



CLIENT RIGHTS, RESPONSIBILITIES AND CONSENT TO TREAT
INFORMED CONSENT
CHILD FORM (UNDER 18 YRS OF AGE)

TECHNIQUES, GOALS, AND PURPOSES OF THERAPY:

Play is the overarching modality utilized in my treatment with children. Play therapy is a counseling strategy within which children are allowed to express their experiences and feelings in ways that feel natural and developmentally appropriate. Play becomes a therapeutic vehicle for children to accept and know themselves and others as well as a window through which the therapist can induce challenge, growth, change, healing, and self-acceptance. Play therapy capitalizes on the benefits of play as a child's primary language through which he or she can access, act out, explore and express emotions and pain. Within the counseling context, play is strategically utilized to promote specific therapeutic outcomes.

It is important for you to discuss any questions you have about the recommended treatment and to have input into setting the goals of your child's therapy. We will discuss the initial goals, purposes, and techniques of therapy during the initial parent intake session.

Through therapy, it is hoped that your child will be better able to understand his/her situation and feelings and move toward resolving his/her difficulties. Using my education and knowledge of human development and behavior, I will make observations about situations as well as suggestions for new ways to approach them. It is important for your child to explore his/her own feelings and thoughts and to try new approaches in order for change to occur.

HeadFirst was created specifically to offer a team approach based on professional collaboration to ensure the best treatment possible for each client.

RISKS OF THERAPY:

There is always a risk of psychological side effects from psychotherapy. Sometimes symptoms worsen before they improve. Often therapy brings up painful emotions. In play therapy, your child may learn things about him or herself that he or she doesn't like. Often growth cannot occur until your child experiences and confronts issues that cause him or her to feel sadness, sorrow, anxiety, or pain. The success of our work together depends on the quality of the efforts from the play therapist, parents, and child and the realization that the child is responsible for lifestyle choices/changes that may result from therapy. Our goal is to confront issues and emotions together, and with time, to work through them.

LENGTH OF TREATMENT:

Length of treatment is difficult to predict. Each child has unique strengths and areas for growth, and each problem is different from the next. It is our goal that each client will finish therapy in a timely



manner, without unnecessary expenditure of time or money. **Consistency is key when it comes to successful play therapy, and it is recommended that you bring your child to therapy on a weekly basis with as much consistency as possible for the duration of your child's treatment.**

SESSIONS:

The play sessions will normally run 45 minutes, although sometimes longer sessions are appropriate. Together we will decide how often your child should come to therapy. Sessions are by appointment only and are scheduled at the end of each session or by calling the HeadFirst office.

You agree to pay for missed or canceled sessions unless you call at least 24 hours in advance to cancel on your child's behalf or reschedule the session. (Exceptions may be made in emergency situations.) Most insurance companies do not reimburse for missed sessions.

FEES AND PAYMENT:

Each 45 minute play therapy session is billed at the rate of \$150 and payment is due before or at the end of each session. Fees apply to sessions with your child as well as parent consultations in which the child is not present. Any session longer than 45 minutes will be billed at the prorated hourly rate of \$150 in fifteen (15) minute increments. If you are more than fifteen (15) minutes late to your child's scheduled session the session will be marked as a Late Cancel and you will be charged the full session amount of \$150. You are responsible to pay all fees. In many cases, insurance will reimburse you for all or part of the fee. HeadFirst Counseling does not file insurance claims for you; you must do this on your own. However, we are able to provide you appropriate documentation for you to give your insurance company for possible out-of-network reimbursement.

FEE STRUCTURE:

- Initial Parent Intake Session (60 min): \$200**
- Individual Play Therapy Session (45 min): \$150**
- Parent Consultation Session (50 min): \$150**
- Phone Consultation (20 min): \$70**
- Assessments and Online Measurements: \$30 per assessment**
- Court Testimony (minimum of 4 hours for court appearances): \$250/hr**
- Court Prep/Consultation with Attorney: Prorated and billed at the rate of \$250/hr**

COURT TESTIMONY

*Court/Deposition fees incurred include time for travel, preparation, and actual appearance time, billed at the stated hourly rate of \$250/hr, with a **4-hour minimum charge. Payment is due and non-refundable 48 business hours in advance of the scheduled court appearance.** Any additional time spent on the day of the court/deposition appearance will be billed within 24 hours and is expected to be paid in full within 48 hours of the bill being sent.*



The client is responsible for any legal fees that the therapist incurs as related to your case or treatment.

