



Professional Disclosure for Informed Consent and Client Agreement (PDIC/CA)

Marvin Schick, MA, LMFT, EMDR Therapist, Christian Sex Therapist

Thank you for choosing Christian Counseling Associates for your counseling needs. I am a Masters level Licensed Marriage and Family Therapist with the State of Texas Board of Licensed Marriage and Family Therapists. I received my bachelor's degree from Oral Roberts University in Tulsa, OK and my Master's degree in professional counseling from ORU as well. In addition to doing Marriage and Family counseling, and Individual counseling, I also hold credentialing for doing trauma recovery therapy using a modality called EMDR, or Eye Movement Desensitization and Reprocessing. I am a practicing Christian Sex Therapist intern, under the supervision of Debbie Wade of ACTSolutions in Grapevine, TX, and I am an ordained Evangelical Christian Minister in my local church in McKinney, TX. . I also am a practicing Muse / Neurofeedback practitioner and there is (see the) a separate informed consent form regarding this recent new modality being offered in my practice

As an LMFT for the State of Texas, my ethics code requires me to inform you of who to contact should you have any questions or complaints about the care you receive in your counselling with me. Formal complaints may be filed in writing with the Texas State Board of Examiners of Marriage and Family Therapists, at P.O. Box 141369, Austin, Texas 78714-1369 or you may call the LMFT Board office at 1-800-942-5540.

As a Christian counselor, my personal belief is that true healing and wholeness come from the power of the Lord Jesus Christ, the ministry of the Holy Spirit, and wise direction found in God's Word, our Holy Bible. But I also am firmly aware that counseling is about the client and not about my beliefs. My counseling approach incorporates a biblical model of counseling, integrated with family systems theory, Gottman Relationship Skills, and cognitive behavioral therapy (CBT) techniques. Additionally, I may use some narrative therapy techniques, and the aforementioned EMDR modality to help you achieve your counseling goals. I do greatly believe in the power of prayer and the infallibility of Gods' word and would like you to know that, by your leave, I will be praying for you and your needs throughout our counseling experience. But as a Christian counselor I will not (professionally) impose my beliefs on any client and will not assume that you want, or will be receptive to explicit spiritual interventions in counseling. With this in mind, only with your permission will I incorporate scripture, prayer, or Bible reading into our counseling sessions.

The Counseling Relationship between the client and therapist is one of mutual responsibility and collaboration. Counseling is a process in which client and therapist work together to deal with the issues, cope with problems, explore feelings, work toward goals mutually derived, and resolve client conflicts. The task of setting goals for therapy is a team effort with the client and therapist; however, the ultimate responsibility lies with you, the client, to decide what your goals will be. Any plan suggested by me is always open for revision or redirection by you, the client. It is okay for you to ask any questions about or the reasons for, any treatment plan or the direction of the counseling sessions.

The assignment of homework may be utilized to enable you to put into practice what is being worked on in the sessions. After all, the majority of your progress towards achieving your goals will happen outside of the sessions—therefore I encourage you to begin to believe and practice the kind of thinking that affirms you as having more and more control over where your personal progress and relationships go and grow.

If we are to be doing relationship counseling or marital counseling, there are a few ground rules I will ask you to abide by. In particular take note of: **The Four Horsemen** – Noted marital satisfaction researcher John Gottman describes what he calls the Four Horsemen of the Apocalypse for destructive behaviors in marriages. They include Criticism, Defensiveness, Contempt, and Stonewalling. We will touch on these during our sessions, but the worst and most destructive behavior of these four is **Contempt**. Contempt is described as putting yourself on a higher plane than your partner by way of verbal or nonverbal cues and behavior—essentially belittling (or expressing disgust for) your partner by questioning his/her right to be heard or to have legitimate feelings in an emotional situation. Contempt can take the form of: 1) mockery being passed off as humor, or 2) even a facial expression that is universal and particularly corrosive. If I see contempt exhibited in our sessions, expect me to stop the discussion and ask you to rephrase your communication in a way that expresses legitimate concerns instead of allowing the contemptuous "barb" to go unnoticed and unaddressed. If we do not call contempt into the light we will be, in effect, colluding with its action and effects.

