORMED CONSENT TO TREAT

(Minor)

THERAPIST: Laura Elpers Pierce, M.A., LMFT, RPT

EDUCATION:

Master of Arts in Counseling, Southern Methodist University

Bachelor of Arts in Psychology, Southern Methodist University

LICENSES:

Texas Licensed Marriage and Family Therapist (#201973)

TECHNIQUES, GOALS, AND PURPOSES OF THERAPY: In the therapeutic process I utilize an eclectic approach within which the child's presenting symptoms, environmental and social stressors, individual personality and behavioral characteristics are all assessed. A treatment plan is then created with the understanding that every child is unique and needs to be treated as an individual.

Play is the overarching modality utilized in my treatment with children. Play therapy is a counseling strategy within which children are allowed to express their experiences and feelings in ways that feel natural and developmentally appropriate. Play becomes a therapeutic vehicle for children to accept and know themselves and others as well as a window through which the therapist can induce challenge, growth, change, healing, and self-acceptance. Play therapy capitalizes on the benefits of play as a child's primary language through which he or she can access, act out, explore and express emotions and pain. Within the counseling context, play is strategically utilized to promote specific therapeutic outcomes.

There may be alternative ways to effectively treat the problems your child is experiencing. It is important for you to discuss any questions you have about the recommended treatment and to have input into setting the goals of your child's therapy. We will discuss the initial goals, purposes, and techniques of therapy in our first two sessions.

Through therapy, it is hoped that your child will be better able to understand his/her situation and feelings and move toward resolving his/her difficulties. Using my education and knowledge of human development and behavior, I will make observations about situations as well as suggestions for new ways to approach them. It is important for your child to explore his/her own feelings and thoughts and to try new approaches in order for change to occur.

Insights was created specifically to offer a team approach to every client's case. We close the office for about two hours once a week to spend time together as a staff to discuss and collaborate on cases, including your child's case.

RISKS OF THERAPY: There is always a risk of psychological side effects from psychotherapy. Sometimes symptoms worsen before they improve. Often therapy brings up painful emotions. In therapy, your child may learn things about himself/herself that he/she doesn't like. Often growth cannot occur until your child experiences and confronts issues that induce him/her to feel sadness, sorrow, anxiety, or pain. The success of our work together depends on the quality of the efforts on both our parts and the realization that your child is responsible for lifestyle choices/changes that may result from therapy. Our goal is to confront issues and emotions together, and with time, to work through them.

LENGTH OF TREATMENT: Length of treatment is difficult to predict. Each child has unique strengths and weaknesses, and each problem is different from the next. It is my goal that each client will finish therapy in a timely manner, without unnecessary expenditure of time or money.

Faster progress will likely be achieved if between sessions your child thoughtfully reflects on the topics and techniques we discuss during our sessions. Coming to his/her session with his/her thoughts, feelings and questions is helpful.

SESSIONS; CANCELLATIONS: Parent consultation sessions will be 90 minutes. Play therapy sessions will normally be 45 minutes, although sometimes longer sessions are appropriate. Together we will decide how often your child should come to therapy. Sessions are by appointment only and are scheduled at the end of each session or by calling the Insights office or me, Monday through Friday between 9:00 A.M. and 5:00 P.M. **You agree to pay for missed or canceled sessions unless you cancel or reschedule at least seven days in advance of the time and date of a scheduled session.** (Exceptions may be made in emergency situations.) Most insurance companies do not reimburse for missed sessions.

FEES AND PAYMENT: Each parent consultation session costs \$225. Each play therapy session costs \$150. You are responsible to pay all fees, which are due before or at the end of each session. In many cases, insurance will reimburse you for all or part of the fee. I do not file insurance claims for you; you must do this on your own. However, I will provide you appropriate documentation for you to give your insurance company.

