Our Agreement/Signature Page

I, _____, understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this packet, I can talk with you about them, and you will do your best to answer them. I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues and points in this packet. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this packet. I hereby agree to enter into therapy with this therapist (or to have the client enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature on the signature page.

_____ _____

Signature of client (or parent/guardian) Date

_____

Printed name

Relationship to client: ❑ Self ❑ Parent ❑ Legal guardian

I, JC Shakespeare, LPC, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this packet. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

_____ _____

Signature of therapist Date

HIPAA/Privacy Policy

I have read and received a copy of this counselor's privacy policies and my rights under HIPAA.

_____ _____

Client Signature Date

Email and Texting Consent

Please indicate your preference on the signature page by circling your preference.

I DO DO NOT consent to use email for administrative matters.

I DO DO NOT consent to use text for administrative matters.

If given, consent will expire 2 years after our last appointment. This means that I will not initiate contact via email or text, although you are always welcome to email or text me, and I can reply briefly if you do.

_____ _____

Client Signature Date

❑ Copy accepted by client ❑ Copy kept by therapist

Permission to Provide Counseling Services to a Minor

By my signature below I verify that I am the parent and/or legal guardian of the minor child,

_____, and have the legal authority to

seek counseling services for him/her. I hereby grant JC Shakespeare, LPC, permission to provide these services for my child.

I further understand that according to Texas law both parents have equal access to all medical and mental health records of a minor child, unless specifically prohibited by law.

Therefore, all medical and mental health records will be released upon request to a legal parent, guardian, or authorized representative of this minor child.

If parents are divorced, the parent seeking counseling must provide a copy of the portion of the divorce decree that covers custody arrangements and health care decisions. This copy will be kept in the child's counseling file and become part of his/her records.

Signed_____ Date_____

Signed_____ Date_____

Client Information Form

Client Name _____

Parent/Guardian Names (if minor): _____

Address: _____

City: _____ Zip: _____

Adult Email: _____

Home Phone:_____

Cell Phone: _____

Client Age: _____ Date of Birth: _____

Please select one of the following options:

- ☐ I choose not to use insurance at this time.
- ☐ I will file out-of-network through my insurance company.

_____

Name of Insurance Company

_____

Name of Policy Holder