



Untying Knots Counseling

Megan Young, MSW, LCSW-S, RPT

Gloria Chappell, MSW, LMSW supervised by Megan Young

205 E. Highway 80, #125, Forney, Tx 75126

469-730-6650

Client 1 Printed Name: _____ Date: _____

Adult Informed Consent Policy

Please read the following information carefully before the first session

Benefits and Risks of Therapy

Research studies repeatedly demonstrate the effectiveness of Individual and family therapy in treating the full range of mental and emotional disorders and health problems. Clients report marked improvement in work productivity, co-worker relationships, family relationships, partner relationships, emotional health, overall health, social life, and community involvement. Other benefits of counseling are improvements in general mood; increased self-esteem and self-confidence; increased ability to set realistic goals and accomplish them; increased ability to manage stressful life circumstances; increased ability to manage strong emotional reactions such as anger, fear, or sadness; increased ability to trust, feel close to, and communicate feelings, thoughts, and needs more openly to others; and an increased ability to stop behaviors that are not serving you well and start engaging in healthier behaviors. A few risks associated with therapy and counseling include: some feelings or behaviors may seem to get worse, especially in the beginning; important people in your life may not support your decision to be in therapy; and you may develop strong positive feelings for your counselor and feel sad or distressed when therapy ends. Effective therapy is sometimes uncomfortable as sensitive issues may need to be explored or challenged. You are strongly encouraged to discuss any fears, concerns, or doubts you have with your counselor, including specific risks and benefits not listed that may be associated with your situation. Every effort will be made to support your personal needs.

Scheduling of Appointments

Initial appointment inquiries are made through the website or by calling or emailing the clinician directly or by contacting the main phone number at 469-730-6650. The time and day of appointments can be coordinated through phone, email, or at the end of your sessions. There is a *24-hour cancellation notice* if you need to cancel or reschedule your appointment. Please contact your clinician directly via email or their Google Voice number regarding any schedule changes.

Therapy Portal and Messaging

You will receive an email to set up an account through therapyportal.com which is where you will access telehealth sessions, message your provider to ask questions or where your provider will share information relevant to your treatment, and provide billing information. **Please do not pay for anything on your account unless requested to do so by your provider.**

Court Proceedings

If the clinician is ordered to appear in court related to your treatment, or in the case of being called as a witness or expert witness, the hourly rate will be \$500 dollars with a minimum of 4 hours. This rate will be applied to preparation time with attorney(s), investigators, or other court personnel, time printing or preparing records which have been subpoenaed, clinician time reviewing records, time spent traveling to and from the court, and all activities between departure for the appearance and return to the office, including time spent waiting for proceedings. The clinician also requires a therapeutic relationship with a minimum of 4 sessions prior to being called in civil cases.

Requests for Legal Letters and Paperwork

For example, emotional support animal (ESA), custody, ability to appear, FMLA or any letter to be written on behalf of the client for legal, educational, or employment purposes (excluding a school/work excuse note). The clinician requires a therapeutic relationship of at least 6 sessions to be able to fully assess the need of the client, and the letter is not a guarantee. The fee for writing a legal letter on behalf of the client is \$75/per hour and requires a written request (can be via email) with 2 weeks' notice. It is up to the discretion of the provider to complete these documents, and your request may be denied.

24 Hour Cancellation Policy

Your appointment time is reserved *exclusively for you*. **Appointments cancelled or rescheduled with less than 24 hours' notice will be charged at the regular session rate.** I authorize the clinician to charge my card for my late cancellations or therapy services, should it become necessary. Please note the cancellation policy still applies even if not

initialed, therefore balances will accrue. Termination of treatment based on excessive late cancellations/no-shows is left to the discretion of your provider

(Please initial here that you have read and understand the late cancellation policy).

Afterschool/Evening Appointments

If your appointment is a reoccurring appointment scheduled during peak hours on Friday or Saturday, these appointments will be forfeited if there are 3 or more cancellations or late arrivals. This includes cancellations made before the 24-hour cancellation period. Please do not hesitate to discuss if the reoccurring time originally agreed upon does not work for your schedule any longer. The clinician will not hesitate to try to accommodate you, if possible.

(Please Initial understanding of the afterschool/evening policy).

Late arrivals

Appointments can be rescheduled if the client is more than 15 minutes late and a \$35 charge can be applied, which is also left to the discretion of your provider **(Please initial understanding of the late arrival policy).**

Cessation of Therapy

The clinician and client will make periodic re-evaluations to assess the efficacy of therapy treatment and recommendations for treatment planning. The client has the right to stop therapy at his/her discretion, at any time. The clinician also reserves the right to stop therapy at their discretion, for reasons including but not limited to noncompliance with treatment recommendations, fee accruals, conflict of interest, failure to participate in therapy, or client's needs being outside the clinician's scope of practice or competence. Upon either party's decision to discontinue therapy, clinician will usually recommend that the client participate in at least one concluding session to facilitate a positive concluding experience and allow both parties to reflect on the work that has been done. Your provider will also attempt to ensure a smooth transition to another clinician by offering referrals to clients or for continuity of care.