While the **Benefits** from therapy can be very positive, there are occasional **Risks** that the client should be aware of. Counseling can open levels of awareness, which could in turn cause pain or anxiety. Personal change often means that changes in relationships may also take place. Clients should be aware that friends and family, as well as others with whom the client comes into regular contact, sometimes do not respond positively to changes that are made as a result of therapy; thus, it may become necessary to deal with some relationship adjustments. Therapy requires much personal effort, and often involves some level of temporary or intermediate duration of pain and discomfort. While there is a great potential for marked seasons of growth, progress, and healing, there is no guarantee of these results. It is left up to you, the client, to decide if the gain is worth the potential struggle that may occur during therapy. That's the more severe news...the good news is that I will walk beside you and work with you to achieve the best possible results.

FEES and SESSIONS:

The length of each session is fifty (50) minutes and sessions may start at the top of the hour or on the half hour. In the event you will be late or need to reschedule, I ask that you provide a minimum of one **(1) hour notice** for late arrival and at least twenty-four **(24) hours' notice** for cancellations or reschedules. Unless there is a valid medical or emergency reason, *failure to provide the twenty-four (24) hour notice for cancellations will result in your being charged for the cancelled counseling appointment.* In instances when you are running late, please be aware that even though we start late, we are still bound to the designated time slot, and the session will still end at the regularly scheduled time with the fee remaining the same. If you are more than 15 minutes late for an appointment, it will be considered a "no show" situation and you will be charged for the session fee. Aside from these necessary rules, I will

make every effort to work amicably with clients who have legitimate reasons for being late or “no show.”

You will be financially responsible for the counseling fees at the end of each session. My hourly fee rate for counseling and therapy is **\$150** per 50 minute session hour. On a limited basis, some clients who cannot afford the regular rate may qualify for a hardship rate from a sliding scale based on your combined household annual income, plus the cost of any assessments that I prescribe and you agree to. While Christian Counseling Associates does have therapists who are directly on particular insurance panels who process those insurance claims, I do not—for professional reasons. As a Marriage and Family Therapist, first and foremost, we don’t think all marital or relationship problems are due to a diagnosable disorder or disease. I am initially averse to having insurance panels dictate that a diagnosis is mandatory—meaning that I must put down that you are ill or disordered in a way that is recognized by the Diagnostic and Statistical Manual of Mental Disorders, otherwise known as the DSM-V, which governs whether insurance companies will pay any portion of your care or not. I will, upon your request however, provide you with a CCA receipt that can be used in many cases to file with your insurance company for out of network benefits, or Employee Assistance Program (EAP) benefits if your employer offers one of those that applies to your counseling. In cases where you do need or want a diagnosis for out of network benefits from your insurance, I will be able to provide the CPT and diagnosis codes, as necessary, and will make a diagnosis as is appropriate and professional.

Your rate to see me as your counselor will be pre-determined at the signing of this document, or by the first session. Please initial for the standard \$150/session hour fee or tell me your annualized household income from your last tax year and we can determine what reduced rate you may qualify for. We try to make sure no one is turned away from counseling because of their inability to pay, but we must also charge an appropriate fee structure in order to remain in practice, providing quality care for as many clients as we can. Payment for each session is due at the conclusion of each session by cash, personal check (payable to Christian Counseling Associates), or Visa/MasterCard.

Standard \$150/session fee →	Initials:
Or list annualized household income, previous tax yr. →	\$ _____
Assigned Hardship rate: \$ _____/session	Initials:

If a **Crisis** arises or in case of an **Emergency** you may reach me by calling **(214) 509-8554**. In most cases I will return your call within a short period of time. If your emergency is one in which you are contemplating suicide or involves potential harm to you or another person, please call 911 or a suicide hotline immediately. The phone number for the National Suicide Crisis Center is 1-800-273-8255.

To **Protect your Privacy**, I recommend limiting any electronic communications (email, text, etc) to information related to scheduling issues. Email and texting are simply not compliant with full confidentiality and we want clients to be aware of this.

Other communications that tend to become an attempt to do counseling outside of session work:

Email and other electronic communication just do not lend themselves well to effective therapy. Please do call by phone if there is a family or relationship emergency as described above, but similar to email and texting, trying to do extended counseling by phone is not recommended--please be aware that extended conversations about your care by phone are discouraged in favor of real session time where we can meet face to face.

