

Joy Allen, LCSW, M.Div.
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Informed Consent

Thank you for the opportunity to meet and work with you regarding your psychological and relationship concerns. Psychotherapy is a process of meeting together, clarifying issues and concerns, determining goals and next directions, learning new skills and behaviors, and making important personal and relationship changes. It is an investment of time, money, and energy into your life and future.

Like any significant project, **your efforts** might not create immediate results but as you **continue to work on your goals**, it's likely that you'll get more of what you want and need for your life. Some problems and concerns may get worse before they get better. Specific results are not guaranteed. You may learn new information or experience negative changes. If you are working as a couple and have conflicting goals, the results may not be what you were expecting. However, most people experience **numerous benefits from psychotherapy**.

SERVICES OFFERED

I see adult individuals and couples for concerns such as depression, anxiety, employment issues, loss, and unexpected life changes. **I specialize with and have advanced training in relationship and couples work.** My family therapy background is a foundational part of how I conceptualize issues and problems. I work with a variety of clients including couples who want faith included in therapy and with gay and lesbian couples.

While therapy often reviews history and past experiences, **change happens in the present.** The goals that are set will be part of a treatment plan that guides the therapy. Additionally, the behavioral and personal shifts you make are an important part of creating positive, forward change.

CREDENTIALS AND TRAINING

As a **clinical social worker** I have met the legal requirements to practice psychotherapy and am obligated to do so in an ethical and professional manner. My Texas LCSW number is 51554. I am also licensed in Missouri and Colorado. In 1987 I received a Masters of Social Work from the University of Tennessee and a Masters of Divinity from Vanderbilt Divinity School. Additionally, I am a member of The National Association of Social Workers and an affiliate member of The American Association for Marriage and Family Therapy. I regularly attend training and continuing education events. I have been in private practice since 1999.

I am a **Certified Gottman Therapist** and a Certified Gottman Couples Workshop Leader, have completed several trainings with Emotionally Focused Therapy for couples, and co-facilitate *The Art & Science of Love: A Weekend Workshop for Couples* on a regular basis. (While I have taken training in the Gottman Method of couples' therapy and have become a Certified Gottman Therapist, you should know that I am completely independent in providing you with clinical services and am fully responsible for those services. The Gottman Institute or its agents have no responsibility for the services you receive.)

CONFIDENTIALITY (Additional information is in my HIPPA Notice of Privacy Practices.)

Information provided by you during therapy is **legally confidential** except in cases where you are at imminent risk of harming yourself or others; you have shared information regarding the abuse of children, disabled or elderly individuals; you have reported involvement with another mental health professional which must be reported; or if there is a court order requiring disclosure. My hope is to work with you directly, but if you are in danger I would contact the emergency contact you have provided, and outside emergency help.

Records are kept according to professional and security requirements. You will need to sign a written consent to release information if you want me to talk with someone, such as your physician, about your counseling. I consult regularly with other professionals on treatment issues but do not reveal identity or identifying information.

Health insurance companies require certain information to process claims. Usually that involves a mental health diagnosis, which will likely become part of your health history. Only the minimum necessary information will be disclosed.

If I encounter you in a **public setting** such as a restaurant, I may offer a reasonable social greeting (i.e. smile and say hello) but I will respect your privacy. You are certainly welcome to discuss your experience of therapy with others, but I am required to protect your confidentiality.

COUPLES TREATMENT

In working **with a couple, I keep one record** and consider the relationship the primary focus of therapy. If you or your partner decide to have some individual sessions as part of couples' therapy, what you say in those individual sessions will be considered a part of the therapy and will likely be discussed in joint sessions. In the event of a future request for records, signed authorizations are needed from both individuals to release the records.

CLIENT RIGHTS

You are **entitled to receive information** about methods of therapy, techniques used, duration (if known) and fee. **Please ask questions so that you understand your rights and responsibilities.** You may stop coming or seek a second opinion from another therapist at any point. If I don't have the training or expertise you need, I am required to inform you of this. We will discuss your options for care including referrals to other therapists, programs or options.

Because I **appreciate working with clients over time**, I try to be clear about the ending of a segment of therapy. Generally, that helps people feel comfortable calling again in the future. I believe working with clients or the same therapist over time is a privilege in today's world.

There are ethics and laws that I am required to follow to make therapy safe for you including maintaining our relationship in a professional manner. I encourage you to talk with me if you have questions or concerns about your progress. If at any time, for any reason you are dissatisfied with my services, please let me know. You also have the right to contact the Texas Board of Social Worker Examiners at 1-800-232-3162 or lsw@dshs.state.tx.us; Texas State Health Services, Mail Code 1982; P.O. Box 149347; Austin, Texas 78714-9347.