Adult clients are also provided with the Psychiatric Advanced Directive (PAD) sent via the therapyportal.com, which aids all parties in understanding the expectations set forth when the client is doing well and may no longer need treatment.

Formal Complaint Process

Disagreements can occur through the natural course of any relationship. If you have any complaints about your provider's service or recommendations, we invite you to discuss them with your provider. This process may enhance the counseling relationship, as well as your progress. You can also contact the clinical director, Megan Young at MeganYoung@UntyingKnotsCounseling.co to further discuss your concerns and attempt a resolution.

If you would like to make a formal complaint, please contact the Texas Behavioral Health Executive Council (BHEC) at 1.800.821.3205 or by sending a letter to:

Texas Behavioral Health Executive Council
George H.W Bush State Office Bldg
1801 Congress Ave., Ste 7.300 Austin, Texas 78701
512.305.7700

- We will not retaliate against you for filing a complaint.

Record Retention & Confidentiality

Pursuant to HIPAA, Untying Knots Counseling, PLLC practitioners keep PHI about you in professional progress records which are collectively referred to as you the clinical record. Your clinical record includes information about your reasons for seeking therapy, a description of the ways in which your problem impacts on your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that we receive from other providers, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. Untying Knots Counseling, PLLC will retain client records for a minimum of 7 years for adult clients and 7 years beyond the age of 18 years of age for a minor at which time it will be disposed of in such a way that confidentiality will be maintained. Untying Knots Counseling, PLLC reserves the right to deny your record request if there is substantial reason to believe that having a written copy of the record could be of detriment to you personally. However, if copies of records are obtained, the copy cost is \$3.00 per page, payable upon receipt.

Artificial Intelligence in Record Keeping

As part of an ongoing commitment to provide the best possible service, the provider has opted to use an artificial intelligence note-taking tool that assists in generating clinical documentation based on your sessions. This allows for more time and focus to be spent on our interactions instead of taking time to jot down notes or trying to remember all the

important details. A temporary summary of the session is generated for the clinical note. The provider then reviews the content of that note to ensure its accuracy and completeness. After the note has been created, the summary is automatically deleted.

This artificial intelligence tool prioritizes the privacy and confidentiality of your personal health information. Your session information is strictly used for the purpose of your ongoing medical care. Your information is subject to strict data privacy regulations and is always secured and encrypted. Stringent business associate agreements ensure data privacy and HIPAA compliance. Please discuss any questions or concerns you may have about this feature with your provider.

Counseling Relationship

Typically, a counselor will allot approximately 45-55 minutes for each session. During sessions, the primary goal is to establish a trusting relationship that is honest and genuine in nature and purposed for the client’s individual growth and positive change in emotional well-being. Sessions utilizing EMDR might be extended based on the need of the client, and the fee adjusted to reflect the time. Included in your session fee is limited email support between sessions or various questions that might arise. At clinician’s discretion, a response will be provided or the email will be discussed in the next session.

After Hours Policy/Procedure

If you need to contact your clinician at any time, you may do so by leaving a message on the confidential voice mailbox of Untying Knots Counseling, PLLC or by contacting your clinician directly on the number they provide for you. Untying Knots Counseling, PLLC is not a crisis facility and will not be held responsible for any damages occurring as a result of unmet crisis or acute care needs. Your clinician may not be available to respond to you in emergency situations. ***If you are in crisis, please call 988 or go to your nearest hospital emergency room.***

Statement of Confidentiality

Untying Knots Counseling, PLLC offers confidential counseling in so far as allowed by the laws of the State of Texas. If your practitioner believes there exists a threat of imminent and specific harm to yourself or others, your right to confidentiality may be necessarily and legally violated. Confidentiality and sharing of personal health information (PHI) is further outlined in the notice of privacy practices document. Much of what you may wish to share with your clinician is very personal. We, as health care professionals, affirm your right to privacy. Information shared during a counseling session can only be shared with an appropriate outside party if one or more of these criteria are met:

1. You sign a written release of information permitting such disclosure.
2. You are assessed as being potentially harmful to yourself or others.
3. You are assessed as being emotionally disturbed to the point of being unable to care for yourself.
4. You reveal current information about abuse or neglect of a child, a disabled person or an elderly person.
5. In the case of a minor, the parents or legal guardians will be notified of any life-threatening or illegal activity that is reported to the practitioner.
6. Records are ordered by a court of law.
7. A summary of records is requested by your insurance company or managed care company.
8. If it is reasonable and necessary for the practitioners at Untying Knots Counseling, PLLC to discuss clinical information specific to your case in order to provide the most effective help for you, the practitioners will share information with one another.

By signing below, I am indicating that I have read these conditions and fully understand and agree with this statement of confidentiality. I am also indicating that I have read and agree to abide by the policies and procedures outlined in this packet. I do hereby consent to treatment with my provider at Untying Knots Counseling, PLLC and agree to make payments as outlined in the self-pay insurance document. I also understand that I can request a copy of this document at any time, and the signed copy will also be shared with me via therapyportal.com. Additionally, I recognize that the contents of this document are subject to change at any time.

Client Name and Date of Birth

Client Signature

Today’s Date

Clinician Signature and Today’s Date