

# Mind In Balance, LLC

Heal ~ Grow ~ Connect

2300 Valley View Ln., #237 Irving, TX 75062-1721 · 214-417-7803 · FAX 888-965-6186

License: 62628

## Client Information and Informed Consent

### CLIENT INFORMATION AND INFORMED CONSENT: GENERAL

#### IMPORTANT INFORMATION AND CLIENT CONSENT: Please read and sign electronically.

I am excited to walk with you on this next leg of your personal journey, no matter how long or short our time together may be, as you seek positive change in your life and relationships. It is my aspiration that you heal and grow from the therapeutic experience. To make an informed decision about utilizing my services, it is important for you to know some things about me professionally. I hold a Master's in Counseling from the University of North Texas, a license from the Texas State Board of Examiners of Professional Counselors, and a certificate from the National Board for Certified Counselors. I also have specialized training in Couples' Counseling, Traumatic Brain Injury, Anger Management, and Life Coaching. I work primarily with adults, older adolescents, and couples on a variety of issues. The treatment approach I use is eclectic, pulling techniques from a variety of theories to best suite your needs and personality. Such techniques could include cognitive restructuring, relaxation training, reframing, self-monitoring, experiments, awareness exercises, dialogue, formal assessment, problem-solving, mindfulness, spiritual development, coping skill education, visualization, and assigning homework. Thinking patterns are frequently addressed and psycho-education is an important part of your treatment. I work from the perspective that therapy is a collaborative effort, in which the therapist and client(s) share the responsibility for the outcome. During the initial session, you and I will determine more precisely what has brought you to counseling and will together establish treatment goals. Sessions are approximately 55 minutes.

**Effects of Counseling:** Please be aware that benefits of therapy are expected though not guaranteed and therapy comes with potential emotional risks. Personal issues addressed may bring to the surface uncomfortable emotions such as anger, anxiety, and sadness. Sometimes things get worse before they get better. Making changes in your beliefs or behaviors can be scary, and sometimes disruptive to your existing relationships. Most people who take these risks find therapy is helpful for improving relationships, reducing feelings of emotional distress, and specific problem solving. I will do what I can to help you minimize risks and maximize positive outcomes. If you note distress as a result of therapy, please bring this to my attention so that we can work through it, as this in and of itself can be a powerful aspect of the therapeutic process.

**Counseling Relationship:** The counseling relationship is unique to any other relationship in that it can be very intimate but is strictly professional. Engaging in social or sexual relationships is something I will avoid as it is potentially harmful to you and is a breach of ethics. It could be harmful by impacting my clinical judgment, objectivity, or therapeutic effectiveness or could be exploitative in nature. For this reason I cannot accept an invitation to social gatherings, accept gifts, or in any other way relate to you outside of the professional context of our counseling sessions. This includes not accepting any invitations via social networking sites such as Facebook, Twitter, or LinkedIn, nor will I respond to blogs written by clients.

**Clients Rights:** The amount of time a person needs to be in therapy to sufficiently accomplish his or her goals varies, for a number of reasons. As a client you are in control and may end our counseling relationship at any time. You are never under any obligation to continue or to comply with techniques or a direction of therapy that you do not understand or are uncomfortable with, and may request a discussion of the reasoning, modification or termination of such.

**Termination & Referral:** During the intake and initial sessions, as well as while assessing your progress along the way, I will assess if I can be of benefit to you. If, in my opinion, I cannot be of help to you or you need a different type or level of care, I will recommend termination and provide you with referrals that you may choose to contact. If you feel that my services are no longer of benefit to you, you are welcome to initiate termination and request referrals. Once referrals have been provided and options discussed, you will be responsible for contacting and evaluating those referrals. I am willing to facilitate the transition from my services to theirs via consult, with your written permission. Once it is determined collaboratively (by both you and me) that your therapeutic goals have been successfully achieved and you are no longer in need of services, a termination session will be conducted. At that point follow-up care of any kind will be discussed.

**Confidentiality:** I follow all ethical standards prescribed by state and federal law. We are required by practice guidelines and standards of care to keep records of your counseling. These records are confidential with the exceptions noted below and in the Notice of Privacy Practices provided to you.

Discussions between you and I are confidential. No information will be released without your written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: child abuse; abuse of the elderly or disabled; abuse of patients in mental health facilities; sexual exploitation; AIDS/HIV infection and possible transmission; criminal prosecutions; child custody cases; suites in which the mental health of a party is an

issue; situations where I have duty to disclose, or where in my judgment, it is necessary to warn or disclose; fee disputes between you and I; a negligence suit brought by you against me; or the filing of a complaint with the licensing or certifying board. If you have any questions regarding confidentiality, you should bring them to my attention and we will discuss this matter further. By signing the Consent for Treatment form, you are giving me consent to share confidential information with all persons mandated by law and with the agency that referred you and the insurance carrier responsible for providing your mental health care services and payment for those services, and you are also releasing and holding me harmless from any departure from your right of confidentiality that may result.