If your therapist is asked or required to attend or testify at depositions, hearings and trials (even if you are not the person who sought the therapist's attendance or testimony) concerning your case, you agree to pay \$250 per hour due to the fact that attendance or testifying at depositions, hearings and trials disrupts the therapist's daily schedule for other clients. If the play therapist is asked or required to devote other non-session time to your case (even if you are not the person who asked or required the play therapist to do so), you agree to pay \$250 per hour (prorated in 15-minute increments) for that non-session time, plus reasonable expenses and legal fees.

"Non-session time" includes, but is not limited to, offsite visits, consultation with third parties, report writing and reading, travel time, and preparation for depositions, hearings and trials. We may require an advance deposit or payment for these fees and expenses, which will not be reimbursed by your insurance.

OUR RELATIONSHIP:

The relationship between your child and your child's play therapist is professional and therapeutic, rather than personal. It is vital to maintain the professional nature of this relationship, so personal, social and business activities of any kind between the family and the play therapist is inappropriate because they undermine the effectiveness of the therapeutic relationship. Gifts, bartering, and trading services are not appropriate. Sexual intimacy between a play therapist and a child is always inappropriate and illegal. If this has happened to your child in the past, you should file a complaint with the appropriate licensing agency.

The play therapist is an independent contractor of HeadFirst and is solely responsible for the therapeutic relationship between your child and the therapist. You release HeadFirst, its owner, and its other therapists from all aspects of the therapeutic relationship between your child and your play therapist.

CONFIDENTIALITY AND YOUR RIGHT TO PRIVACY:

Discussions between a therapist and a client are confidential. Your child's identity or what your child says in therapy will not be disclosed, except when you authorize your child's play therapist to do so and when disclosure is required or permitted by law. Examples of when the play therapist may be required to reveal confidential communications are:

- Suspicion of abuse or neglect of minors, elders and disabled persons
- The therapist believes there is imminent threat that your child will harm him or herself or others
- The therapist believes your child is unable care for him or herself and additional help/supervision is needed
- There is an inquiry by a professional licensing board
- Legal proceedings in which the therapist has been ordered by a judge to disclose information



In addition to collaborating with other HeadFirst therapists about your child's case, it is sometimes appropriate for the therapist to consult with outside professionals about certain cases. Therefore, it is possible that your child's therapist will discuss your child's case with outside therapists to gain information or insight about your child's situation. If this occurs, your child's name and identity will not be revealed during these discussions. Your insurance company may contact HeadFirst about the progress of your therapy. By signing this Client Rights, Responsibilities and Consent to Treat form, you authorize your child's therapist to discuss your diagnosis and treatment plan with your insurance company. We will respect your privacy within these limitations.

YOU ACKNOWLEDGE YOU HAVE BEEN PROVIDED A COPY OF THE HEADFIRST NOTICE OF PRIVACY PRACTICES.

If you have any questions about confidentiality, let your therapist know during the intake session.

TELEPHONE PROCEDURES:

During office hours, you can reach the HeadFirst office at (469) 665-9416 during normal business hours. If questions arise in between sessions, and if your child's therapist is available, they may talk with you by phone; however, you will be charged the regular session rate for phone calls which exceed fifteen minutes. HeadFirst therapists are not available after hours (see EMERGENCIES below).

EMERGENCIES:

In case of emergency (an urgent issue requiring immediate action), you should immediately contact 911, your physician, your local emergency room, the local police department or a crisis hotline. It is your responsibility to seek appropriate resources in emergency situations. HeadFirst is not a crisis center; neither your child's therapist nor HeadFirst will be held responsible for any damages occurring as a result of unmet crisis or acute care. In case of emergency, HeadFirst is authorized (but not required) to discuss your emergency situation with the Emergency Contact listed in your New Client Information form.

THERAPIST'S INCAPACITY OR DEATH:

If your child's therapist becomes incapacitated, dies or ceases to practice counseling, it will become necessary for another therapist to take possession of your child's files and records. By signing this Client Rights, Responsibilities and Consent to Treat form, you consent to allow HeadFirst to take possession of your child's files and records. HeadFirst will assist you in selecting a therapeutically appropriate successor for your child's continued play therapy.

