

CLIENT INFORMATION AND CONSENT

Forest Path Counseling & Wellness, PLLC

Lisa K. Fulfor, LCSW

“In my early professional years I was asking the question: How can I treat, or cure, or change this person? Now I would phrase the question in this way: How can I provide a relationship which this person may use for his own personal growth?”

– **Carl R. Rogers**

Welcome to Forest Path Counseling & Wellness ! I know how very difficult it can be to start therapy with someone you don't even know. The relationship between client and therapist is very unique and special. I am asking you to be open, honest, and allow yourself to be vulnerable and trust me. I realize this may take some time and that is okay. We will get there together at your own pace. It is my number one objective for you to feel welcomed here and to provide a safe, nonjudgmental environment for you to learn and grow. Let's get started and let the journey begin. . .I would like for you to read the following and make an informed decision on whether you want to move forward with counseling at this time.

Counseling

My name is Lisa Fulfor and I am a licensed clinical social worker. I have my bachelor's degree from Kean College of New Jersey, where I grew up. I have a master's degree in Social Work from Texas A&M Commerce. I have experience working in many different areas of social work and mental health settings. I currently live with my husband and my big blended family in Frisco, Texas.

Mental Health Services

It is my belief I that everyone can benefit from mental health services. There is an abundance of research that has shown that psychotherapy clients are better off after therapy than they were before it, and they are better off after therapy than 80% of untreated persons—regardless of the approach used by the therapist. When we start therapy, I'd like us to focus on getting to know one another and getting a good idea of where you are in your life right now, as well as where you want to be. Together we'll form a therapeutic alliance and work equally to achieve your goals. There is not a one size fit approach for every client and every situation. I enjoy practicing many different theories and am always open to changing course if necessary. I also have a love of learning. . .I will continue to learn and grow and change as a therapist, just as you are learning, growing, and changing as a client. It is my hope that you will trust me and the process. . . If you're not satisfied in the direction of our therapy, please tell me. We'll try a different approach, I'll consult with colleagues, or find you a therapist that will be a better fit. Lastly, I would like to express to you that I am not a miracle worker and may not have the answers you were looking for. . . while I am an advocate for good mental health and therapy, I can not promise that you will feel better or that everything will be okay. I can only assure you that in working with me you have found an empathetic, genuine, authentic human being who cares about your well being. ☺

Walk + Talk Therapy

I offer Walk + Talk Therapy to all clients who prefer a non traditional therapy environment. We meet at a local trail or park and I will match your pace. Walk + Talk therapy can help you cope with stress and depression, improve your mood, reduce your tension and anxiety, and improve self-esteem and feelings of well being. Walk + Talk therapy also strengthens the mind-body connection, increases energy and improves sleep. If you prefer, we do not need to walk the entire time and can conduct therapy from a picnic table or bench. Being outside and among nature is very therapeutic and conducive to productive therapy.

Risk of Therapy

Therapy is the Greek word for “change.” While change often leads to a happier and healthier version of you, you may learn things about yourself that you don’t like. These things may lead you to confront issues Or uncover events from your past which were previously repressed. Therapy can be challenging and sometimes growth cannot occur without uncomfortable feelings of sorrow, anxiety, or pain. The success of our work together depends on the quality of the efforts on both our parts, and the realization that you are responsible for lifestyle choices/changes that may result from therapy.

Appointments and Cancellations

I understand that sometimes things come up in life that are out of our control. If you need to reschedule a session, please let me know 24 hours in advance. If it’s less than 24 hours in advance, I am unable to use that time for another client and you will be charged for the full cost of the session. I appreciate you understanding this policy.

Number of Visits

We will discuss the number of visits needed during our first or second session. I have experience working in both short term and long term settings. If you are limited in time, we will try to get the work done in the allotted amount of time. Some clients may only need a few sessions to focus on a single issue or relationship. Others may need more ongoing therapy and support, such as in the case of childhood trauma. In both scenarios, you will determine the pace of our sessions and work together. I will never push you to disclose anything you are not ready to disclose or discuss. I will never keep you in therapy if you have met your goals and are feeling better. Once our work together is nearing completion, we’ll discuss termination (graduation from therapy). After you graduate, I will still be available should a new issue or concern arise. Often times, clients schedule a “check in” appointment every few months or so. Whatever works best for you is fine with me. . .

