

Jessica R. Potter, MA, LPC-Intern
Supervised by LaVonne Dyste, LPC-S
The Springs Counseling Group
1299 Common St., New Braunfels, TX 78130
(830) 237-7056

LPC-Intern Counseling Agreement

Please initial the following statements to acknowledge your understanding:

_____ I understand that Jessica Potter, LPC-Intern is a Licensed Professional Counselor Intern in the state of Texas under the supervision of LaVonne Dyste, LPC-S.

_____ I understand that as my therapist, or the therapist working with my child, I am in control of the counseling relationship and may choose at any time to end our therapeutic relationship.

_____ I understand that if any assignment is given that I disagree with morally, ethically, or emotionally, I have the right not to proceed with that assignment.

_____ I understand that if I am concerned about slow progress or lack of progress, I have the right to speak to Jessica Potter and/or LaVonne Dyste.

_____ I understand that Jessica Potter does not perform formal testing, but can make referrals to those who do upon request.

_____ I understand that our paths may cross in social situations, but that our therapeutic relationship comes first, along with protection of my confidentiality.

_____ I understand that there are some occasions when confidentiality can/must be breached. Those are: a) Under my direction, Jessica Potter may share information with someone else either in writing or verbally, b) Jessica Potter determines that her client poses a threat to themselves or others, c) she is ordered by a court to disclosed information, or d) she suspects that there is abuse of a child, an elderly individual, or a disabled individual.

_____ I understand that counseling can improve, as well as upset the equilibrium in any person or family.

_____ I understand that if I have a complaint I cannot resolve with Jessica Potter and I wish to file a formal complaint, I may contact the Texas State Board of Examiners of Licensed Professional Counselors at 1-800-942-5540.

_____ I understand that payment is due at the time of the service and that Jessica Potter practices independently of all managed care programs.

_____ I understand that there is a returned check fee of \$25.

_____ I understand that if I do not give at least 24 hours notice in cancelling an appointment, I will be charged a fee equal to that of the scheduled appointment. This fee will be due no later than the next scheduled appointment.

_____ I understand that the rate for a counseling session is \$90 for a 45 minute session.

_____ I understand that Jessica Potter is not a psychiatrist, she is a Master's level therapist, and as such cannot recommend or prescribe medications, but can encourage clients to see an MD for a medication evaluation.

_____ Emergencies: I understand that although Jessica Potter does not provide formal emergency services, she does wish to be available to the extent possible. I may call the office number at any time and leave a message. If the call is during the business day, this call will be returned fairly quickly in most circumstances. If the call is received over night or on the weekends, it will usually be returned the next business day. If I find myself in an urgent situation, I have the choice of waiting for the return call, of calling 911, or going to the nearest emergency room for immediate care.

_____ Death or Incapacity: I understand that in the event Jessica Potter dies or becomes unable to continue providing clinical services, LaVonne Dyste, LPC-S will be designated as conservator for my patient records and she will take possession of said records at that time. Upon receipt of my written request, LaVonne Dyste, LPC-S will make these records available to me or a mental health provider of my choice.

Client's Printed Name

Date

Signature of client or parent or guardian, if client is under 18 years of age