



JEAN DIXON

*Licensed Professional Counselor-Supervisor
Certified Group Psychotherapist*

INFORMED CONSENT FOR PSYCHOTHERAPY

Please keep a copy of this notice!

GENERAL INFORMATION

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

THE THERAPEUTIC PROCESS

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on emotional discomfort including strong feelings of anger, depression, anxiety, etc. There are no miracle cures and specific results are not guaranteed. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

CONFIDENTIALITY

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. However there are some limits to the client held privilege of confidentiality, including but not limited to:

- If a court of law issues a legitimate subpoena for information stated on the subpoena.
- If a judge signs a validly executed search warrant or compels me to testify in court.
- If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.
- If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
- If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional, or sexual abuse, or suspected neglect of, children under the age of 18 years, persons with disabilities, or elderly persons.
- Information may be provided to parents, if the client is a minor.
- If you file a complaint or lawsuit against me, I may disclose relevant information to defend myself.
- If you die and the communication is important in matters affecting your estate.
- If I find that you are seeking treatment to avoid detection or apprehension, or to enable anyone else to commit a crime.
- If you disclose a sexual relationship with a past mental health professional, or serious misconduct on the part of another licensed professional, I am obligated to report this to the proper authorities and licensing entities.



JEAN DIXON

- Should you want me to acknowledge you as a client or to disclose information to any person, and have verbally or in writing requested me to do so.
- If at any time, I have concerns about a particular issue, I may discuss that issue with a qualified and trustworthy attorney, but the privilege extends to that attorney who must also maintain this confidentiality and may only discuss the issue with me.

CONFIDENTIALITY CONCERNING OTHERS ATTENDING YOUR SESSIONS

The following is not a legal exception to your confidentiality, however, it is a policy you should be aware of. If you are in couples therapy with me *or if you invite another person or persons into your individual counseling session(s) with me*. If you and your partner decide to have some individual sessions as part of couples therapy, what you say in those individual sessions will be considered to be a part of the couples therapy, and can and probably will be discussed in our joint sessions. *Do not tell me anything you wish to be kept secret from your spouse/partner.*

Additionally, if you decide to invite another person(s) into your individual counseling session(s), including but not limited to your spouse/partner, please know: As careful as I will try to be, there may be intentional (therapeutic) or unintentional (inadvertent) disclosure of some of your confidential information on my part, unless you have specifically noted on the “Informed Consent for a Visitor to Attend a Psychotherapy or Consultation Session” form to withhold certain information.* *I will remind you of this policy ahead of beginning of such sessions. Your signature on this document indicates that you understand and accept the risks regarding your confidentiality if you choose to involve/invite your spouse/partner/other person(s) in/into your counseling sessions.

CONFIDENTIALITY WITH ADOLESCENTS/TEENS

I use my best clinical judgment regarding the information that adolescents/teens sometimes disclose in sessions. This is a time of tremendous growth and change in their lives, as well as a time of experimentation and increasing age-appropriate autonomy and separation from their parent(s) or legal guardians. This can put me in the difficult position of being aware of behaviors that may be illegal and/or present some level of risk (for instance, lying, stealing, engaging in sexual behaviors, or experimenting with substances), but which are not necessarily imminently life-threatening. A teen may feel comfortable sharing things with me, which they are simply not willing to discuss with their parents. So I want to clarify at the outset that I try to honor the teen’s confidentiality whenever possible, knowing that if and when I do break confidentiality and report things back to the parents or guardians, it can irretrievably damage the therapeutic relationship and interfere with making progress and meeting goal(s).

Instead, I prefer to counsel the teens towards responsible behaviors and healthier life choices, and I always encourage them to engage in honest communication with their parents about what is happening in their lives. I ask parents to trust that I continually consider the best course of action regarding potentially breaking a teen’s confidentiality. This involves first and foremost considering the overall welfare of the teen, and then balancing their need for a safe place to discuss difficult topics with your need as a parent to remain informed.

