

# *Dr. Michael Moyer, LPC-S*

433 Kitty Hawk – Suite 211  
Universal City, TX 78148  
Phone: 210-412-4781

## **INFORMED CONSENT**

### **COUNSELING RELATIONSHIP**

I believe, as your counselor, it is my job to work with you and understand your concerns. Once I fully understand your current concerns and the changes you would like to make, I will work with you on ways to create that change. Typically, I meet with clients on a weekly, bi-weekly, or monthly basis and will consult with you regarding which time frame works best for your specific needs. Each session will last approximately 45-55 minutes. A counseling relationship is solely a professional relationship and will focus only on your concerns.

While it may not be easy to seek help from a mental health professional, it is hoped that you will be better able to understand your own situation and your feelings about that situation, and to move toward resolving your difficulties. It will be important for you to explore your own feelings and thoughts and try new approaches in order for change to occur. If you feel it would be beneficial to you, we may discuss you bringing other family members to counseling sessions..

I do not discriminate on the basis of race, gender, religion, national origin, or sexual orientation. If significant differences such as culture or belief system exist between us, I will work to understand those differences.

### **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 process of personal exploration and may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. Some of these 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.

### **CLIENTS RIGHTS**

Some clients need only a few counseling sessions to achieve their goals; others may require months or even years of counseling. As a client, you are in complete control and may end our counseling relationship at any time. You also have the right to refuse or discuss modification of any of my counseling techniques or suggestions that you believe might be harmful. If a divorce or a separation of parents has occurred, a current copy of the relevant court documents is required to begin services with a child. If joint custody exists, both parents are equally able to participate in their child's counseling unless court documentation indicates otherwise. My counseling services will be rendered in a professional manner consistent with the current ethical practices promulgated by the Ethical Codes of the Texas State Board of Examiners of Licensed Professional Counseling, American Counseling Association, and the HIPAA security and privacy rules. If at any time for any reason you are dissatisfied with my services, please let me know so that existing issues can be worked through. If I am not available to resolve your concerns, you may report your complaints to the Texas State Board of Examiners of Licensed Professional Counselors at 1-800-942-5540.

### **REFERRALS**

You and/or I may believe that a referral is needed. In such cases, I will provide alternatives, including programs and/or other people who may be available to assist you. You will be responsible for contacting and evaluating those referrals and/or alternatives.

### **FEES**

In return for your session fee I agree to provide counseling services for you. The fee for each session will be due at the end of each session. At this time I DO NOT accept credit/debit cards. Cash or check payment only. All returned checks will incur a \$25.00 return-check fee.

**RECORDS AND CONFIDENTIALITY**

All of our communications become part of the clinical record. Records are the property of Dr. Michael Moyer. In the event that I become incapacitated or at the time of my death, your records will be transferred to Dr. Jessica Lloyd–Hazlett, LPC, in accordance with Texas LPC Ethical Codes. Most of our communication is confidential, but the following limitations and exceptions do exist, if:

- You are in danger to yourself or someone else;
- You disclose sexual contact with a mental health professional;
- I am ordered by a court to disclose information;
- You direct me to release your records;
- I am otherwise required by law to disclose information;
- There is a reason to believe that abuse or neglect of a child, elderly or disabled person has occurred or will likely occur.

To further protect your confidentiality, if I see you in public, I will only acknowledge you if you approach me first. In the case of marriage or family counseling, I will keep confidential (within the limits cited above) anything you disclose to me without your family member’s knowledge. However, I encourage open communication between family members, and I reserve the right to terminate our counseling relationship if I judge the secret to be detrimental to the therapeutic process. Should you request a copy of your counseling records, please be aware that a \$30.00 record preparation fee will be incurred and a “Release of Information” form must be signed. An overall counseling summary, in lieu of records will be provided free of charge upon request.

**EMERGENCY/CRISIS**

Please know that I do not provide a 24-hour crisis counseling service. Should you experience an emergency necessitating immediate mental health attention, immediately call 911 or go the nearest emergency room for assistance.

By you signature below, you are indicating that you have read and understood this document, or that any questions you had about this document were answered to your satisfaction and that you were furnished a copy of this document., acknowledge your commitment to comply with all of its terms and requirements, issue consent for the Counselor to work with you and/or your child and acknowledge understanding and agreement with my financial obligations.

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Client’s Signature

Date

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Counselor’s Signature

Date