INSIGHTS COLLABORATIVE THERAPY GROUP
5445 La Sierra Drive, Suite 204
Dallas, Texas 75231
214.706.0508
www.insightstherapy.com

CLIENT RIGHTS, RESPONSIBILITIES AND CONSENT TO TREAT

THERAPIST: Shawn W. Chrisman, M.S., Licensed Professional Counselor

EDUCATION:

Master of Science in Counseling, Southern Methodist University
Master of Arts in Sports Management, University of Texas at Austin
Bachelor of Arts in Marketing, Mississippi State University

LICENSES:

Texas Licensed Professional Counselor (#69376)

TECHNIQUES, GOALS, AND PURPOSES OF THERAPY: My approach to therapy is Individual Psychology. As individuals, we hold a basic interest in the welfare of others. This interest, along with an individual's way of seeing the world, drives the choices we make. I believe we are all naturally motivated to work towards positive outcomes in our lives. Along the way, we may encounter areas in our lives that we feel are not pushing us towards accomplishing our personal life goals. Through the counseling relationship, we identify your goals and work to improve those areas you feel need some work to get you back on track.

There may be alternative ways to effectively treat the problems you are 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 therapy. We will discuss the initial goals, purposes, and techniques of therapy in our first two sessions.

Through therapy, it is hoped that you will be better able to understand your situation and feelings and move toward resolving your 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 you to explore your 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 yours.

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, you may learn things about yourself that you don't like. Often growth cannot occur until you experience and confront issues that induce you 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 you are responsible for lifestyle choices/changes that may result from therapy. For instance, one risk of marital therapy is the possibility of divorce. Our goal is to confront issues and emotions together, and with time, to work through them.

LENGTH OF TREATMENT:

1. Process/Enrich Program. For the Process/Enrich program, there will be six sessions of one hour each, to be scheduled at our mutual convenience.

2. Additional Sessions. If you decide to continue therapy after the six Process/Enrich sessions, the length of treatment is difficult to predict. Each person 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 you thoughtfully reflect on the topics and techniques we discuss during our sessions. Coming to your session with your thoughts, feelings and questions is helpful.

FEES AND PAYMENT:

1. Process/Enrich Program. The cost for the Process/Enrich program is $599, plus a 3% administrative charge if you pay by credit card. The cost is payable as follows: 50% is due at the start of the first session; the 50% balance is due at the start of the fourth session. No refunds will be made under any circumstances.

2. Additional Sessions. If you decide to continue therapy after the six session Process/Enrich program, each 50-minute session costs $125 which is due before or at the end of each session. You are responsible to pay all fees. 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 case, you agree to pay me $2,000 per day (or any part thereof) 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 $250 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.

SESSIONS:

1. Process/Enrich Program. Our Program/Enrich sessions will each be one hour. 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 that $100 will be deducted from your Process/Enrich fees for each missed or canceled session if you do not call at least 24 hours in advance to cancel or reschedule that session**. (Exceptions may be made in emergency situations.) Most insurance companies do not reimburse for missed sessions.

2. Additional Sessions. Our additional sessions will normally be 50 minutes, although sometimes longer sessions are appropriate. Together we will decide how often you 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 call at least 24 hours in advance to cancel or reschedule the session**. (Exceptions may be made in emergency situations.) Most insurance companies do not reimburse for missed sessions.

OUR RELATIONSHIP: The relationship between us 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 you 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 you and Therapist. You release Insights and its other therapists from all aspects of the therapeutic relationship between you and Therapist.

CONFIDENTIALITY AND YOUR RIGHT TO PRIVACY: Discussions between a therapist and a client are confidential. I will not disclose your identity or what you tell 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 you will harm yourself or others
- I believe you are unable care for yourself 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 case, it is sometimes appropriate for me to consult with outside professionals about certain cases. Therefore, it is possible that I will discuss your case with outside therapists to gain information or insight about your situation. If this occurs, your name and identity will not be revealed during these discussions. Your insurance company may contact me about the progress of your therapy. By signing this Client Rights, Responsibilities and Consent to Treat form, you authorize Insights and me to discuss your diagnosis and treatment plan with your insurance company. I will respect your 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 files and records. By signing this Client Rights, Responsibilities and Consent to Treat form, you consent to allow Insights to take possession of your files and records. Insights will assist you in selecting a therapeutically appropriate successor.

TERMINATION: Normally we will terminate therapy by mutual agreement. You have the right to terminate therapy at any time. If you do not schedule an appointment within 90 days of your last therapy session, I have the right at any time thereafter to deem your therapy terminated. As our therapy proceeds, I will assess the continued benefit of your 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 you. If you request it and authorize it in writing, I will consult with the therapist you select to assist in your transition.

COMPLAINTS: If you have a complaint or concern, 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 Professional Counselors, 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 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 care and treatment; you may stop care or treatment at any time.

AMENDMENT: I may amend this Client Rights, Responsibilities and Consent to Treat form on prior notice to you.

AUTHORIZATION: By signing this Client Rights, Responsibilities and Consent to Treat form, you authorize Insights to charge the following credit/debit card for all fees not paid by cash or check. Insights assesses an administrative charge of 3% for each credit/debit card transaction.

Name on Card	Card Type	Credit Card #	Billing Zip	Security Code	Exp. Date

BY SIGNING THIS CLIENT RIGHTS, RESPONSIBILITIES AND 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.

Client signature Date

Client signature Date