Tamara Allen Bush LLC

Tamara Allen Bush, LPC-S, CSAT-S, CMAT, ICGC-1

P.O. Box 885, Keller TX 76244

817-713-7223 **tamaraallenlpc@gmail.com** **tamaraallenlpc.com**

Office Policy

INFORMED CONSENT

Counseling Relationship: A counseling relationship needs to function under professional guidelines for it to provide maximum benefit. To avoid dual relationship issues our contact will be limited to counseling sessions or other professional concerns such as scheduling or emergencies. If there is contact in another setting I will protect your confidentiality by allowing you to initiate any interaction that occurs. Sessions are 50 minutes in length. Canceling sessions at least 24 hours in advance allows others to use the time vacated. Failure to do so will result in a cancellation fee of $100 the second time.

Effects of Counseling While benefits are expected from counseling, no specific outcomes are guaranteed. Part of the process is to establish goals and a plan for reaching them. Your time in counseling may lead to major changes in how you choose to view important issues in your life. The exact nature of these changes is not predictable and could affect significant relationships, your job, and your view of yourself. During the counseling process there may be periods of increased discomfort and strong feelings. The intent is to facilitate the best possible outcome based on your goals for counseling.

Client Rights The length of time in the counseling process varies from a few sessions to several years depending on the needs and goals of the client. You are in complete control of this decision and may terminate the counseling relationship at any time. However, I ask that you participate in a termination session when that decision is made. You may at any time refuse or discuss modifications of any counseling techniques or suggestions. I am committed to providing my services in a professional manner consistent with accepted legal and ethical standards. If at anytime you are dissatisfied with my services, please let me know. If I am unable to resolve your concerns, we can consult with another counselor or I will help you locate another counselor to continue the counseling process. If you feel that any ethical violations have occurred you may contact the Texas State Board of Professional Counselors at 512-834-6658 or the Department of Human Services at 512-232-3162.

Referrals There may be times that I refer you to other professionals to provide services that will enhance our work. If at any time you and/or I believe that a referral to another counselor is needed, I will provide you with the names of the other counselors who may assist you. You will be responsible for contacting and evaluating those referrals. During your time in counseling you will be expected to allow contact with other professionals such as physicians, counselors and psychiatrists to maximize quality of care.

Confidentiality Most communication in the counseling relationship is confidential. However, the following limitations do exist.

1. The use of case records for the purposes of supervision or professional development. Your permission will be requested if this is desired.
2. I determine that you are a danger to yourself or others. This may include physical restraint from self-harm and requesting emergency assistance and transportation to a medical or psychiatric facility.
3. You disclose abuse or neglect of a child, an elderly or disabled person.
4. You disclose sexual contact with another mental health professional.
5. I am ordered by a court to disclose information or otherwise required by law to disclose information.
6. You direct me to release your records. A Release of Information form will be used for this purpose.
7. If paneled for your insurance – your insurance or third party payer requests information to authorize coverage of your services. A copy of any written report will be made available to the client. The client agrees to hold the counselor harmless for the disclosures and consequences of sharing information to third party payers.

   Children over the age of sixteen are considered legal adults when involved in mental health services. Therefore, confidentiality is governed by the same laws as adults. Before the age of sixteen, communication of confidential information between counselor, client and parents or legal guardians is at the discretion of the counselor. However, clients under the age of 18 must be accompanied by an adult or guardian over the age of 18. When coming in for an appointment. If a parent or guardian is unable to attend, written consent is required for someone other than a parent or guardian to be in attendance. In marriage or family counseling , I will keep confidential, within the limits noted above, information disclosed without your family member's knowledge. In families I support a no secrets agreement. However, open communication among family members is encouraged and I reserve the right to terminate our counseling relationship if I judge the counseling process to be non-therapeutic.

   Records All records become the property of the office of Tamara Allen LLC, Tamara Allen, LPC-S, NCC, CSAT-C. Only my official designee or I may disclose copies of the written patient information or release client information over the phone. Adult client records are disposed of seven years after the file is closed. Minor client records are disposed of seven years after the client's

eighteenth birthday. By your signature below you are indicating that you have read and understand this Informed Consent, that any questions you had, were answered to your satisfaction. By my signature I verify the accuracy of this statement and acknowledge my commitment to conform to its specifications.

Tele-health Tele-health sessions are set up on a HIPPA compliant Zoom platform to protect your confidentiality. You can use Zoom from a smart phone or a smart device such as an iPad or Laptop. It will be your responsibiity to ensure that your privacy is secured for the session. Ear buds are preferred to ensure there is less to hear and also help prevent echo or disruptive feedback. I do not conduct therapy sessions while someone is driving. If you need help to set up Zoom or FaceTime I will need to have you reach out to me before the appointment to set it up.

_

_____ _____

Patient's Printed Name Date

_____

Patient's Signature or Legal Guardians Signature _____

Date

_____ _____

Date

Patient's Signature or Legal Guardians Signature

_____

_____

Therapist's Signature Date

Sex Addiction Consent for Treatment by Tamara Allen Bush CSAT-S or Associates

(If not seeing treatment for Sex Addiction, skip.)

Statement:

We congratulate you in taking this important step to seek treatment! In keeping with the federal and state laws of your state, if you are determined to break the law, as a result of your sexual conduct or historical sexual conduct, the clinician will need to assess you for the correct modality of treatment and refer you to the correct modality. The clinician may need to report you if you commit an offense against a child, disabled or elderly person in keeping with federal and state law. The clinician may need to report you if you act out in the remote office or office with lewd. harassment, voyerism or frotteurism behavior(s).

Behavioral Expectations for Treatment Success:

We will provide a safe environment for you to address your issues.
Because of the sensitive nature of these issues please agree to keep our sessions safe.
Sessions will start over Zoom and in person will be considered if that is desired.
Waiting room: Please dress appropriately for our appointments and respect others in the waiting area. Lewd, Suggestive, Inappropriate or Illegal behaviors in the remote office or office with anyone will not be tolerated and can result in a referral to a higher level of care..
Please use sexually appropriate terminology.

Questions:

1. I sometimes think about sex with children or teens? (True/False)
2. My sexual thoughts often get in the way of my daily activities. (True/False)
3. If someone flirts with me, it means they want to have sex. (True/False)
4. I often feel lonely even when around people. (True/False)
5. It okay to touch someone without their permission if they dressed provocatively. (True/False)
6. I have difficulty controlling my temper. (True/False)
7. I believe I need treatment for my sexual urges. (True/False).
8. "I have past, current or pending charges or allegations about my sexual behavior." (True/False)

Describe: _____

9. "I have almost had past, current or pending charges or allegations about my sexual behavior". (True/False)

Describe: _____

10. "I feel suicidal because of my behavior or have had thoughts of suicide". (True/False)

_____ Patient's Printed Name

_____ Patient's Signature or Legal Guardians Signature

_____ Patient's Signature or Legal Guardians Signature

_____ Therapist's Signature and Date