If I am asked or required to attend or testify at depositions, hearings and trials (even if you are not the person who sought my attendance or testimony) concerning your child's case, you agree to pay me \$2,400 per day (or any part of a day) because attendance or testifying at depositions, hearings and trials disrupts my daily schedule for other clients. If I am asked or required to devote other non-session time to your case (even if you are not the person who asked or required me to do so), you agree to pay me \$300 per hour (prorated in 15-minute increments) for that non-session time, plus reasonable expenses and legal fees. "Non-session time" includes, but is not limited to, offsite visits, consultation with third parties, report writing and reading, travel time, and preparation for depositions, hearings and trials. I may require an advance deposit or payment for these fees and expenses, which will not be reimbursed by your insurance.

For fees which you do not pay by check or in cash, you authorize Insights to charge those fees (plus an administrative charge of 4%) using the credit/debit card information you provide to Insights.

OUR RELATIONSHIP: The relationship between your child and me is professional and therapeutic, rather than personal. It is vital to maintain the professional nature of this relationship, so personal, social and business activities of any kind between us are inappropriate because they undermine the effectiveness of the therapeutic relationship. Gifts, bartering, and trading services are not appropriate. Sexual intimacy between a therapist and a client is always inappropriate and illegal. If this has happened to your child in the past, you should file a complaint with the appropriate licensing agency. Therapist is an independent contractor of Insights and is solely responsible for the therapeutic relationship between your child and Therapist. You release Insights and its other therapists from all aspects of the therapeutic relationship between your child and Therapist.

CONFIDENTIALITY AND YOUR CHILD'S RIGHT TO PRIVACY: Discussions between a therapist and a client are confidential. I will not disclose your child's identity or what your child tells me in therapy, except when you authorize me to do so and when disclosure is required or permitted by law. Examples of when I can be required to reveal our communications are:

- I suspect abuse or neglect of minors, elders and disabled persons
- I believe there is a threat that your child will harm himself/herself or others
- I believe your child is unable care for himself/herself and additional help is needed
- There is an inquiry by my professional licensing board
- I am required to do so in legal proceedings

In addition to collaborating with other Insights therapists about your child's case, it is sometimes appropriate for me to consult with outside professionals about certain cases. Therefore, it is possible that I will discuss your child's case with outside therapists to gain information or insight about his/her situation. If this occurs, your child's name and identity will not be revealed during these discussions. Your insurance company may contact me about the progress of your child's therapy. By signing this Informed Consent to Treat form, you authorize Insights and me to discuss your child's diagnosis and treatment plan with your insurance company. I will respect your child's privacy within these limitations.

YOU ACKNOWLEDGE YOU HAVE BEEN PROVIDED A COPY OF INSIGHTS' NOTICE OF PRIVACY PRACTICES. If you have any questions about confidentiality, let me know when we discuss this further.

TELEPHONE PROCEDURES: During office hours, you can reach me at 214.706.0508. If I give you my cell phone number, you can sometimes reach me after hours. If I am available, I am happy to talk with you by phone; however, I may charge my regular session rate for phone calls which exceed ten minutes. I am normally not available after hours.

EMERGENCIES: In case of emergency (an urgent issue requiring immediate action), you should immediately contact 911, your physician, your local emergency room, the local police department or a crisis hotline. It is your responsibility to seek appropriate resources in emergency situations. Insights is not a crisis center; neither I nor Insights will be held responsible for any damages occurring as a result of unmet crisis or acute care. In case of emergency, Insights is authorized (but not required) to discuss your emergency situation with the Emergency Contact listed in your New Client Information form.

THERAPIST'S INCAPACITY OR DEATH: If I become incapacitated, die or cease to practice counseling, it will become necessary for another therapist to take possession of your child's files and records. By signing this Informed Consent to Treat form, you consent to allow Insights to take possession of your child's files and records. Insights will assist you in selecting a therapeutically appropriate successor.