Length of Visits

Each therapy session is about 45-50 minutes. The first session is generally a little longer (75 to 90 minutes). Sometimes if my schedule permits, clients may request a double session, or schedule a double session in advance. EMDR sessions work a little differently and generally more time is needed to prepare, process, and debrief the EMDR session. We can discuss this further if you would like EMDR treatment.

Respect for Privacy

If we should ever see one another outside of my office, I will not approach you. It's up to you if you want to approach me and say hello. If you introduce me to a friend or family member, I will not say how I know you. In this situation, as in many others, I will follow your lead 😊

Payment for Services

The charge for your sessions is based upon the counselor's contract rate of \$_____per 45 - 50 minute session. **Within contract guidelines, the undersigned therapist will look to you for full payment of your account, and you will be responsible for payment of all charges.**

Confidentiality

Although it is the goal of the undersigned counselor to protect the confidentiality of your records, there may be times when disclosure of your records or testimony will be compelled by law. Confidentiality and exceptions to confidentiality are discussed below. In the event disclosure of your records or testimony is required by law, you will be responsible for and shall pay the costs involved in producing the records and the therapist's normal hourly rate for time involved in preparing for and giving testimony. A retainer fee of **\$2,400.00** that is due at the time a subpoena is served. The charge for court-related services of any kind is **\$300.00** per hour rounded to the nearest 15 minute interval including drive and wait time. Fees incurred for these services will not be filed with your insurance company. Such payments are to be made at the time or prior to the time the counselor renders the services.

Discussions between a counselor and a client are confidential. No information will be released without the client's written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: child abuse; abuse of the elderly or disabled; abuse of patients in mental health facilities; sexual exploitation; AIDS/HIV infection and possible transmission; criminal prosecution; child custody cases; suits in which the mental health of a party is in issue; situations where the therapist has a duty to disclose, or where, in the therapist's judgment, it is necessary to warn 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 the licensing board. If you have any questions regarding confidentiality, you should bring them to the attention of the therapist where you and the therapist will discuss this matter further. By signing this information and consent form, you are giving your consent to the undersigned therapist to share confidential information with all persons mandated by law and with the agency that referred you and the managed care company and/or insurance carrier responsible for providing your mental health care services and payment for those services, and you are also releasing and holding harmless the undersigned therapist from any departure from your right of confidentiality that may result.

I consent for the undersigned therapist to communicate with me by mail and by phone at the following addresses and phone numbers, and I will IMMEDIATELY advise Lisa Fulfor, LCSW in the event of any change:

**ADDRESS
NUMBER**

TELEPHONE

If it is necessary to leave a brief voice message for you, to return a call, or to reschedule an appointment- you release Lisa Fulfor, LCSW, to do so at _____ (voice mail or phone recorder number). I also give Lisa Fulfor, LCSW consent to send me information via e-mail at _____

Duty to Warn

In the event that Lisa Fulfor, LCSW reasonably believes that I am a danger, physically or emotionally, to myself or another person, I specifically consent for Lisa Fulfor, LCSW to warn the person in danger and to contact the following persons, in addition to medical and law enforcement personnel:

NAME

TELEPHONE NUMBER

Signature: _____

Date: _____

After-Hours Emergencies

I am not available after hours, except to make non-emergency appointments. For ***emergencies*** (Emergencies are urgent issues requiring immediate action), go to the nearest ER or call 911. **Do not wait for me to return your call in the case of life-threatening emergencies.** The appropriate facilities or authorities will contact me upon your consent.

Counselor's Incapacity or Death

I acknowledge that, in the event that Lisa Fulfor, LCSW becomes incapacitated or dies, or leaves Forest Path Counseling & Wellness, PLLC, it will become necessary for another therapist to take possession of my file and records. By signing this information and consent form, I give my consent to allow another licensed mental health professional selected by Lisa Fulfor, LCSW to take possession of my file and records and provide me with copies upon request or to deliver them to a therapist of my choice.

Consent to Treatment

I, voluntarily, agree to receive Mental Health assessment, care, treatment, or services, and authorize Lisa Fulfor, LCSW, Forest Path Counseling & Wellness, PLLC to provide such care, treatment, or services as are considered necessary and advisable.

I understand and agree that I will participate in the planning of my care, treatment, or services, and that I may stop such care, treatment or services that I receive through Lisa Fulfor, LCSW at any time.

By signing this Client Information and Consent Form, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

Client Signature _____

DATE _____

Therapist Signature _____

DATE _____