

J. Martin Therapy

Client Informed Consent

Welcome

I want to thank you for entrusting me to help you in this time of distress. This is a responsibility that I do not take lightly, and I will do my best to help you through the issues that bring you in. This document outlines what you can expect of me as well as the limitations of treatment. Please feel free to let me know about any concerns you might have, even after treatment has begun.

About Me

I received my Masters of Marriage and Family Therapy from Abilene Christian University in 2002 and my Ph.D. in Family and Child Ecology with a specialization in Marriage and Family Therapy from Michigan State University in 2007. I practiced psychotherapy and family counseling at the Krist Samaritan Center in Houston, TX from September 2006 until July 2013, at which time I accepted a position at the University of Mary Hardin-Baylor in Belton, TX as Assistant Professor of Counseling and Clinical Director. I have presented at numerous conferences related to couples counseling, counseling with adolescents, Dialectical Behavioral Therapy, and clinical supervision. I have been married since 1998, and I have two children.

The Nature of Psychotherapy

Psychotherapy, whether individual or relational, is the process of improving problematic habits or interactions by diving into the intrapsychic origins of those habits and interactions. We all have specific reasons for the ways that we think, feel, and act. By uncovering those reasons, which are often subconscious, we can make more informed choices about how we think, behave, and even feel and relate to each other. This creates a way of being that we can ultimately shape to be more consistent with our goals in life and relationships, leading to greater fulfillment, hope, and happiness. Psychotherapy is not without its risks, however. Struggles may increase; emotional pain may grow; relationships may become even more strained. This is because problematic patterns are being disrupted, and it can be difficult to recalibrate our emotions and relationships no matter how much that recalibration may eventually lead to greater peace and wellness. I see my role as therapist as being one of facilitation and acceptance. Clients are the experts on their own lives. My expertise is in the processes of communication, cooperation, and acceptance. My job is to simply see aspects of clients' lives that they may not see, helping to expose new options that they may not have considered. Although I cannot guarantee a favorable outcome, if therapy is successful, you should feel that you are able to face life's challenges in the future without my support or intervention.

Confidentiality

The therapeutic relationship is based on the fact that clients can speak with a therapist without fear that any information about the session will be shared with anyone, willingly or unwillingly. My assurance to my clients is that all sessions remain confidential. Even the fact that clients have attended a session is confidential information. With some rare exceptions enforced by law (see below), absolutely no information about you or your sessions will be shared with anyone without your written consent.

Limits to Confidentiality

Although every measure is taken to ensure the protection of client confidentiality, there are some exceptions to confidentiality that clients should be aware of:

1. If a client indicates that he or she is an imminent threat to harm the self or someone else, the local authorities may be contacted to intercede.

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2. If a client reports first-hand information that indicates the possibility of child abuse, child neglect, or elder abuse, that information may need to be communicated to Texas Child Protective Services or Adult Protective Services.
3. If I receive a court order issued by a judge (not to be confused with a subpoena issued by an attorney), I will be required to comply with the order, even if it violates confidentiality.
4. Clients under the age of 18 cannot be assured complete confidentiality from their parents/guardians. Although parents have a right to any information from therapy sessions, I ask that parents not exercise that right unless absolutely necessary. Instead, I request that parents trust that I will convey to them any information they need to know. However, parents do have a right to all information.

Therapy Documentation

All therapy documentation is maintain in the TherapyAppointment.com electronic documentation system. This is a HIPAA-compliant, encrypted electronic health system used by thousands of mental health professionals across the country. Documentation related to your treatment is secured for your privacy and will not be released without your signed authorization except in circumstances required by law. For more information about Therapy Appointment, see <http://www.therapyappointment.com>

Fees

The fee for one 50-minute session (i.e. a clinical hour) is \$100.00. In the very rare case that a "double session" of 100 minutes is indicated, the fee would be \$200.00. Fees are to be paid at the time of service. Cash, check, and major credit card are acceptable method of payment. A returned check will incur an additional fee of \$30 dollars. Two returned checks will require cash for all future payments.

Insurance

Insurance is not accepted at this time. However, you may choose to use "out-of-network" benefits if eligible. In that case, you are responsible for filing the necessary claims with your insurance company.

Cancellations and No-Show

24-hour notice is required for all cancellations. Any cancellation made more than 1 hour before the appointment but less than 24 hours before the appointment will be charged 50% of the session fee. Cancellations less than 1 hour before the appointment and all no-shows will be charged the full session fee. More than 2 no-shows in a row may indicate that therapy is not a priority for you at that time and may be cause for termination.

After-hour emergencies

While I will be available during normal business hours, I do not offer emergency availability. I do not carry a pager or have a service that can locate me on a 24-hour basis. If a crisis arises after hours or if the therapist cannot be reached during a crisis, clients should either call 911, proceed to the nearest emergency room, or contact the Crisis Call Center at 1-800-273-8255.

Holidays, Vacations, and other breaks in treatment

J. Martin Therapy is closed during all federal holidays. There may be other times when the therapist is not available due to other travel or vacation time. Clients are given at least 1 week notice when the therapist will be unavailable due to travel or vacation time, and every attempt will be made to make sure that disruption of service is kept at a minimum.

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Termination of Treatment

Psychotherapy is a voluntary endeavor, and you may elect to terminate at any time for any reason, or even for no reason. If possible, I request a termination session to wrap up any issues and establish a long-term care plan for you and/or your family. You will still be responsible for any unpaid fees for services rendered prior to termination. Referrals can be made available upon request.

Sincerely,

Jason Martin, Ph.D., LMFT-S, LPC-S

J. Martin Therapy

Texas LMFT-S #201058 (expires 02/28/18)

Texas LPC-S #66109 (expires 02/28/17)

J. Martin Therapy

Consent to Treatment

By signing this document below, you consent to receive psychotherapeutic counseling services from Dr. Jason Martin or J. Martin Therapy. You understand that J. Martin Therapy makes no promises as to any definite outcome of treatment, and you accept responsibility for expressing any concerns or problems that you have with treatment in a timely manner. In the event that you do not believe therapy to be helpful, you acknowledge that you have the right to terminate treatment at any time for any reason without repercussions.

Your signature below indicates that you have read and understood the included Client Informed Consent and that any questions you have about this statement have been answered to your satisfaction.

Client printed name Client signature Date

Client printed name Client signature Date

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