# Erin S. Holt, M.Ed., LPC Licensed Professional Counselor Counseling Practice Information

## \*\*PLEASE READ AND INITIAL EACH PARGRAPH

# INFORMATION FOR CLIENTS

Welcome to my practice. I look forward to working with you and consider it a privilege. I have developed this guide to my practice policies and procedures. Please read everything carefully. If, at any time, you have questions regarding this information and the counseling process I encourage you to ask.

**					
	_	 	_	 _	-

#### **ABOUT YOUR COUNSELOR**

I am a Licensed Professional Counselor (LPC) within the state of Texas. I graduated with a B.A. in Psychology from Austin College in Sherman Texas and a M.ED. in Counselor Education, from the University of North Texas in Denton, Texas. I have worked in a variety of settings in the counseling field since 1986 including substance abuse counseling, physical and sexual abuse, neglect, and behavior modification as a Behavior Resource Specialist with the Carrollton-Farmers Branch School District. I am also certified to teach Love & Logic parenting strategies.

**			

## SERVICES OFFERED

I will offer services designed to help you including individual, family, couple, marital or group therapy. Length of treatment depends on the issues you are seeking help for. I prefer to use Cognitive Behavioral Therapy as well as Brief Solution Oriented Therapy. The focus will be on your strengths and the possibilities for change Therapy is solution oriented and therefore, a conscious and conscientious use of time. We will work together, define the problem and determine several measurable goals and objectives designed to resolve the problem(s).

**	:			
		_	_	 -

## <u>APPOINTMENTS</u>

I do understand that circumstances may arise which will necessitate the cancellation of occasional appointments. In these cases, I ask that you give me at least 24 hours notice. If an appointment is not kept or is cancelled with less than 24 hours notice, you will be charged a \$50.00 fee for that session. Insurance companies do not reimburse for cancelled or missed appointments. It is, therefore, fair for everyone that appointments are taken seriously and are handled with careful consideration. Additionally, if you are more than 15 minutes late for your session, it will be rescheduled and you may be charged for that session.

## **INSURANCE**

At the present time I am a provider for Aetna, Blue Cross Blue Shield, and Cigna Insurance Companies. If using one of these, I would appreciate your co-pay or co-insurance to be paid by cash or check if the amount is \$20.00 or less.. If you have insurance other than the ones listed above, I will be glad to inquire about your out-of-network benefits for you. Out of network fees are listed below.

*	*				

#### **FEES**

Out of network fee for each session is \$120.00. Payment is due in full at each appointment. You may pay by cash, check, or charge. If you find that you are having difficulty paying your bill, please discuss this with me. If necessary, I will be glad to consider a sliding scale fee upon review of your financial obligations.

\*If your therapy results in me having to be subpoenaed for court deposition and/or trial, my fee is \$150.00 per hour from door to door. This will include time, gas, and the cancellation and/loss of potential and existing clients.

In addition, I do not offer counseling by email, text, or phone. IF, for some reason you need to have a phone session, the fee will be the same as a regular session.

*	*							
		_	_	_	_	_	_	_

## **CONFIDENTIALITY**

Counseling services are best provided in an atmosphere of trust. You can expect that I will be honest with you about your issues and progress. I expect that you will be honest with me and any information you provide so that the therapeutic process will be most beneficial for everyone involved. Because trust is so important, information that you discuss in your therapy sessions is confidential. However, you should be aware that there are situations in which confidentiality must be broken. These include incidents of child or elder abuse, a client threatens harm to another person, the client threatens suicide, or sexual exploitation by another therapist. I will not release information to third parties without a written Release Of Information form signed by you. This confidentiality policy extends to family members as well. This policy does not, however, extend to parents of minor children or adolescents.

٠.		
**		

## **RECORDS**

All records will be kept confidential. Should you create and provide records, art work, nots, or any other documents, these will be maintained in the original file. I will be glad to return the originals to you but will keep copies. At no time will I destroy any part of the file upon client or family request. I will keep all records for 8 years from date of termination of services. Please refer to the Privacy Practices (HIPPA) for the procedure for obtaining records. \*\*\_\_\_\_\_

# **BENEFITS AND RISKS OF THERAPY**

You should be aware that both benefits and risks exist with therapy. You may experience disturbing feelings and may recall unpleasant memories. Family secrets may be told. Therapy may disrupt relationships and sometimes may lead to divorce or the disruption of other relationships. Problems may temporarily worsen at the onset of treatment. There is a risk that therapy may not work for you. There are no guarantees.

While considering the risks of therapy, you should also know about the benefits. Many people find their mood lifting or see a decrease in symptoms. Relationships and coping skills may improve. Personal goals and values may become clear and life satisfaction may increase. Many people grow in many directions as a person, and close relationships, in work or school, and the ability to enjoy their lives.

\*\*

#### STATEMENT OF PRINCIPLES AND COMPLAINT PROCEDURES

I fully abide by the rules of my state licensing board. You may contact this entity at any time you feel an ethical violation has occurred.

Texas state Board of Examiners of Professional Counselors – 800-942-5540

Problems may arise in our relationship, just as in any relationship. IF you are not satisfied with any area of our work, please raise concerns with me at once. I will make every effort to hear your concerns and seek solutions to them.

You are welcome to seek another professional's opinion at any time. Conversely, I may refer you to another professional if I feel it is in either of our best interests. As an ethical person, I cannot continue to treat you if my treatment is not working. Please be advised that at no time will I continue to treat you if you are seeing another counselor at any time.

\*\* \_\_\_\_\_

In my practice as a therapist, I do not discriminate against clients because of age, sex, marital/family status, race, color, religious beliefs, ethnic origin, and place of residence, veteran status, physical disability, health status, or sexual orientation. This is a personal commitment. I will always take steps to advance and support the values of equal opportunity, human dignity, and cultural diversity.

**		

Thank you,