WTX Neurosolutions LLC

604 Kent Street

Midland, TX 79701

432-413-2369

info@wtxneurosolutions.com

www.wtxneurosolutions.com

Client Information and Consent

This agreement provides clients with important information regarding my professional services and business policies. This consent form provides a clear framework for our work together and will facilitate our therapeutic relationship. Any questions or concerns regarding content should be discussed with me **PRIOR** to signing and initialing.

Therapist

I earned a Masters of Art degree in Counseling Psychology at Wayland Baptist University in Plainview, TX. I received a Bachelor of Arts degree from Lubbock Christian University with an emphasis in Multicultural Counseling and Family Studies. I also attended Midland College and received an Associates of Science. I am a Licensed Professional Counselor with the Texas Board of Professional Counselors. I am also a Neurofeedback Provider and have undergone extensive training in the discipline. I have worked with children, adolescents, adults, couples, families, and the Geriatric population as well. I have worked with many diverse populations in Midland, Odessa, Lubbock, Plainview, Houston, Dallas, Austin, Georgetown, and Galveston. My style of counseling is solution focused, cognitive behavioral, rational emotive behavioral, action oriented and integrative in nature. I follow a spiritual holistic philosophy and believe each individual has the capacity to change if given the right tools to do so. Knowledge and awareness followed by action and determination, using the tools provided, set the stage for hope and motivation which begins the process of healing.

Counseling

Psychotherapy is a process where mental health distresses and disorders are assessed, evaluated and treated. I tend to not focus on any type of label but rather the symptoms an individual is experiencing. For example, Individuals experience depression in different ways and depression is not the same for everyone so I assess the symptoms and create a highly customized approach that will benefit the individual best.

Client's initial's_____

The only way psychotherapy and neurofeedback work is if the plan of action is highly customized. I do not follow a one size fits all approach like others and pride myself in helping an individual learn how to handle life independently. My job is to work myself out of a job and I am very good at it. I am extremely selective and only choose to work with individuals if they are serious about putting in the work it takes to be successful.

Appointments

Appointment are made by calling 432.413.2369 Your appointment is reserved for you and duration is typically 45-50 minutes for counseling and 30-45 minutes for neurofeedback. The number of sessions depends on the severity of the issue(s) and what you want to accomplish. If you are more than 10 minutes late for your appointment you will be considered a no show and charged for the session. Please make your appointment on time.

Cancellations

You are required to give at least **24-hour notice in advance** so someone else can be scheduled. You are responsible for calling to cancel or reschedule your appointment. Regular attendance is crucial to enhance the effectiveness of psychotherapy and neurotherapy.

Communication

Email and cell phone communication can be accessed (hacked) by unauthorized individuals which compromises privacy and confidentiality. Do to this risk **I do not use email or cell phone text messages for psychotherapy.**

Telephone accessibility — I monitor telephone messages throughout the day **during regular business hours** and will make an effort to return your calls **within 24 hours of receiving them.** Leave your name number and time best to reach you. If the situation is an emergency, please call 9-1-1 or go to your nearest emergency room. I do psychotherapy sessions via telephone, but this is my last resort in terms of providing counseling services and will only do so once you have been to prior face to face sessions. Telephone counseling is less effective, and I will only offer this option if it will best benefit you. If you call for a counseling session and have not been approved, you will be told to schedule a face to face session. Telephone sessions will only be conducted, if approved, during normal business hours.

Confidentiality

Discussion between a therapist and a client is kept confidential. No information will be released without the client's written and verbal consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: child abuse, abuse of elderly or disabled, abuse of patients in a mental health facility, sexual exploitation, AIDS/HIV infection and possible transmission, criminal prosecutions, child custody cases, suits in which the mental health of a party is in question, situations where the therapist has a duty to disclose, or where in the therapists judgement, it is necessary to warn, notify or disclose, fee disputes between the therapist and the client, a negligence suit brought by the client against the therapist, or the filing of a complaint with a licensing board or

Client's initial's_____

other state or federal regulatory authority. If you have any questions or concerns regarding confidentiality you are required to discuss them with your therapist.

In cases involving marriage and family counseling, I will keep confidential (within but not limited to the above-mentioned situations) anything you disclose to me without your family members knowledge. I recommend open communication between family members and husband and wife and I reserve the right to terminate the therapeutic relationship if I decide the secret is detrimental to therapeutic progress.

Duty to Warn

In the event that the undersigned therapist reasonably believes that I am in danger, physically or emotionally, to myself or another person, I specifically consent for the therapist to warn the person in danger and to contact any person in a position to prevent harm to myself or another person, in addition to medical and law enforcement personnel and the following individual(s):

Name Telephone

Name Telephone

The information is to be provided at my request for use only to prevent harm to myself or another person. This authorization shall expire upon the termination of therapy.

Consent for services

I appreciate you taking the time to review the information and I expect you to discuss any of this information that you are unclear of or having questions or concerns about. Our signature on this disclosure statements indicates that we have read and understood the conditions of the consultation of services provided and we have had the opportunity to clarify and questions or concerns and agree to the terms of services.

Client Signature_____ Date_____

Client Signature_____ Date_____

Therapist Signature_____ Date_____

Client's initial's_____

Print Full Name_____

Date of Birth_____

Home address_____

City_____ State_____

Zip code_____

Email_____

Phone Number_____

Reason for Visit_____

_____

Health Insurance information

Subscriber Name_____

Identification Number_____

Group Number_____

Coverage Date_____