

**HOMESTEAD HOPE COUNSELING SERVICES, LLC**

3301 West Freeway, Suite 105  
Fort Worth, Texas 76107

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**PATIENT / CLIENT INFORMED CONSENT FOR TREATMENT**

Effective January 1, 2024

**COUNSELING PROCESS:** Your counselor is a Christian believer, which means that I believe that Jesus Christ is the Son of God, and by trusting in His atoning death, burial, and resurrection we and anyone who freely believes, may experience a changed life. Therefore, my counseling approach, unless directed otherwise by the client, will inherently involve the use of biblical Scripture and the principles found therein. I attempt to care for the inner person in a manner that reflects those principles. I firmly believe in the saving and healing power of God through the person of Jesus Christ. Although I am trained in and use mainstream theoretical approaches, as a therapist I depend on the presence and divine working of God during each and every session. I believe that God can and will work through any and all counseling situations where all involved parties are committed to God and to the healing process. However, God works in each life differently. He deals with each person as an individual, and no two therapeutic situations are alike and should not be compared. Having explained my theoretical approach please be aware that I will not push my worldview or faith beliefs upon anyone. I work with and respect all persons regardless of their belief systems or worldview, and graciously expect the same courtesy in return.

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**COUNSELOR:** Your personal counselor is \_\_\_\_\_. I hold a professional counseling license granted by the state of Texas. (This statement does not apply to Graduate Level Students who will be under the direct supervision of a licensed therapist.) Sessions are held at 3301 West Freeway, Suite 105, in Fort Worth, unless other arrangements are made. Sessions are conducted under the primary auspices of Homestead Hope Counseling Services, LLC. Other contracted entities may or may not be involved. I adhere to the AACC (800.526.8673) Code of Ethics and the Texas Department of State Health Services (512.776.7111) Code of Ethics regarding Licensed Professional Counselors, among others. For a copy of the different Codes of Ethics or to seek assistance with unresolved disputes with me, the LLC or other entities, please call our Director of Clinical Care. If, after speaking with Director the issue hasn't been resolved, you may call the aforementioned numbers or go directly to the organization's website. You also have the option of contacting the Texas Board of Examiners of any mental health professional at 800.821.3205.

Additional information about me or my colleagues can be obtained at [www.homesteadhope.org](http://www.homesteadhope.org).

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**GOALS, RISKS, AND BENEFITS:** There are numerous legitimate reasons to expect that counseling will benefit you, yet there are no absolute guarantees. Counseling is a journey involving heart-felt hope and hard work from both the counselor and the client. The more committed the counselee, the greater likelihood of positive results. The purpose of counseling is to bring about desired or needed changes in one's life as identified by the counselee. It is not possible at the onset however, to predict what type of changes will take place, or how they will come about. The therapist and counselee will work together to explore the issues and possible resolutions. Apathy on the part of either party will almost always result in less than satisfactory results.

You as the counselee (or patient/client) have the right, responsibility and privilege to participate in deciding which options might be beneficial for your particular situation. During the counseling process, you may discover things about yourself and or your situation that have previously gone unnoticed, things that need your attention. *It is not uncommon then for certain situations to get seemingly worse before they get better.* Unfortunately, most therapy situations usually take some time before lasting positive results can be identified. It is important for you to express any concerns you have to me at any point during the counseling process. We can, at that time, reevaluate your goals and desires for therapy.

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**PLAN OF CARE:** You will receive a Plan of Care, otherwise known as a Personalized Treatment Plan within your first few sessions. It will describe your therapeutic goals and benchmarks indicating your success. If you do not receive a copy soon, please notify office staff.

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**LENGTH OF TREATMENT:** The length of treatment will be jointly determined by you, me and another appropriate parties involved. Each individual has unique strengths and growth areas; each presenting issue is also unique. The general objective is for each patient/client to reach their desired and or needed therapeutic goal in a timely manner, thereby using their time and financial resources wisely.

If at any point during therapy I come to believe that our time together is not effective in helping you reach your therapeutic goals, I am ethically obligated to discuss it with you and if appropriate, stop treatment. In such cases, I will offer you referrals that may assist you in finding another qualified therapist to continue treatment.

Similarly, you always have the option to discontinue treatment at any time for any reason. If you choose to do so, I will provide you with a list of other professionals whose services you might prefer.

During the course of treatment, I may recommend or direct you to purchase a particular resource that is intended to facilitate your progress. There will always be a therapeutic purpose for using a particular resource, much like prescription medication. You have the option to purchase the resource from Homestead Hope if we have it available, or from any one you like. The use of the resource is what is important and expected.

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**FEES:** I have read, signed and agreed to the *Good Faith Estimate / Financial Policy Related to Treatment* form, which accompanied this Informed Consent document.

