Informed Consent Agreement

Aimee Andrews, M.Ed., LPC-S, RYT-500

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Thank you for choosing me as your therapist. This document is designed to tell you about my background, my fees, and ensure that you understand our professional relationship. Presently, my practice is exclusively online.

About Aimee

I am a Licensed Professional Counselor Supervisor in the state of Texas (License #70490) and Registered Yoga Teacher. I have worked as a counselor serving public schools for over 15 years working with children ages 5-15 and worked in private practice counseling for 5 years. In addition to counseling, I am a Registered Yoga teacher with over 10 years of experience. My formal education includes a bachelor's degree in health promotion and education and master's degree from The University of North Texas in Denton, TX in Counseling. I have worked as a school counselor for over 15 years and 5 years in private practice. My education and background in counseling, yoga studies, meditation and mindfulness have prepared me to work with individuals looking to explore a variety of methods to achieve a balanced state of mind and overall wellness.

Benefits and Risks

Counseling sessions involve discussions of potentially sensitive information surrounding relationships, psychological, and/or emotional issues; therefore, these sessions carry both benefits and risks. Sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. While counseling can improve your quality of life, there are occasions in which you may feel frustrated or a lack of progress. It is sometimes common for symptoms to worsen before they get better as counseling may bring up unpleasant memories and emotions. These feelings and symptoms should improve over the course of counseling if you regularly meet with your counselor and follow treatment recommendations. If you identify that counseling is not going in the direction you had hoped for, please discuss this with me. The process of counseling takes a great deal of courage and communication. If you have any questions about what to expect in your journey through counseling with me, I am more than happy to discuss this with you not only in our first session together but throughout the process.

Therapeutic Relationship

Although therapy sessions may be very personal, the relationship between you and your counselor is a professional rather than social one. Therefore, please do not invite your counselor to social events, give gifts, ask to barter or

exchange services, ask me to write a reference for you, or ask me as your counselor to relate to you in any way other than the professional context of the counseling relationship. Adding clients as friends or contacts on these sites can compromise confidentiality and privacy of both the counselor and the client.

Telehealth

Telemental health is the practice of delivering clinical health care services via technology assisted media or other electronic means between a practitioner and a client who are located in two different locations. By signing, you are stating you understand the following with respect to telemental health:

- 1) You understand that you have the right to withdraw consent at any time without affecting your right to future care, services, or program benefits to which you would otherwise be entitled.
- 2) You understand that there are risks, benefits, and consequences associated with telemental health, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
- 3) You understand that if you are having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telemental health services are not appropriate and a higher level of care is required.
- 4) You understand that during a telemental health session, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session. If we are unable to reconnect within ten minutes by video, we can try the call feature on BetterHelp site. If all that fails, we can reschedule as soon as we are able to re-establish connection.
- 5) You understand that your therapist may need to contact your emergency contact and/or appropriate authorities in case of an emergency.
- 6) Any type of audio/video recording is prohibited in the counseling session, unless expressly agreed to in writing between the therapist and the client. In all cases, the audio/video recording is part of the clinical record, and the property of the counselor.

Counseling Services and Theoretical Approach

Here are a few aspects of counseling and therapy as I see and practice it. Counseling includes your active involvement as well as efforts to change your behaviors, feelings, and thoughts. It is important that you are willing to work within the sessions as well as between sessions. There are no quick fixes for all of life's challenges. Compassion, fostering insight, mindfulness, and identifying personal strengths are central aspects of my practice. My focus is to provide you with unique support to help you disconnect from old patterns and live your best and most meaningful life. My theoretical approach is client-centered with tools and strategies such as Brief Solution-Focused and Cognitive-Behavioral Therapy (CBT) to help identify thoughts and beliefs that keep you from personal growth and look for solutions to the problems you bring to therapy. In addition to these, I am trained in Dialectical Behavior Therapy (DBT) which focuses on

mindfulness and emotional regulation strategies. I often incorporate somatic work and body awareness, breathing strategies, and meditation to help increase your window of tolerance to stress. In treating trauma and adverse childhood experiences, I am trained in EMDR (Eye Movement Desensitization and Reprocessing) which is a modality that helps reprocess distressing memories to promote healing and resolution. Your treatment plan is a partnership, and I will always seek your consent in the process of determining next steps.

