Koppa Counseling, PLLC
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Informed Consent

Introduction:
Welcome! The following information is to help establish the clarity, understanding, and trust essential to a good therapeutic relationship. Please read it carefully, as it contains important information about my practice. Note any questions or concerns you have and we can discuss them before beginning therapy. After you sign this document, it will constitute a binding agreement between us. This consent form is for psychotherapy. **If you should want coaching, consulting, or supervision services please let me know at the time of our meeting**.

Part I: Therapist Information

Professional Orientation:

I provide therapy services to individuals, couples, and families. I work with people struggling with depression, anxiety, and life's emotional challenges. I specialize in treating individuals/families impacted by trauma, eating disorders, depression, and anxiety. I also work with children and adults who have experienced abuse. I specialize in couple and family issues such as, parenting, step-families, communication, and intimacy concerns. I often collaborate with physicians/psychiatrists and other medical professionals in order to help clients experience healing. I also work with school systems to facilitate relationships with parents, faculty, and students to help children/adolescents succeed. I also help women and couples through the childbearing cycle (i.e.- infertility, miscarriage, stillbirth, postpartum depression, etc.).

My mission as a therapist is to provide a compassionate, non-judgmental space where you feel free to express yourself. I value the uniqueness of the individual while fostering the health of the couple/family. I honor the whole of each of my clients as human beings by integrating the mind, body, and spirit**.**

Educational/ Training Background/Licenses

I have been providing therapy services to families, couples, and individuals since 2002. I have a Bachelor of Arts in Women's Studies from Vanderbilt University (2000). I received a Master of Arts in Biblical Counseling from Dallas Theological Seminary (2003). I have also completed my doctoral degree in Family Therapy from Texas Woman's University (2014). I have extensive training in treating Eating Disorders at all levels of care (inpatient, partial hospitalization, intensive outpatient, and outpatient therapy). I have extensive experience working with adolescents struggling with depression and mood disorders, and their families, at all levels of care. I am currently a Licensed and Marriage and family therapist in the state of Texas (#201495) and a Licensed Professional Counselor Supervisor in the state of Texas (#59675).

Part II: Client(s) Rights

1. You have the right to ask questions about any procedures used during therapy; if you wish, I will explain my approach and methods to you.

2. You have the right to decide not to receive therapeutic assistance from me; if you wish, I will provide you with the names of other qualified professionals whose services you might prefer.

3. You have the right to end therapy at any time without any moral, legal, or financial obligations other than those *already* accrued. I ask you contact me by phone or in person before you make such a decision without prior discussion.

4. You have the right to expect that I will maintain professional and ethical boundaries by not entering into other personal, financial, or professional relationships with you, all of which would greatly compromise our work together.

5. Therapy involves a partnership between therapist and client. As your therapist, I will contribute knowledge, skills and a willingness to do my best.

One of the most important rights involves confidentiality: within the limits of the law, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your written permission. Additionally, when more than one family member is being seen in therapy, I view the family as a whole as with the individual client. Therefore, releases of information for family sessions require the written approval of every consenting member of the family who is present during the session. As your therapist, I am legally prohibited from revealing to another person that you are in therapy with me, nor can I reveal what you have said to me in any way that identifies you without your written permission. However, in the following instances, your right to confidentiality must be set aside as required by law or my professional standards.

Limits of Confidentiality:

a) Instances of actual or suspected physical or sexual abuse, emotional cruelty, or neglect of a child or an elder or dependent adult must be reported to the appropriate protective services.

b) If I have a reason to believe that a client poses an unavoidable and imminent danger of violence to another person, I may warn the intended victim and notify the proper authorities.

c) If you, as a client, reveal a serious intent to harm yourself, I am ethically bound to do what I can to help maintain your safety, which may involve notifying others who may be of assistance.

d) If a judge orders my testimony or, in the context of a legal proceeding, you raise your own psychological state as an issue, I may be required to release your confidential information to the court.

In all of the above cases, it is incumbent upon me to release only that information necessary to appropriately carry out my responsibilities. Your confidentiality still remains an *ethical priority*.

Legal action:

If legal actions occur in which I am requested or subpoenaed to provide testimony (such as a custody case), you will be responsible to pay me directly for my services for providing the following services: (a) the time spent preparing for court, (b) the time spent for transportation to/from court**,** and (c) the time spent appearing in court. Charges for legal services will be billed at **$ 400.00** per hour. This fee is NOT reimbursable by a Third Party Payer and is therefore the full legal responsibility of the client and/or the client's parent or legal guardian.

Part III: The Therapeutic Process

Benefits and Risks of Therapy:

Psychotherapy is a process in which you and I discuss a variety of issues, events and experiences for the purpose of creating positive change so you can experience your life more fully. Participating in therapy may result in a number of benefits to you, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. There is no guarantee that therapy will yield any or all of the benefits listed above.

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Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. The issues presented by you may result in unintended outcomes, including changes in personal relationships. During the therapeutic process, many clients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Please address any concerns have regarding your progress in therapy with me.

Appointments:
Your appointment time is reserved for you. Cancellations must be made 24 hours in advance; otherwise, you are responsible for the session fee, in full. Regular attendance is recommended to insure continuity and to enhance the effectiveness of the therapy.

Telephone Accessibility:
I monitor my messages frequently and will make every effort to return your call within 24 hours of when you make it. If you are difficult to reach, please leave some times when you will be available. Should you have a true clinical emergency that requires immediate attention or action, you will need to call 911 or go to the nearest emergency room. **My phone is unable to receive text messages.**

E-Mail, Cell Phones, Computers and Faxes:
It is very important to be aware that computers, E-mail and cell phone communication can be relatively easily accessed by unauthorized people and, hence, can compromise the privacy and confidentiality of such communication. E-mails in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Additionally, the emails sent by myself are not encrypted. Faxes can easily be sent erroneously to the wrong address. I only use computers that are equipped with a firewall, a virus protection and a password. ***Please do not use e-mail or faxes for emergencies***. My office number is unable to receive text messages. **Please do not text me as I have no way to receive these messages and will not know it has been sent.** Please communicate through email or telephone call.

Professional Fees and Payments:
We will discuss and establish our fee at the outset of treatment, and any fee change will be negotiated in good faith. Payment is expected at the time of each session. Current rates are as follows:

Intake assessment:	75 minutes	225.00
Individual therapy:	60 minutes	195.00
	45 minutes	165.00
Couple or family therapy:	60 minutes	195.00
Parent consultation:	60 minutes	195.00
Telephone consultation:	10-19 minutes	50.00
	20-29 minutes	100.00
	30-45 minutes	165.00

I do not charge for telephone *consultations* that are less than 10 minutes. Should it become apparent that additional sessions are indicated, we will increase the number of weekly sessions as needed.

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1. ***I agree BY ENTERING therapy with Rachel Koppa, Ph.D. LPC-S, LMFT to pay the full fee at each session. If I am late to a session, the length of the session may be shortened, and I agree to pay for a full session.***

2. ***A 24 - hour notice is required of cancellation of a scheduled session. If I do not meet this requirement, I agree to pay the full session fee.***

CONSENT FOR SERVICES

Thank you for reviewing this information and please feel free to discuss any of this information with me. My/Our signature(s) on this disclosure statement indicates I/We have read and understood the conditions of the consultation services outlined. I/We have had the opportunity to clarify any questions and agree to the terms described above before receiving services. I/We have been provided with a copy of this disclosure statement.

Client Signature _____Date_____

Client Signature _____Date_____

Client Signature _____Date_____

Client Signature _____Date_____

Therapist Signature _____Date_____