

STONEBRIAR COUNSELING ASSOCIATES

Client Rights and Responsibilities

Cody McCain MA, LPC

Licensed Professional Counselor

Welcome to **STONEBRIAR COUNSELING ASSOCIATES**. In an effort to help you make informed decisions about your therapy, I would like to tell you about my background and qualifications as a therapist and about your rights and responsibilities as a client.

EDUCATION:

BA, Psychology, University of Colorado at Boulder, Colorado

Master of Arts in Clinical and Counseling Psychology, Southern Methodist University in Dallas, TX

LICENSURE:

I am a Licensed Professional Counselor (LPC) in the state of Texas. As a licensed therapist, I practice under the authority of the Texas LPC licensing board. If you have a complaint, you have the right to file a grievance with the following agency:

Texas State Board of Examiners of Professional Counselors at this address:

1100 West 49th Street Austin, Texas 78756

METHOD OF TREATMENT:

My method of treatment combines various theoretical models and family systems theory with growth and solution-focused ideas. This means that I look at most issues in the context of personal/family background and current relationship dynamics. I take a positive approach to problems, assuming that people are resilient and have tremendous abilities to address their life situations. It is my role as a therapist to help you understand the dynamics of your situation and relationships to help you grow personally and relationally. This growth will help you address your issues more effectively.

GOALS, RISKS, AND BENEFITS:

There is always a risk of psychological side effects from psychotherapy. Sometimes symptoms worsen before they get better. Often therapy brings up painful emotions. Our goal is to confront issues and emotions together, and with time, to work through them. Other types of therapy, such as support groups or therapy groups, may also be appropriate in your situation.

LENGTH OF TREATMENT:

Length of treatment is very difficult to predict. Each individual has unique strengths and weaknesses, and each problem is different from the next. It is my goal that each client will finish therapy in a timely manner, without unnecessary waste of time or money.

FEES:

Our sessions will be 50 minutes long. Together, we will decide how often you should come. Each session will cost a predetermined amount. I ask that you pay in full at each session. You will be billed for missed sessions unless you call 24 hours in advance to cancel the appointment. Your credit card will be kept on file and billed in case of a missed session without the minimum 24 hours advanced notice. Exceptions will be made, of course, in emergency situations.

OUR RELATIONSHIP:

Although you will be sharing personal things during the course of therapy, the tie between us is professional rather than personal. It is important to keep this relationship clear, so spending time with you socially or accepting phone calls from you at my home are inappropriate.

Sexual intimacy between a therapist and a client is always inappropriate and illegal. If this has happened to you in the past, you should file a complaint with the appropriate licensing agency.

YOUR RIGHT TO PRIVACY:

I will not share the things you tell me without written permission from you. However, I can be forced to reveal our communications if:

- I suspect child or elder abuse.
- I feel that there is a threat that you will harm yourself or others.
- You become unable to take care of yourself and additional help is needed.
- There is a licensure board inquiry
- Legal matters are involved.

It is important in the field of psychotherapy to consult with other professionals about difficult cases. Therefore, it is possible that I will discuss your case with other therapists for the purpose of gaining information or insight about your situation. If this occurs, your name will not be revealed during these discussions. I will respect your privacy within these limitations.

EMERGENCIES:

During office hours, you can reach me at 214.202.2264. After hours, in the event of a genuine emergency, you can contact me at the previously mentioned number. If for some reason you cannot reach me, contact your physician, your local emergency room or the local police department when necessary and appropriate. It is your responsibility to seek the appropriate resources in emergency situations.

If you have any questions regarding your therapy, please feel free to ask.

I have read the preceding information and understand my rights and responsibilities as a client.

Client signature

Date

Parent/Guardian signature

Date

Therapist signature

Date