



Amy Allen Meyer, P.A.

Where families find hope

Licensed Professional Counselor
Registered Play Therapist–Supervisor
National Certified Counselor

5850 Town and Country Blvd., Suite 1201
Frisco, Texas 75034
972.335.3933 p • 972.335.3973 f
www.amyallenmeyer.com

Informed Consent

Qualifications

I am a Licensed Professional Counselor in the state of Texas and a Registered Play Therapist-Supervisor engaged in a private practice providing mental health services to clients directly. My specialization is in Child Therapy and I am qualified to work with individuals, adolescents, children, and families who are confronting various personal, emotional, social and behavioral issues. I am not qualified to work with those individuals who I feel are in need of medical attention.

Nature of Counseling

I believe that the therapeutic relationship with the child and parent is the basis for change and growth to occur. We will all work together as a team. I will explore the child's feelings, thoughts, behaviors and perceptions and help them understand how their behavior is directly related to their views on self, others and the world. I will encourage them in finding new solutions while working with you, the parent, to find ways to have a more satisfying and rewarding family life.

Some children need only a few counseling sessions while others may require more. I will be working with you (parents or legal guardians) offering feedback, suggestions, and parenting skills that I feel might be helpful. You have the right to refuse or negotiate any suggestions you believe might not be beneficial. I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards. Although therapy has proven to be highly successful, please note that it is impossible to guarantee any specific results regarding your child's counseling. Be advised that therapy is not always a pleasant experience. In some cases, it can be a painful and emotional experience and may get worse before it gets better.

This is a professional and therapeutic relationship. In order to preserve the integrity of the relationship, it is imperative that I not have any other type of relationship with you. Personal and/or business relationships undermine the effectiveness of the therapeutic relationship. I cannot accept gifts from you or your child, barter or trade services. In public, I cannot acknowledge you and your child unless you and your child acknowledge me first. In that case, there cannot be any conversation of a clinical nature between us.

Referrals

If at any time for any reason you are dissatisfied with my services, please let me know. Should you and/or I believe a referral is needed, I will offer suggestions on referrals. You are in complete control and may end our counseling relationship at any point. If you decide to terminate our relationship, please notify me in advance, as it is best to properly terminate the relationship with your child. If at any time a referral is made during our ongoing relationship, so that you or your child are seeing another counselor or therapist for some additional purpose, the individual will be a separate and independent practitioner, just as I am. I do not guarantee the services of another practitioner or attempt to oversee his or her work. You are responsible ultimately for selecting and evaluating the services of any other practitioner.

Appointments

Appointments can be made by calling 972.335.3933 or by rescheduling when you are in the office. **In the event that you will not be able to keep an appointment, please notify the office at least 24 hours in advance. Otherwise, you will be billed the customary fee for the missed appointment.**

Your appointment time has been reserved for you and you are encouraged to arrive on time. In the event that you are late, you will still be responsible for the entire fee and will be seen for the remaining portion of your session. I will not be able to make up the time as others with scheduled times after you are affected. I make every effort to be on time. In unusual circumstances, I may be late. If that is the case, you will be seen for your full session.

Fees

The initial intake session, for parents only, is 50-55 minutes and the fee is \$150.00. Each subsequent session is 45-50 minutes and the fee is \$125.00 (or my current "session rate"). Payment is required at the time of the session and is the responsibility of the parent who brings the child to the office for treatment. In divorce situations, this is regardless of the terms outlined in the divorce decree or custody arrangement. Payment is accepted by cash, check, MasterCard and Visa.

By consenting to treatment, you acknowledge that you are responsible for the cost of these provided services to you or your minor child and agree to pay them at the time of service. There is a \$25.00 service charge for rebilling for all returned checks. If your account is not paid timely, then you agree to pay a separate service charge after 30 days notice and if collection services are required, you agree to pay attorney fees and/or collection fees and expenses. Be advised that if your account is not paid in full in 90 days, it will be turned over to a collection agency. I have the right to terminate treatment if fees are not paid in a timely fashion. If rates should increase in the future, I will advise you at least 30 days prior to the increase. If at any time you have questions about the fees, please feel free to discuss them with me.

I do not testify in court, but if legal actions occur in which I am requested or subpoenaed to provide testimony (such as in a custody case) you will be responsible to provide the following even if the subpoena is sent from the opposing side of the case and even if our ongoing relationship has ended:

1. Travel expenses.
2. Hourly or per diem fees based on my then current session rates, plus 20% of that fee, from the time I leave the office until I return.
3. Fees at my then current rates, plus 20% of that fee, for the time expended in preparation and research. At least \$500.00 will be due prior to the court appearance.
4. Record copying fees are \$1.50 per page plus \$125.00 per hour copying fee.

Telephone Calls

Phone calls will be returned in a timely manner. If your phone does not accept blocked or private calls, please be advised that I might not be able to reach you. Telephone calls that exceed 5 minutes will be billed based on the time spent per call. Multiple short calls may also be cumulated and billed.

Emergencies

Should you need emergency assistance after hours you can call my office at 972.335.3933. You may also go to the nearest hospital emergency room, call the 24 Hour Mental Health Crisis Hotline at 972.562.7722, the Dallas Suicide & Crisis Center at 214.828.1000 or Contact Dallas at 214.233.2233.

Records and Confidentiality

Discussions between a therapist and a client are confidential. No information will be released without the client's written consent unless mandated by law. Possible exceptions include but are not limited to the following situations:

1. I determine any information revealed in session indicates physical, sexual, or emotional abuse or illegal neglect of children, or abuse, neglect, or exploitation of elderly or disabled persons.
2. I determine you or your child is a danger to yourself or others.
3. I am ordered by the court to disclose information.
4. You (parent or legal guardian) sign a written consent.
5. I may engage staff or an Administrative Services provider to assist in the administrative aspects of handling your case. To the extent the law allows, they will be bound to honor all confidentiality.
6. If you or your child receives concurrent services from another practitioner, we are both obligated to disclose our involvement to one another.
7. I learn of sexual exploitation by another mental health services provider.
8. I receive supervision and/or consultation in order to provide you with quality care (you or your child's name will not be disclosed).

In the event of my death, your records will be forwarded to another professional selected by you. All communication becomes part of the clinical record.

Consent to Treatment

I, voluntarily, agree to receive and authorize the undersigned therapist to provide such care, treatment, or services that are considered necessary and advisable for me and/or my minor child.

I have the legal authority to seek professional services for my minor child. I have read and understood all the terms and information contained here and ample opportunity has been offered to ask questions and seek clarification of anything unclear to me. I engage Amy Allen Meyer, P.A. to render services as provided herein.

Child's Name

Parent's Signature (Mom)

Date

Parent's Signature (Dad)

Date

Acceptance by Counselor

Counselor's Signature

Date

Optional

I give my permission for my child to be video taped for consultation, treatment, or professional training. I understand that the video process will meet the ethical and confidential requirements of this office and of the American Association of Counseling and Development. **This release to be video taped is optional. Please ask me if you have questions.**

Parent's Signature

Date

CONCERNS REGARDING ETHICAL QUESTIONS MAY BE ADDRESSED TO THE CONSUMER HOTLINE AT
1.800.942.5540