



# The Magnolia Clinic

Using the power of insight to liberate

[www.magnoliaclinic.org](http://www.magnoliaclinic.org)

## INFORMED CONSENT

### PRACTICE POLICIES

#### Fees:

Money should never stand in the way of good counseling. The out-of-pocket rate per session is \$100. For clients who may have difficulty paying, we offer a sliding scale on a case-by-case basis. We accept cash, check, and most major credit cards. If you would like for us to bill your credit card each session without presenting your card, please fill out our "Pre-Authorized Healthcare Form". If you will not be able to keep an appointment, please call at least 24 hours in advance or you will be assessed a No-Show/Late Cancellation fee of \$50. All fees are due before services are rendered.

#### Court appearances, letters, and other paperwork:

Court appearances are billed at \$200 per hour with a minimum charge of eight (8) hours, for a total of one thousand six hundred (\$1600) dollars. Since the client-therapist relationship is built on trust with the foundation of that trust being confidentiality, it is often damaging to the therapeutic relationship for the therapist to be asked to present records to the court, testify whether factual or in an expert nature, in court or deposition. The therapist asks that clients only request a court appearance in extreme cases. Court appearance will likely result in the need to terminate therapy and refer you to another therapist. In such cases as the therapist is ordered to testify by the court about his/her counseling with you, the therapist will be monetarily compensated as set forth below.

In the event that it is necessary for the therapist to testify before any court, arbitrator, or other hearing officer to testify at a deposition, whether the testimony is factual or expert, or to present any or all records pertaining to the counseling relationship to a court official, the client agrees to pay the therapist for his or her services, including travel, preparation, and necessary expenditures at the rate of \$200 per hour, rounded to the nearest half hour. These expenditures include but are not limited to copies, parking, meals, and the like. The client agrees to pay the \$1600 two weeks prior to the appearance, presentation of records, or testimony requested. All additional expenditures will be billed after the court appearance.

Other letters and paperwork requested by the client will be assessed a charge of \$50 per hour, rounded to the nearest hour, with a minimum 1-hour charge. This does include letters to court officials or attorneys, short-term disability paperwork and any other documentation requested by the client. This does not include copies of your bill, missed work or school letters, Release of Information Forms, nor any other documents used in the day-to-day operation of the office. It is the responsibility of Logos Services, LLC to alert you of any additional charges assessed at the time of the client request.

#### Emergencies:

The Magnolia Clinic, PLLC, does not maintain a 24-hour phone system that can be used after hours. After hours calls and messages will only be returned in case of an emergency. For immediate assistance please dial 911 and/or visit your nearest hospital emergency room.

Records and Confidentiality: Any or all our communication may become part of the clinical record.

Although I will keep anything you say to me strictly confidential, there are legal exceptions as follows:

- 1) You authorize a release of information with a signature
- 2) I determine that you present a danger to yourself and/or others
- 3) I am ordered by a court to disclose the information
- 4) You disclose sexual contact with another health professional
- 5) You disclose to me knowledge or founded suspicion of ongoing child or elder abuse

Also, please remember that in any suit for money damage for mental distress or for conservatorship of children, whatever is disclosed in a therapeutic session could be revealed in the context of the lawsuit, and the counselor cannot be subpoenaed into court to testify.

If participating in couples counseling, do not disclose anything to your therapist that you do not want revealed to your partner, as this puts the therapist in a compromising position. Furthermore, open communication is encouraged between family members and if the therapist determines that a secret is detrimental to the therapeutic process, the therapist reserves the right to terminate the counseling relationship.

#### **RELEASE OF INFORMATION**

I authorize release of information to my Primary Care Physician, other health care providers, institutions, and referral sources for the purpose of diagnosis, treatment, consultation and professional communication. I further authorize the release of information for claims, certification, case management, quality improvement, benefit administration and other purposes related to my health plan.

#### **REFERRALS**

If at any time, for any reason, you are dissatisfied with our services, please let us know. Should you and/or the therapist believe that a referral is needed, you will be provided some possible referral sources that may be better able to help you meet your needs.

#### **THERAPEUTIC RELATIONSHIP**

##### Counseling Relationship:

While you work together with your therapist, your sessions may be very intimate psychologically, but this is a professional relationship rather than a social one. Contact will be limited to counseling sessions only except in the case of emergency when you may contact your therapist via phone. Please do not invite your therapist to social gatherings, offer gifts, ask your therapist to write references for you, or ask your therapist to relate to you in any way other than the professional context of the counseling sessions. You will be best served if your sessions concentrate exclusively on your concerns.

**Effects of Counseling:**

At any time, you may initiate a discussion of possible positive or negative effects of entering, not entering, continuing, or discontinuing psychotherapy. While benefits are expected, specific results are not guaranteed. Psychotherapy is a personal exploration and may lead to major changes in your life perspectives and decisions. These changes may affect significant relationship, your job, and/or your understanding of yourself. Some of these life changes could be temporarily distressing. The exact nature of the changes cannot be predicted. Together with your therapist, you will work to achieve the best possible results for you.

**Client Rights:**

Some clients achieve their goals in only a few therapy sessions; others may require longer. As a client, you are in complete control and may end the therapeutic relationship at any time, though you are asked to participate in a termination session. You also have the right to refuse or discuss modification of any of the therapeutic techniques or suggestions that you believe might be harmful. You are assured that our services will be rendered in a professional manner consistent with accepted legal and ethical standards. If at any time for any reason you are dissatisfied with our services, please let us know.

If you have questions, please direct them to your therapist. They will be able to answer them on an individual basis.

**Client Signature:**

**Date:**

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**Therapist Signature:**

**Date:**

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The Magnolia Clinic, LLC  
1124 Galveston Avenue, Suite B  
Fort Worth, Texas 76104  
(817) 609-2289  
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