Please be assured that if I become aware of situations or behaviors that I consider to be very high risk, I will absolutely inform you as soon as possible. I have found most parents are grateful their teen is opening up to an adult who is not only a trained professional but who can provide some sensible guidance. By allowing your teenage child to engage in therapy with me, you agree to my stated approach regarding their confidentiality, regardless of any legal right you may have to know the content

of your child’s treatment. If you are uncomfortable with my approach and wish to be made aware of every possible thing your teen might disclose during the course of therapy, I will give

281.520.0707 | jwildflower@msn.com | JeanDixonCounseling.com

25511 Budde Rd, Suite 501, The Woodlands, TX 77380 | 816 Hawthorne St. Houston, TX 77006



JEAN DIXON

you referrals for other psychotherapists who work in a way that better aligns with your needs and expectations.

LITIGATION LIMITATION

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters that may be of a confidential nature, by signing this you agree that should there be legal proceedings (such as, but not limited to, **divorce and custody disputes**, injuries, lawsuits, etc.), neither you nor your attorney, nor anyone else acting on your behalf, will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

PROFESSIONAL CONSULTATION

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

CONFIDENTIALITY IN PUBLIC SETTINGS

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but it is not appropriate to engage in any lengthy discussions outside of the therapy office. Be assured I will not be offended if you do not acknowledge me in public. If any situation like this arises, please know that we can discuss it during your next therapy session.

LENGTH OF TREATMENT

Some clients need only a few counseling sessions to achieve insight and their goals; others may require months or even years of counseling. As the client, you are in complete control and may end our counseling relationship at any time. When you are ready to leave therapy, all you have to do is give me advance notice. I may ask that you participate in a termination session for the purpose of reviewing our work together and creating a positive ending.

RECORDS

I am required to keep appropriate records of the counseling services that I provide. Texas Administrative Code 681.41(p) states that I must retain patient records for a minimum of five years from the date of our last contact, before destroying them. Your records are maintained in a secure location that cannot be accessed by others. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Please refer to my "Notice of Privacy Practices" about how your personal health information may be used and disclosed, and how you can access this information.

Except in unusual circumstances that involve danger to yourself, you have the right to ask for a copy of your file. However because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, my policy is that I do not provide a "copy" of session notes for clients or parents/guardians of my clients. Instead, for confidentiality/ privacy/protection of rights and for safety reasons, I provide an appropriate summary of treatment. Otherwise my policy is that you

initially review the copy of your records with me, or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I

281.520.0707 | jwildflower@msn.com | JeanDixonCounseling.com

25511 Budde Rd, Suite 501, The Woodlands, TX 77380 | 816 Hawthorne St. Houston, TX 77006



JEAN DIXON

will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request. In most cases, I am allowed to charge a reasonable per-page photocopying fee (and for certain other expenses).

CONTINUITY OF RECORDS

In the event of my death, incapacity, the termination of my counseling practice, or other unforeseen occurrence, my clients' mental health records will be transferred to Alison Childers, LPC who will facilitate the transfer of your care and coordination of your treatment.

INSURANCE REIMBURSEMENT

I am an out-of-network provider and I will provide you with paperwork you may submit for insurance reimbursement. I will not file that paperwork for you. If you plan to file for insurance reimbursement of your session fees with me, I encourage you to contact your insurance ahead of time to confirm your out-of-network benefits.

You should be aware that, in the process of filing for a third party payment, your contract with your health insurance company may require that I provide additional clinical information such as treatment plans or summaries, a diagnosis, or copies of your entire clinical record. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what the insurance companies do with it once it is in their hands. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. If you file with your insurance company for reimbursement of fees, your signature at the end of this form indicates your consent for me to release your PHI.

USE OF DIAGNOSIS

If you file for "out-of-network" benefits with your insurance company, please know that most insurances require a diagnosis of a mental health "illness" before they will reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will discuss it with you. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. All of the diagnoses come from a book entitled the DSM-5, or Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, a classification and diagnostic tool by the American Psychiatric Association (APA), and from the ICD-10, or International Statistical Classification of Diseases and Related Health Problems 10th Revision, published by the World Health Organization. I have a copy of the DSM-5 in my office and will be happy to review it with you to help learn more about what it says about your diagnosis. I also can direct you to the online version of the ICD-10. Any diagnosis made will become part of your permanent insurance records.

TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you, exploring the reasons and purpose of terminating.

281.520.0707 | jwildflower@msn.com | JeanDixonCounseling.com

25511 Budde Rd, Suite 501, The Woodlands, TX 77380 | 816 Hawthorne St. Houston, TX 77006



JEAN DIXON

The following are situations in which I will end our therapy:

1. If you are not active in treatment, which I define as attending at least one therapy appointment per month unless we have made prior arrangements.
2. If it becomes reasonably clear you are not benefitting from the relationship.
3. If I am, in my judgment, not able to help you because the kind of problem you have is not within my scope of competence.
4. If it is in your best interest to work with someone else.
5. If we have contracted for a specific short-term piece of work, we will finish at the end of that verbal or written contract.
6. If you are violent towards, threaten verbally or physically, or harass me or anyone in my office or family, I reserve the right to terminate you unilaterally and immediately from treatment.
7. If you bring a weapon anywhere on the premises, including into my office or the waiting room.
8. If you say or do anything that makes me feel extremely uncomfortable, to the extent I am no longer able to provide you with the necessary therapeutic environment or with "unconditional positive regard."
9. If you come to sessions under the influence of alcohol or other substances (even after we have discussed and attempted to remedy the situation).
10. If recommendations are not followed after repeated discussion (such as seeking consultation or refraining from dangerous practices).
11. If payment is not timely.

If I terminate you from therapy and professional counseling is still indicated, I will inform you and take reasonable steps to provide referrals to another qualified psychotherapist and/or alternative sources of care that may be available to help you. You are responsible for contacting and evaluating those referrals/alternatives, and I cannot guarantee they will accept you for therapy. You may also choose someone on your own or from another referral source.

REFERALLS

Clients may obtain a second opinion from another mental health professional at any time, and you may request that I refer you to another provider. There are many forms of mental health assistance and alternative/complementary therapies available in The Woodlands and the Greater Houston area. It is perfectly appropriate to ask me about such alternatives, and I will provide information as possible. However when I give referrals to or suggestions about another provider or service, it is ultimately your responsibility to research, ask questions, and make your own decisions about them. I cannot be held liable for the professionalism of another provider or the efficacy of another service or approach.

DUPLICATION OF SERVICES

In general, I cannot enter into a counseling relationship with a client who is already under the care of another licensed mental health professional. This is considered a duplication of services and it violates my professional codes of ethics. If you are seeing another counselor, please discuss this with me so we can determine the appropriate course of action.

DUAL RELATIONSHIPS

Our relationship is a professional one, and therefore I will avoid initiating or having any relationship with you outside of the counseling relationship. A dual relationship is defined as any non-counseling activity that is initiated by either the counselor or client for the purpose of establishing a non-therapeutic relationship, and should be avoided. Therapy never involves sexual or exploitive activity, or any other dual relationship that impairs my objectivity, clinical judgment, or

281.520.0707 | jwildflwr@msn.com | JeanDixonCounseling.com

25511 Budde Rd, Suite 501, The Woodlands, TX 77380 | 816 Hawthorne St.Houston, TX 77006



JEAN DIXON

therapeutic effectiveness. However not all dual or multiple relationships are avoidable, unethical, or harmful. Dual or multiple relationships can enhance therapeutic effectiveness but can also detract from it, and often it is impossible to know that ahead of time. I will carefully assess before entering into any non-sexual and non-exploitive dual relationship. It is your responsibility to communicate with me if a dual relationship becomes uncomfortable for you in any way. I will discontinue the dual relationship if I find it interferes with your welfare or the effectiveness of the therapeutic process. You, of course, can do the same at any time.

