***Boyd D. Brooks, PsyD, LPC***

 ***1770 Missouri State Road***

 ***Arnold, Mo 63010***

 ***636-296-0400***

 ***Boydbrooks.com***

**INFORMED CONSENT FOR COUNSELING SERVICES**

Your decision to begin counseling is one which may impact significant areas of your life. This consent form contains information to help you make informed decisions about the unique process of counseling and the professional services of Boyd D. Brooks, PsyD, L.P.C. #2011014362.

**Benefits of Counseling**

Counseling offers you the opportunity to make some important changes. The success of those changes depends on a variety of factors, including the nature of your problems, your effort and participation in the process, and the length of your counseling. Some benefits typically include symptom relief or resolution of conflicts, a greater understanding of one's self, a greater sense of meaning and purpose in life, increased self-worth, and an increased awareness of one's choices and freedom. In each counseling session our goal will be to help you develop the needed skills to accomplish your goals. Hopefully, you will begin to enjoy greater mutual satisfaction with those in your intimate circle. Counseling is hard work, but the rewards are worth it.

**Theoretical Orientation**

My approach in counseling is a cognitive approach which places the emphasis of thought over emotions. I also try to utilize techniques and principles that best fit each situation. I focus on purpose and meaning in life and relationships. Secondly, I focus on how we think. Our thoughts are powerful motivators. Understanding how we think and how we process information will be helpful in understanding how that impacts our behavior. I see my role as a facilitator and not as an arbitrator. In the sessions we concentrate on process—meaning how you resolve your issues so that individuals and couples improve their communication and resolution skills.

**Qualifications**

I have been counseling families for many years. I have a master’s degree in counseling from Missouri Baptist University in St. Louis, and a doctorate in psychology from California Southern University in Irvine, CA. I am a Licensed Professional Counselor #2011014362 in the state of Missouri and a National Certified Counselor #326853.

**Appointments and Fees**

Please call our office for information. You may pick up the forms at the office or download them at <http://www.peopleschurcharnold.com/counselingforms>, and then pay an initial fee of $50.00 per person. After this, you will be called with an appointment time. The next 12 sessions will have no charge. If you feel you are making progress and would like to continue additional sessions, you can for $10 per person per session. If you need to cancel for any reason, you need to call or text by the day before—Office: 636-296-0400. You will be given a number to text with your first appointment. If you miss a session without calling, the counseling process will be discontinued. After you finish the counseling sessions and want to come back to counseling later, there is a re-initiation fee of $35.00, and the sessions are $10.00 per person per session.

**Counseling of Minor Persons**

Minor clients (persons under the age of 18 who are not legally emancipated) must have permission of a parent or legal guardian to receive psychological services. Laws provide that the parent or legal guardian has a right to information obtained in the course of counseling or psychological assessment. At the onset of treatment, the counselor, the minor client, and parent or guardian will discuss the limits of confidentiality as it regards a minor client. It is hoped that some agreement can be reached such that the minor client is afforded needed confidentiality and that the parent or legal guardian remains an important component to treatment.

**Rights of Treatment and Alternatives to Treatment**

Please inquire if you have questions about the process or content of counseling. I can assist you with a consultation or referral if you feel you are not getting what you need.

**Privacy and Confidentiality**

I am dedicated to preserving the confidentiality and privacy of all my clients. However, some state laws specify certain circumstances when mental health professionals may be required to breach confidentiality. I want you to be informed of these limits on confidentiality and to be able to ask me questions you may have.

**Special Disclosure Situations May Occur:**

If the client presents a clear and present danger to themselves and refuses to accept appropriate treatment, the counselor is mandated to release relevant information to protect the client.

If the counselor has a reasonable basis to believe that there is a clear and present danger of physical violence against a clearly identified or reasonably identifiable victim(s), the counselor is mandated to release relevant information to protect the potential victim(s).

If there is a threat of imminently dangerous activity by the client against themselves or another person, the counselor is mandated to disclose client communication for the purpose of placing or retaining the client in a psychiatric hospital.

If the client, or any party acting on the behalf of a deceased client, introduces evidence of the client's mental condition as an element of claim or defense in a legal proceeding (with the exception of child custody or adoption), the judge may order the counselor to disclose confidential client communication.

In any case of child custody or adoption, a judge may order the counselor to disclose confidential client communication if the judge determines that the counselor has evidence bearing significantly on the client's ability to provide suitable care or custody and it is more important to the welfare of the child that the communication be disclosed than the relationship between client and counselor be protected.

If the client initiates legal action (for example, malpractice, criminal or license revocation) against the counselor, the counselor may disclose confidential client communication if disclosure may be necessary or relevant to the counselor's defense.

The counselor may be required to provide diagnostic or treatment information to an insurance company or review board, non-profit hospital or medical service corporation, or health maintenance organization for the purpose of administration or provision of benefits and expenses to compensate the client.

If the counselor has reasonable cause to believe that a child under the age of eighteen years is suffering from serious physical and or emotional injury resulting from the abuse inflicted upon the child (including sexual abuse) or neglect (including malnutrition) or who is determined to be dependent upon an addictive drug at birth, the counselor is mandated to report that information to the appropriate agencies.

If the counselor has reasonable cause to believe that a person over the age of 60 or handicapped or disabled person is suffering abuse, the counselor is mandated to report this information to the appropriate agencies.

Information acquired by the counselor in the course of professional practice may be disclosed to another appropriate professional as part of a professional consultation.

In the case of a court order that compels the counselor to reveal confidential information.

My approach is the “no secrets” policy with marriage and couples counseling. Although I am usually able to convince the individual to share the secret, I reserve the right to do so if necessary.

If you have any questions about confidentiality or this statement, please feel free to ask me.

Boyd D. Brooks, PsyD., L. P. C. # 2011014362 at 636-296-0400.

**Counseling Notes:** Notes recorded by your clinician documenting the contents of a counseling session with you will be used only by your clinician and will not otherwise be used or disclosed without your written authorization.

Print/Type Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian's Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_