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**CLIENT RIGHT TO PRIVACY:** Almost all counselor / counselee communication becomes part of the clinical record. The record is considered by law to be a work product and is therefore the sole property of the counselor and or the counseling service, if applicable. Minor client (those under age 18) records can be disposed of seven years after the client's 18<sup>th</sup> birthday. Adult client records can be disposed of no sooner than the seventh anniversary of the last session. Records that are destroyed will be destroyed via cross-shredding in accordance with appropriate laws and professional standards. Counselor-counselee communications is confidential, but the following limitations and exceptions do exist:

- **Confidentiality will be breeched if** I determine in my professional judgment, that you are a physical danger to yourself or someone else, i.e., suicidal or homicidal.

- **Confidentiality will be breached if** you disclose or I discover any abuse, neglect, or exploitations of any kind of a child, elderly or disabled person perpetrated by you or any other person.
- **Confidentiality will be breached if** you disclose sexual contact with any mental health professional, provided you have been under his or her professional care, in the past or presently.
- **Confidentiality will be breached if** and when a properly executed order by the court has been duly served and received by the counselor and or counseling service where records are secured.
- Confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process your claims. Only the minimum necessary information will be communicated to the carrier. Neither I nor the counseling service has any control or knowledge over what insurance companies do with the information once submitted.
- Also note that professional therapists will occasionally seek the advice and counsel of other mental health professionals to ensure quality care. Such peer consultation is well within the generally accepted standards of practice provided the identity of client is not compromised.
- Be advised that visual recording cameras, for the purpose of safety and security, are placed in and around the building, to include inside the counseling center. The property owner controls all equipment outside our suite; HHCS manages cameras inside of our suite. The HHCS owner/Director of Clinical Care is the only person with access to equipment and recorded data which is governed by the rules of confidentiality.

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to numerous matters which may be of a confidential nature, YOU AGREE that should there be any legal proceedings, (such as but not limited to divorce, custody disputes, injuries, lawsuits, employment, etc.) neither you (counselee/client) nor your attorney(s), nor anyone other person or entity acting on your behalf will call upon me, other associated counselors, representatives of Homestead Hope Counseling Service or any other contracted entity to testify in court or in/at any other proceedings, nor will a disclosure of the therapy records be requested/granted.

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#### **TERMINATION OF SESSION(S):**

Counseling sessions will automatically cease if and when a client fails to show up for two consecutive sessions without prior notification. If you are late for a session you will still be charged for a full session. Clients who repeatedly cancel appointments, particularly within 48 hours of said appointment, will forfeit their benefit of multi-scheduling (guaranteed same day/same time slot).

A session will be terminated if I determine that the client is under the influence of alcohol or drugs, to include mind-altering medications. In a chemically induced state, the client is not in a mental, emotional, or psychological position to benefit from the session. Likewise, it would not be a wise expenditure of the counselor's time. If the session is terminated due to the reasons above, full payment is expected. If you do not have the immediate wherewithal to get home, we will attempt to arrange transportation for you and subsequently charge your credit card on file. You may contact the office on the next business day to retrieve your car keys, as they will be kept safely locked away.

All clients are to dress modestly. In short, if we can see it – you're not being modest!

No client will bring any type of weapons, to include firearms, into the session.

*NO CLIENT WILL WEAR OR USE **ANY** PERFUME OR CLOLOGNE WHILE IN THE OFFICE. Due to health issues with staff and other clients, there can be NO EXCEPTIONS - EVER!*

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**EMERGENCIES:** During regular office hours you can reach the office by calling 817-812-3021. In an general emergency you should call 911 or 988 for the National Suicide Prevention Lifeline.

**INCLEMENT WEATHER:** For inclement weather or any other emergency where office closure is possible, we will attempt to contact those affected via telephone call or email. We will also place an announcement on our webpage at [www.homesteadhope.org](http://www.homesteadhope.org), Home page and Resources tab, Announcement drop down.

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By affixing your signature below, you are indicating that you have read and understand this informed consent statement. You also affirm that:

- All questions you may have had were answered to your satisfaction.
- You therefore give your consent for you and or your minor child to be treated.
- You agree to present yourself at each and every scheduled session. When attendance is not possible for whatever reason, you agree to notify the therapist as stated above.
- You also agree to pay the fees as stipulated to include Cancellation/No Show fees.
- You agree to authorize Homestead Hope Counseling Services to bill your credit card immediately for unpaid balances caused by a no show, NSF, services rendered, etc.

By signing this Informed Consent you are agreeing to receive treatment with full knowledge and understanding concerning all subjects to which this document addresses.

Your counselor's signature will likewise affirm:

The accuracy of this statement and acknowledges HHCS commitment to conform to its specifications.

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Patient / Client Signature

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Date

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Patient / Client Signature

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Date

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Provider's Signature

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Date

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Provider's Name and Credential