GIFTS

There are times when a client feels close to their counselor and wants to express gratitude in some way. Please understand that the best thanks for me is knowing you are benefitting from counseling and working towards your goals. I am not allowed to accept gifts from you, or from anyone related to you, with the rare exception of an inexpensive, token, or homemade item valued at less than \$50. An exchange of small gifts or greeting cards/notes of appreciation between a counselor and client at the successful conclusion of therapy can be considered appropriate. However by no means do I ever expect anything from you except for your attendance at, participation in, and payment for your scheduled sessions.

USE OF TOUCH IN THERAPY

I sometimes incorporate non-sexual touch as part of psychotherapy. (Sexual touch of clients by therapists is unethical and illegal.) I will ask your permission before touching you and you have the right to decline/refuse to be touched without any fear or concern of a negative response or reaction from me. Examples of touch used in therapy are: me patting you on the back or offering a “high-five” after an accomplishment, touching your hand or arm to encourage you to continue talking at a difficult moment, offering a hug to an adult/child client in response to an upsetting or happy event. Any kind of touch used in therapy should be mutually agreed upon, with the most important and overriding consideration always being your level of comfort with it. Touch can be very beneficial but can also unexpectedly evoke emotions, thoughts, physical reactions, or memories that may be upsetting, depressing, evoke anger, etc. Sharing and processing such feelings with me, if they arise, may be a helpful part of therapy. You may request not to be touched at any time during therapy without needing to explain it, if you choose not to, and without fear of any negative consequence from me.

OTHER RIGHTS

You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You also have the right to refuse or discuss modification of any of my counseling techniques or suggestions that you believe will not be helpful or might be harmful. You can feel free to ask me to try something you think will be helpful. You can ask me about my training for working with your concerns. You have the right to considerate, safe, and respectful care, without discrimination as to race, ethnicity, gender, sexual orientation, age, religion, national origin, or source of payment.

COUNSELING APPROACH

My counseling philosophy can best be described as relationship-based and eclectic in nature. Rather than adhering to any fixed approach, I feel each therapy should be as unique as the individual, and that engaging a warm, genuine relationship is *the* essential factor in helping clients work towards their desired outcomes. I believe in the importance of the whole person and in collaborating to maximize the strengths, resources, and resilience that clients already possess. My approach encourages individuals to explore meaning, become aware of our own possibilities and limitations, navigate the complexities and uncertainties of life, and learn to live authentically. I believe we all strive to find meaning in our existence and, as we learn and



JEAN DIXON

grow from our experiences, we can continue on a path of personal transformation. Existential therapy is concerned with the universal human themes of freedom, responsibility, isolation, and mortality.

I tailor my approach to assist clients in the positive work of gaining insight, making change, and creating the futures they desire for themselves. In doing so, I may utilize elements of person-centered, cognitive-behavioral, existential, mindfulness-based and/or other therapies as appropriate. Through the use of personal interview and a variety of assessments I am qualified to assess, diagnose, and create an appropriate plan to meet and provide treatment that addresses the unique client's needs. Diagnosis, treatment planning, and all other documentation become a confidential part of the client's medical record.

ETHICAL STANDARDS

I abide by the Texas State Board of Examiners of Professional Counselors Code of Ethics, the American Counseling Association (ACA) and American Mental Health Counselors Association (AMHCA) professional codes of ethics.

CONCERNS AND COMPLAINTS

If for any reason you are dissatisfied with my services, please let me know right away. I prefer you to discuss any issues directly with me first. However if I am not able to resolve your concerns, or you feel I am in violation of an ethical standard, you may refer your complaint to the Texas Board of Examiners of Professional Counselors, Complaints Management and Investigative Section, P.O. Box 141369, Austin, TX 78714-1369 or call 1-800-942-5540.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT. I AGREE THAT ALL OF MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION. I CONSENT FOR MYSELF OR MY MINOR CHILD TO RECEIVE COUNSELING SERVICES WITH Jean Dixon LPC (DBA Jean T. Dixon, LPC). I CERTIFY THAT I HAVE THE LEGAL RIGHT TO SEEK AND AUTHORIZE TREATMENT FOR MYSELF AND/OR MY MINOR CHILD.

Signature of Client *or*
Client's Parent/Legal Guardian

Print Name & Date