Limits of Confidentiality

What you discuss in sessions is kept confidential between you and your therapist. No content of the sessions may be shared with another party without your written consent or the written consent of the parent/legal guardian of a minor. However, there are times when counselors are required, by law and professional ethics, to break confidentiality and file a report. Those exceptions are:

- Texas state law requires licensed professional counselors who learn of, or strongly suspect, physical or sexual abuse or neglect of any person under 18 years of age to report this information to authorities.
- Texas state law requires licensed professional counselors who learn of, or strongly suspect, physical or sexual abuse or neglect of an elderly person to report this information to authorities.
- If there is evidence of clear and imminent danger of harm to self and/or others, counselors may be legally required to report this information to the authorities responsible for ensuring safety.
- Parents or legal guardians of non-emancipated minor clients have the right to access clients' records.
- Counselors may be ordered by the court to disclose information.

My fees are as follows: 1 hour session for \$130 for self-pay clients.

- If you or your child is involved in legal action/proceedings, your records may be subject to subpoena or lawful directive from a court.
- You or your child discloses sexual contact with another mental health professional who has or is providing health care services to you or your child.

Payment for Services

I am also credentialed ui	nder most insurance companies	including Aetna, Cigna,	Oscar, Oxford and	UnitedHealthcare.

Cancellation: There is no charge for appointments canceled 24+ hours in advance of the scheduled time.

Appointments canceled less than 24 hours ahead of time are charged a fee of \$7.	5
Initial here:	

Client Rights

As a client, you are in complete control, and may end our counseling relationship at any point. I will be supportive of that decision, though I do request that you participate in a termination session for closure and processing.

Ethics and Complaints

I assure you that my counseling services will be rendered in a professional manner consistent with accepted legal and ethical standards as stipulated by the American Counseling Association. If at any time for any reason you are dissatisfied with my services, please let me know so that existing issues can be worked through. If you are not satisfied with any part of the services you receive from me or if you have a complaint, I encourage you to discuss it with me. If we are unable to resolve a complaint or if you wish to contact the LPC Board directly, you may do so by contacting:

Complaints Management and Investigative Section

P.O. Box 141369

Austin, Texas 78714-1369

Phone: 1-800-942-5540

Website: https://www.dshs.texas.gov/counselor/lpc complaint.shtm

Miscellaneous Fees

Please note that I am not trained as a forensic specialist. It is not my intention to appear in court as an expert witness. If you wish, I am able to refer you for these types of services. If I am ordered to assemble and supply your records to a legal representative (attorney, judge, forensic psychologist, government agency, etc.), there is a \$350 per hour fee. Court appearance and/or testimony is provided at a flat rate of \$5,000 per day, with the minimum charge being \$5,000. If I am asked to be present at the court for additional days waiting for testimony to be given, each day of waiting is charged at the \$5,000 flat-rate fee. If these services are needed, a retainer fee will need to be collected of \$5,000. If any letter must be written on behalf of the client, there is a \$250 flat rate charge.

Referrals

I am not trained in all areas of therapy. Therefore, it may become necessary for me to refer you as the client out for treatment with a different professional.

After-Hours Emergencies

Please know that I do not provide twenty-four (24) hour crisis or emergency therapy services. Should you experience an emergency necessitating immediate mental health attention, 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. If you are able to safely transport yourself, go to the nearest hospital emergency room for assistance.

If you have any questions, please feel free to ask. Please sign and date both copies of this form. You will keep one and give the other to me. This will become a part of your permanent client file maintained by me. Your signature below indicates that you have read this document, we have discussed it, and you understand its contents. Please complete the following information below and return the agreement to me as an attachment if you would like to proceed with online counseling:

Client Full name (print):		
Client's Signature:	Date:	
Date of Birth:/ Gender:	Age:	
Client phone number:		
Client email:		
Emergency Contact's name and relationship:		
Emergency contact phone number:		
If under 18, Guardian's Name:		
Guardian's Signature:	Date:	
Counselor Signature:		_

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Client Questionnaire

Name:	Date:	
Primary concerns or reasons for mak	king the appointment:	
What have you tried so far to address	ss these issues?	
Have you sought out counseling in th	he past? Tell me briefly about your experience:	
Prescription or Over the Counter Med	edications you are currently taking:	
Supplements or Herbs you are taking	g (even if not every day):	
History of Serious Illness, Chronic Illn	ness, or Surgeries:	
What are your goals? What would yo	ou like to accomplish through our time together?	