TERMINATION:



Normally you and your child's therapist will terminate therapy by mutual agreement. You have the right to terminate therapy at any time. If you do not schedule an appointment within 60 days of your last therapy session, we have the right at any time thereafter to deem your therapy terminated. As your child's therapy proceeds, the therapist will assess the continued benefit of therapy. We do not continue to treat clients who are not benefitting from therapy or those who the therapist believes he or she is unable to help. Your child's therapist will discuss this with you and, if appropriate, terminate treatment. In case of termination, the therapist will provide you referrals to other therapists who may be of help to your child. If you request it and authorize it in writing, the therapist will consult with the next therapist you select to assist in your transition.

CONTACT INFORMATION:

You consent for your child's therapist and HeadFirst to communicate with you by mail, text, email, and phone at the addresses and phone numbers you provided on the New Client Information form, and you will IMMEDIATELY advise your therapist if there is any change.

COMPLAINTS:

If you have a complaint or concern about your or your child's therapy, please speak first to your therapist. If you are not able to resolve the complaint or concern, you may contact the Founder of HeadFirst at the next appropriate step at Lmclaughlin@headfirstdallas.com. You may also contact licensing board as follows to file a complaint: Texas State Board of Examiners of Licensed Professional Counselors, Complaints Management and Investigative Section; P.O. Box 141369, Austin, Texas 78714-1369; 1.800.942.5540 (phone).

CONSENT TO TREAT:

You have voluntarily agreed for your child to receive mental health assessment, care, or treatment, and you consent to and authorize HeadFirst and your therapist to provide such assessment, care, or treatment for your child in the manner considered necessary and advisable. You agree to participate in the planning of your child's care and treatment; you may stop care or treatment for your child at any time.

AMENDMENT:

HeadFirst may amend this Client Rights, Responsibilities and Consent to Treat form on prior notice to you. Notice in writing will be given to each current client after any changes to this form are made.



BY SIGNING THIS CLIENT RIGHTS, RESPONSIBILITIES AND CONSENT TO TREAT FORM, YOU ACKNOWLEDGE YOU HAVE READ AND UNDERSTOOD ALL THE TERMS AND INFORMATION CONTAINED IN IT AND THAT AMPLE OPPORTUNITY HAS BEEN OFFERED TO YOU TO ASK QUESTIONS AND SEEK CLARIFICATION OF ANYTHING UNCLEAR TO YOU.

REQUIRED DOCUMENTS (CHECK ONE)

 ATTACHED ARE COPIES OF ALL CUSTODY, CONSERVATORSHIP AND VISITATION AGREEMENTS, COURT ORDERS, AND DIVORCE DECREES CURRENTLY APPLICABLE TO THE CHILD.

 THERE ARE NO CUSTODY, CONSERVATORSHIP OR VISITATION AGREEMENTS, COURT ORDERS, OR DIVORCE DECREES CURRENTLY APPLICABLE TO THE CHILD.

Child's name (printed)

Date

Signature of Parent or Legal Guardian

Date



Parent Therapy Support Agreement

I am a parent or legal guardian of _____ . I agree to support my child's therapy by adhering to the following:

1. I will schedule and attend one parent consultation with the therapist before my child's first scheduled therapy session.
2. I will schedule and attend one parent consultation with the therapist after every fifth scheduled therapy session or when identified as needed per the child's play therapist.
3. I may schedule additional parent consultations with the therapist with approval from the therapist.
4. I understand the therapist will respond to my phone call, text message or email by the next business day.
5. If I believe the therapist needs information regarding my child before my child's next scheduled therapy session, I agree to contact my child's play therapist prior to the session either via email or by calling the HeadFirst office and asking to speak with the therapist.
6. If I want to speak with the therapist for 5-10 minutes just before my child's scheduled therapy session, the therapist will attempt to accommodate my request, but I understand the therapist may not be available.
7. I will not engage in discussion about my child in the reception area before or after a scheduled therapy session.
8. In order to respect my child's privacy, I will not initiate discussion about my child's therapy with my child or ask questions of my child about any therapy session.
9. In order to respect my child's privacy, I will not ask the therapist to discuss the details of my child's therapy or have access to my child's therapy records (except billing records), except and to the extent the therapist deems it is in my child's best therapeutic interest to do so.
10. The HeadFirst waiting area is shared by many families and individuals, so I agree to support my children in their efforts to be respectful of this shared waiting space by enjoying the toys and books provided while being considerate of others that may also be waiting to see a therapist.

Signature of Parent or Legal Guardian

Date