In regards to **Legal Matters**, I will not testify, or discuss the content of any session with any legal representative unless compelled to do so by a court order. Even then, I will only share very specific content. If I am subpoenaed to appear in court or give deposition in a matter related to you, because of the time and preparation involved, and my loss of time spent counseling other clients, an hourly fee of \$300.00 from the time of my departure from my office to the time of release by the Court or deposition will be charged. A fee for a minimum of six (6) hours (\$1800) must be paid in advance of the actual court appearance, or waiting time at the court house, or deposition time spent and preparation of records. A reconciliation of actual hours spent in excess of the minimum of 6 hours will be billed to you if that should occur.

As a client, your **Confidentiality** regarding your identity and session content will be maintained. This includes information concerning your identity and participation in counseling. For this reason, if I see you in public, I will protect your confidentiality by greeting you only if you greet me first. In addition, what is discussed in counseling remains private and confidential to the fullest extent allowed by the law and professional ethics. However, confidentiality is not absolute and includes the some limitations. I am professionally, ethically, morally, and legally bound to make exceptions regarding client and therapist confidentiality (and as applicable, I may be required to report or discuss certain things):

- ❖ If it is determined that you are a danger to yourself or others.
- ❖ If there is suspected abuse or neglect of a child, elderly person, or disabled person.
- ❖ If ordered by a Court to disclose information via a subpoena.
- ❖ For supervisory oversight reasons with J. David Dickerson, LPC-S, LMFT-S.
- ❖ When consulting with other professionals on your behalf. Your identity and confidentiality will be protected within the limits stated above.
- ❖ If there is report of unethical or illegal conduct of another counseling professional.

Release of information of any other nature will require the written consent of the person to whom the information pertains.

You have the **Right to Terminate Counseling** at any time. Other instances in which counseling may be terminated include the following:

- ❖ Determination that I am unable to be of professional assistance to you.
- ❖ When it becomes reasonably apparent that you are no longer in need of assistance.
- ❖ You are not benefiting from counseling and/or are in need of higher level of intervention, in which alternate referrals will be provided.

My main goal in our counseling relationship is that you gain the understanding and tools necessary to achieve your counseling goals not only in the present situation or life stage you find yourself in...but for the long haul of life. That is, may you gain mastery over your emotions, thinking, behaviors, and self, in a way that enables you attain peace and joy of living. If you will allow, it is my prayer that our time together will be blessed by God, and that you and your family will be blessed as well.

After reading this information, please feel free to ask any questions you have.

I have read and fully understand all of the above **PDIC/CA** disclosure form, and agree to the terms herein. In signing this form, I acknowledge that:

- (1) I may withdraw from treatment at any time unless treatment is court ordered, and;
- (2) I am 18 years of age or over and have not been declared incompetent by a court of law, or;
- (3) I am the parent/legally-appointed guardian or other authorized adult in care of the client to be treated, if such client is 17 or younger, or;
- (4) although under 18 years of age, I am legally empowered to consent to treatment per the conditions outlined in the Texas Family Code.

I voluntarily consent to treatment as described in the **PDIC/CA**, and will pay for services at the time of service. I understand that this acknowledgement will be kept in my medical/counseling record for the purpose of providing treatment, pursuing payment, or other routine health care operations.

If client is a minor: I give permission for this minor child to receive treatment without a parent or guardian present. If the client is a minor child of divorced parents, the signature of both parents may be required. A copy of the divorce decree and any court-ordered documents regarding parental managing conservatorship rights for medical/counseling decisions made regarding minor children must be provided prior to treatment. (All family members over the age of seventeen involved with this therapy must read and sign). If the client is under 18, I _____, have legal custody and/or managing conservator rights for the client and give my consent for counseling and therapeutic treatment of the below named minor.

Client Name: _____ Date: _____

Client Signature: _____ Date: _____

Client's Guardian (if client under 18): _____ Date: _____

Client Name: _____ Date: _____

Client Signature: _____ Date: _____

Counselor Name: **Marvin Schick, MA, LMFT**
Counselor Signature: _____ Date: _____