

Deanna Sims, Ph.D.
Licensed Professional Counselor
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Professional Disclosure Statement

Qualifications: I am a Licensed Professional Counselor with a doctoral degree in counseling. My formal education and professional experience have prepared me to counsel individuals, groups, couples, and families.

Nature of Counseling: I believe all people have the potential for growth, change, and healing. Humans are social creatures that need social connection in relationships to maintain health. I believe that people's feelings, thoughts, and behaviors are created by how they subjectively experience their surroundings. People use their behaviors to achieve goals. I also believe that all people at any time in their lives, have the ability to change their emotions, thoughts, behaviors and goals. I will use a variety of strategies (cognitive behavioral techniques, homework assignments, self-exploration strategies, bibliotherapy, Socratic questioning, encouragement, and others) in the therapy process. I invite you to establish goals and explore how your thoughts, behaviors, and feelings are working to meet those goals. If you desire a change in your feelings and behaviors, through self-exploration and thought modification, we can work as a team to meet your treatment related goals.

INFORMED CONSENT

Counseling Relationship: Sessions are held for 50 minutes. Although our sessions may be very intimate psychologically, our relationship is a professional one rather than a social one. Ethical guidelines prohibit counselors from receiving gifts. Our contact will be limited to counseling sessions you arrange with me, except in case of emergency, when you may contact me by phone. I will be unable to accept friend requests through social media (Facebook, Linked-In, Instagram, etc.). Email or text messages may be used for scheduling or brief questions. My preference is for you to call if you are having a problem so I may speak to you directly.

Effects of Counseling: At any time, you may initiate a discussion of possible positive or negative effects of entering, not entering, continuing or discontinuing counseling. While benefits are expected from counseling, specific results are not guaranteed. Counseling is a personal exploration and may lead to major changes in your life perspective and decisions you make. These changes may affect significant relationships, your job, and/or your understanding of yourself. Some of these insights or life changes could be temporarily distressing. The exact nature of these changes cannot be predicted. Together we will work to achieve the best possible results for you.

Client Rights: Some clients only need a few counseling sessions to achieve their goals; others may require months or even years of therapy. As a client, you are in complete control and may end our counseling relationship at any time, though I do request you participate in a final termination session. You also have the right to refuse or discuss modification of any of my counseling techniques or suggestions that you believe might not be beneficial to you.

I assure you that my services will be rendered in a professional manner consistent with accepted legal and ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know. If I am not able to resolve your concerns, you may report your complaints to the Texas Behavioral Health Executive Council at (512) 305-7700.

Referrals: Should you and/or I believe that a referral is needed for more in depth or specialized treatment, I will provide some alternatives including programs and/or people who may be available to assist you. A verbal exploration of alternatives to counseling will also be made available upon request. You will be responsible for contacting and evaluating those referrals and/or alternatives.

Fees: In return for a fee of \$150 per individual session (or \$45 for a group therapy session), I agree to provide professional counseling services for you. The fee for each session will be due and must be paid at the beginning of each session. Cash, personal checks (made to Dr. Deanna Sims), or credit cards are acceptable forms of payment. You will be responsible for any fees related to insufficient funds for returned checks. Cash payments will be required following any returned checks. I am out of network for all healthcare plans. If desired, I can provide you with a receipt for services if you choose to file with your healthcare plan. Any document preparation for disability or court/mediation, court costs, depositions, or other time spent testifying, waiting to testify, including time driving to and from the court, will be billed at \$250 per hour. A copy of your medical record may be obtained for a fee of \$.50 per page.

Cancellation: In the event that you will be unable to keep an appointment, please notify my office at (972) 978-2157 at least 24 hours in advance. Maintaining consistent therapy attendance is a very important clinical issue. It is important for me to monitor your progress and for you to be committed to the counseling process to maximize the therapeutic benefits. Missed appointments or cancellations without 24 hour notice will be billed for the full fee of \$150. Missed appointment fees must be paid on or before the next scheduled therapy appointment.

Records and Confidentiality: All of our communication becomes a part of your clinical record. Adult client records are disposed of five years after the last date of service. In the event of the death or incapacitation of myself, records will become the property of Julia Stacy, LPC.

Most of our communication is confidential, but the following limitations and exceptions do exist: 1) I determine you are a danger to yourself or others; 2) you disclose sexual contact with another mental health professional; 3) you disclose abuse, neglect, or exploitation of a child, elderly, or disabled person; 4) I am ordered by a court to disclose information; 5) you direct me to release your records; 6) I am otherwise required by law to disclose information.

I acknowledge that Dr. Sims may communicate via cell phone, text message and/or email.

By your signature below, you are indicating that you have read all pages and understand this document, and that any questions you have had about this document have been answered to your satisfaction.

Signature of Patient _____ **Date** ____/____/____

INFORMED CONSENT

I request that Deanna Sims, Ph.D., LPC provide counseling and related services as may be prescribed. I acknowledge that counseling is not an exact science and that no guarantees have been made as to the results of the treatment hereby authorized.

Signature of Patient _____ **Date** ____/____/____

TELEHEALTH SERVICES CONSENT

Telehealth involves providing psychological and counseling services remotely through technologies including video conferencing or phone. Although there are benefits of telehealth, there are some differences between in-person services and telehealth, as well as some risks. For example:

Risks to confidentiality: Since telehealth services take place outside of the counselor's private office, there is potential for other people to overhear information if you are not in a private place during the interaction. I will take reasonable steps to protect your privacy at my location. You will be responsible for maintaining privacy at your location to ensure persons not included in the service do not overhear the discussion.

Issues related to technology: There are many ways that technology issues might impact telehealth. For example, technology may stop working during an appointment or other people might be able to access our private conversation or other data. I will need a telephone number on file as a means of contact should the video conferencing technology fail. Reestablishing contact through the telephone may be necessary so the appointment can resume.

Efficacy: Most available research, while currently somewhat limited, shows that telehealth can be about as effective as in-person sessions. However, some persons can find use of technology difficult or cumbersome and this can affect the information obtained and the conclusions that are achieved. In addition, some professionals believe that information could be lost by not being in the same room. Therefore, telehealth services may not obtain the same quality and quantity of information that could be available during an in-person interaction and could affect the interpretation by the counselor. As a therapist, I may determine that telehealth services may not be appropriate for some persons.

Records

The telehealth appointments shall not be recorded by either of us in any way. A medical record of our discussion will be kept in the same way that I maintain an in-person record in accordance with my practice.

Confidentiality

I have a legal and ethical responsibility to make the best efforts to protect all communications that are part of our telehealth interactions. However, the nature of electronic communication technologies is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications (i.e., unknown hackers, etc.). I will use HIPPA compliant software and updated security software to help keep your information private, but there is a risk that our electronic communication could be compromised, unsecured or accessed by others. You should also take reasonable steps to ensure that security of our communications (for example, only using secure networks for telehealth appointments and having passwords to protect the device you use). You should also avoid use of a public WIFI as this may not be secure.

The extent of and exceptions to confidentiality that I outline in the disclosure statement still apply to telehealth interactions.

Signature of patient _____ **Date** ____/____/____