

**Dallas Family Counseling Center**  
**Client Information and Office Policy Statement**  
**Informed Consent**

**I. New Client: Welcome!**

Thank you for choosing to enter treatment. This is an opportunity to acquaint you with information relevant to treatment, confidentiality and office policies. Your therapist will answer any questions you have regarding any of these policies.

**II. Aims and Goals:**

The major goal is to help you identify and cope more effectively with problems in daily living and to deal with inner conflicts which may disrupt your ability to function effectively. This purpose is accomplished by:

1. Increasing personal awareness.
2. Increasing personal responsibility and acceptance to make changes necessary to attain your goals.
3. Identifying personal treatment goals.
4. Promoting wholeness through psychiatric treatment and/or psychological and spiritual healing and growth.

You are responsible for providing necessary information to facilitate effective treatment. You are expected to play an active role in your treatment, including working with your therapist to outline your treatment goals and assess your progress. There may also be negative consequences if you do not follow through with recommended treatment(s).

You may be asked to complete questionnaires or to do homework assignments. Your progress in therapy often depends much more on what you do between sessions than on what happens in the session.

**III. Appointments:**

Appointments are usually scheduled for 50 minutes. The practice's hours are 8AM – 9PM, Monday – Friday and 8AM – 5PM, Saturday. Patients are generally seen weekly or more/less frequently as acuity dictates and you and your therapist agree. You may discontinue treatment at any time, but please discuss any decisions with your therapist. In the event of an emergency, the on-call therapist may be reached at (770) 445-6358. This number will automatically roll over to the on-call therapist's pager if there is no one in the office. If you are unable to reach the on-call therapist, you may call your primary care physician, your local emergency room, or a crisis hotline.

**IV. Confidentiality:**

Issues discussed in therapy are important and are generally legally protected as both confidential and "privileged." However, there are limits to the privilege of confidentiality. These situations include: 1.) Suspected abuse or neglect of a child, elderly person or a disabled person, 2.) When your therapist believes you are in danger of harming yourself or another person or you are unable to care for yourself, 3.) If you report that you intend to physically injure someone the law requires your therapist to inform that person as well as the legal authorities, 4.) If your therapist is ordered by a court to release information as part of a legal involvement in company litigation, etc. 5.) When your insurance company is involved, e.g. in filing a claim, insurance audits, case review or appeals, etc., 6.) In natural disasters whereby protected records may become exposed or 7.) When otherwise required by law. You may be asked to sign a Release of Information so that you therapist may speak with other mental health professionals or to family members. Please Review attached confidentiality policy for details.

**Client Information and Office Policy Statement – continued**

**V. Record Keeping:**

A clinical chart is maintained describing your condition and your treatment and progress in treatment, dates of and fees for sessions, and notes describing each therapy session. Your records will not be released without your