TERMINATION: Normally we will terminate your child's therapy by mutual agreement. You have the right to terminate your child's therapy at any time. If you do not schedule an appointment within 90 days of your child's last therapy session, I have the right at any time thereafter to deem your child's therapy terminated. As our therapy proceeds, I will assess the continued benefit of your child's therapy with me. I do not continue to treat clients who are not benefitting from therapy or those who believe I am unable to help. I will discuss this with you and, if appropriate, terminate treatment. In case of termination, I will provide you referrals to other therapists who may be of help to your child. If you request it and authorize it in writing, I will consult with the therapist you select to assist in your child's transition.

COMPLAINTS: If you have a complaint or concern about your child's therapy, please speak first to me. If we are not able to resolve the complaint or concern, you may contact my licensing board as follows: Texas State Board of Examiners of Marriage and Family Therapists, Complaints Management and Investigative Section; P.O. Box 141369, Austin, Texas 78714-1369; 1.800.942.5540 (phone).

CONTACT INFORMATION: You consent for me and Insights to communicate with you by mail, text, email, and phone at the addresses and phone numbers you provided on the New Client Information form, and you will IMMEDIATELY advise me if there is any change.

CONSENT TO TREAT: You have voluntarily agreed for your child to receive mental health assessment, care, or treatment, and you consent to and authorize me to provide such assessment, care, or treatment in the manner I consider necessary and advisable. You agree to participate in the planning of your child's care and treatment; you may stop your child's care or treatment at any time.

AMENDMENT: I may amend this Informed Consent to Treat form on prior notice to you.

You waive your right to require me (a) to discuss the details of your child's case with you, and (b) to release your child's records (except billing records) to you, unless I deem it is in your child's best therapeutic interest to do so. YES NO

REQUIRED DOCUMENTS (CHECK ONE):

 PLEASE ATTACH COPIES OF ALL CUSTODY, CONSERVATORSHIP AND VISITATION AGREEMENTS, COURT ORDERS, AND DIVORCE DECREES CURRENTLY APPLICABLE TO THE CHILD.

 THERE ARE NO CUSTODY, CONSERVATORSHIP OR VISITATION AGREEMENTS, COURT ORDERS, OR DIVORCE DECREES CURRENTLY APPLICABLE TO THE CHILD.

BY SIGNING THIS INFORMED CONSENT TO TREAT FORM, YOU ACKNOWLEDGE YOU HAVE READ AND UNDERSTOOD ALL THE TERMS AND INFORMATION CONTAINED IN IT AND THAT AMPLE OPPORTUNITY HAS BEEN OFFERED TO YOU TO ASK QUESTIONS AND SEEK CLARIFICATION OF ANYTHING UNCLEAR TO YOU.

Child's name printed or typed

Parent or Legal Guardian

Date

PARENT THERAPY SUPPORT AGREEMENT

I am a parent or legal guardian of _____. I agree to support my child's therapy by adhering to the following:

1. I will schedule and attend one parent consultation with the therapist before my child's first scheduled therapy session.
2. I will schedule and attend one parent consultation with the therapist after every fifth scheduled therapy session.
3. I may schedule additional parent consultations with the therapist with approval from the therapist.
4. I understand the therapist will respond to my phone call, text message or email by the next business day.

5. If I believe the therapist needs information regarding my child before my child's next scheduled therapy session, I agree to use the *Send a Note to Laura* link located at www.insightstherapy.com/index.php/therapists/laura-elpers.html.
6. If I want to speak with the therapist for 5-10 minutes just before my child's scheduled therapy session, the therapist will attempt to accommodate my request, but I understand the therapist may not be available.
7. I will not engage in discussion about my child in the reception area before or after a scheduled therapy session.
8. In order to respect my child's privacy, I will not initiate discussion about my child's therapy with my child or ask questions of my child about any therapy session.
9. In order to respect my child's privacy, I will not ask the therapist to discuss the details of my child's therapy or have access to my child's therapy records (except billing records), except and to the extent the therapist deems it is in my child's best therapeutic interest to do so.
10. The Insights waiting area is shared by many families and individuals, so I agree to support my children in their efforts to be respectful of this shared waiting space by enjoying the toys and books provided while being considerate of others that may also be waiting to see a therapist.

Parent or legal guardian

Date