I will not make electronic recording of any contacts or interview without your specific written permission.

In the unlikely event that we should ever meet in public or a social situation, your confidentiality will be protected in that I will not acknowledge you unless you wish to do so and initiate communication.

There may be times when I might consult with professional colleagues to gain greater insight and feedback regarding work we are doing in order to serve you better. If I do so, I will not use your name or any information that could identify you.

Confidentiality and Couples: When a person who engages my services for couples' counseling is seen individually, a "no secrets" policy is in place. This means information shared will be approached sensitively as is necessary but will not be withheld as confidential between that one member of the couple and me.

**Records:** I maintain brief records of dates of service, issues addressed, interventions, progress, recommendations, ongoing concerns, and any homework assigned. Records are kept via secure means in a locked file or electronically under password protection. You have the right to a copy of your file at any time. You have the right to request a correction to any errors in your file. You have the right to request that a copy of your file be made available to any other health care provider at your written request. Please be aware I may request a waiver of this right if I believe it would be more harmful than helpful for you to have copies of your records and will alternately provide you with a summary of treatment.

**Managed Mental Health Care:** If your counseling is being paid for in full or in part by a 3rd party agency (such as insurance or employee assistance programs) there is additional information you should be aware of. 3rd party payers have the right to impose restrictions on number of sessions, time period to complete therapy, use of medication, and methods of treatment. Some organizations require detailed reports of your treatment and progress in counseling and, on occasion, may require a review of your entire case file. Information collected by 3rd party payers usually becomes a part of your permanent health record at the Medical Information Bureau and they may not maintain the same high level of privacy and confidentiality regarding your records that I would. If any of this is of significant concern please ask to discuss your options.

**Incapacity or Death:** In the event of my death or incapacitation, it will be necessary to assign my case to another Therapist and for that Therapist to have possession of your treatment records. By your signature consenting for treatment, you hereby consent for Conchita Andrijeski, LPC-S to take possession of your records and provide you copies at your requests, and/or to deliver those records to another therapist of your choosing.

**Complaints:** If you are unhappy with what is happening in therapy, please discuss it with me so that I can respond to your concerns. Concerns will be taken seriously with care and respect with no negative repercussions should you choose to continue our therapeutic relationship. If you believe I have been unwilling to listen and respond, or that I have behaved unethically, the complaint about such behavior can be directed to the Texas Behavioral Health Executive Council at <https://www.bhec.texas.gov/discipline-and-complaints/index.html> or 512-305-7700 or

333 Guadalupe St., Ste. 3-900, Austin, TX 78701

#### **Policies and Procedures**

The following policies and procedures are in place to facilitate the best therapeutic service for all of my clients. Please feel free to ask any questions you may have about them.

Termination: Once it has been mutually determined that therapeutic goals have been met termination will be conducted during all or part of your final session. If a session has been missed and not rescheduled or there has been no contact from you for 2 months following your last session, our therapeutic relationship will be considered terminated. After termination you will no longer be considered a client but in most cases may return again if necessary.

Canceling appointments/No shows: Please cancel 24 hours or more in advance, unless there is an emergency. This can be done either by calling or canceling/rescheduling yourself on the portal. If canceling less than 24 hours for a non-emergency you will be responsible for the late cancellation/no show fee. See Informed Consent: Financial Policies for details.

Late Arrivals: You will have a 15 minute grace period following your scheduled appointment time. If you arrive past that you may be asked to reschedule.

Appointment Reminders and Appointment Scheduling: You may choose to receive an email or text message the day before your scheduled appointments.

This service is provided as a courtesy. A 3rd party is used to handle these reminders so there may be circumstances in which messages will not be successfully

delivered (if users are on the phone, out of service, etc). It is YOUR responsibility to record and keep any appointments that have been made, as I cannot guarantee you will successfully receive a reminder every time

You can enjoy the convenience of viewing your appointment time and scheduling/rescheduling online 24/7 at <https://mindinbalance.secure-client-area.com/portal/>  
You may also schedule/reschedule via email through the Client Portal or by calling 214-417-7803.

Clinical Emergencies: If you find yourself in a state that you need to speak with someone immediately, cannot wait until our next appointment, and are unable to reach me, 24/7 help can be found for anyone at [www.befrienders.org](http://www.befrienders.org). If you are in immediate danger of harming yourself or someone else, call 911 or go to the nearest medical ER or psychiatric facility such as:

Tarrant County: Fort Worth Crisis Intervention at 817-927-5544, John Peter Smith Hospital Emergency Room at 817-927-1110

Dallas Country: Dallas Suicide and Crisis Center at 214-828-1000, Parkland Psychiatric Clinic at 214-590-5536, Parkland Emergency Room at 214-590-8761

Payments: Refer to Informed Consent: Financial Policies form

### **I have read and I agree to Client Information and Informed Consent**

*Signature of Client or Legal Guardian*

*DOB*

*Date*

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*Sign Full Name*

*MM-DD-YYYY*

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