SOCIAL MEDIA, RATINGS AND REFERRALS

I don't accept 'friend' or 'contact' requests from current or former clients on **social networking sites** as this could compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please discuss this with me as it is intended to support our psychotherapy work together.

You may find my practice listed on **rating websites** (i.e. Yelp, Healthgrades, etc.) but please know that my listing is NOT a request for rating, endorsement or a testimonial from you. If you choose to write something, please keep in mind the public forum and your confidentiality. I urge you to use a pseudonym that is not linked to your name or regular email for your own privacy and protection.

Soliciting testimonials and endorsements is not permitted in psychotherapy. However, I **do appreciate referrals.** Many clients learn about my services through recommendations from friends or other professionals.

IN THE EVENT OF MY INCAPACITATION OR DEATH

In the event that I become incapacitated, or unable to practice, I have made provisions for a colleague(s) I trust to be in contact with you regarding your treatment needs. All efforts will be made to keep your information secure and confidential.

Policies and Fee Agreement

ACCESSIBILITY

If you need to contact me, please call **(817) 732-4200**.

CRISIS AND EMERGENCIES If you are experiencing a life-threatening emergency, go to the nearest emergency room, call your physician/psychiatrist, or dial 911.

Fort Worth MHMR has a 24-hour/day crisis line/outreach team at 817-335-3022.

If you have frequent crises or need for help, you may need more support than I can provide. Together we would make an appropriate plan for your care, which may include referrals to other programs or professionals. I offer some support but am not immediately available by text, telephone, email, or social media in an emergency situation.

_____Initials

OFFICE HOURS

Monday – Thursday: 9:00 am – 6:30 pm

Friday: 9 am – 12:00 pm (although I am often in meetings or out of the office)

FEES AND PAYMENT

55-minute session -- \$140

85-minute session -- \$210

Telephone calls (over 15 minutes) -- \$50

- Payment for service is due at the beginning of your session by cash, check, or credit card.
- I do not offer a sliding scale but occasionally adjust fees based on need and treatment plans
- Fee are reviewed annually

Appointments are generally weekly or every other week, but may also be scheduled more frequently or for longer sessions as needed. Longer sessions of eighty-five minute sessions work well for couples. _____Initials

CANCELLATIONS

Your session has been reserved for you. If for some reason you need to reschedule or cancel, please give as much notice as possible. As with most professional appointments, calling 24 hours ahead of time is expected. This opens the appointment to someone else who may be in crisis. If possible, another appointment later in the week will be offered to you.

- Less than 24-hour notice -- \$80
- No call, no show -- \$140

_____Initials

YOUR USE OF HEALTH INSURANCE

I am not on health insurance provider lists so I am an “out of network provider.” Full payment is expected at the time of service and a monthly statement can be provided for you to submit for reimbursement from your health insurance. Your signature here authorizes release of the information necessary so you can secure insurance reimbursement for fees you have paid. _____Signature

VOICE MAIL, TEXT, EMAIL

If you need to contact me between sessions, the best way to do so is by telephone. Generally, it is best to wait until a face-to-face appointment to discuss concerns. Please leave a message on my **voice mail** when I am seeing clients or in meetings. I regularly retrieve messages and make every effort to return calls within the same day during business hours. I rarely check for messages over weekends, holidays or when I’m away from my office.

I use **email for administrative purposes only** (such as rescheduling appointments). Please do not email content related information about therapy. Email is not completely secure or confidential and logs are retained by Internet Service Providers. Emails, sent or received, need to be kept as part of your health record.

Texting – **I do not use text messaging** as a form of communication in this practice.

Please understand that I am responsible for maintaining your confidentiality and use these policies to facilitate that process. _____Initials

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES (HIPPA)

I have been offered the opportunity to read or been given a copy of Joy Allen’s Notice of Privacy Practices which describes how my health information is used and shared. I understand that Joy Allen has a right to change this Notice at any time and that I may obtain a current copy by contacting her about this.

My signature below acknowledges that I have been offered or provided with a copy of the Notice of Privacy Practices.

Signature of Patient or Personal Representative

Date

Print Name

Signature of Patient or Personal Representative

Date

Print Name



Learning about one’s self and your family members, creating more of the life that you want, developing new relationship skills, and making new commitments can be rewarding outcomes of therapy. It is my hope to assist you in this process. These agreements are intended to help this occur.

I have read the Informed Consent and the Policy and Fee Agreement. I have had time to understand and ask questions to my satisfaction. I understand my rights and responsibilities as a client and my therapist’s responsibilities to me. I understand that I can terminate therapy at any time. I consent to assessment and treatment with Joy Allen, LCSW, M.Div.

Client signature

Date

Client signature

Date

Joy Allen, LCSW, M.Div.

Date