



SEAN GORMAN LPC, PLLC
141 East Mercer St. Suite D
Dripping Springs, TX 78620
512-865-6616

Informed Consent/Disclosure

Welcome to the counseling practice of Sean Gorman LPC, P.C. The following information will cover many important topics regarding the counseling services that you are pursuing. If you have any questions, please feel free to ask. Thank you and I look forward to working together!

Degrees Awarded & Credentials

B.A., University of Colorado at Boulder, Philosophy, 1991.

M.A., University of Colorado at Denver in Counseling Psychology and Counselor Education, Marriage and Family Tract, 1999.

Licensed Professional Counselor (LPC), State of Texas, License #74256

Ethical Standards

The Texas State Board of Professional Counselors has the general responsibility of regulating the practice of licensed professional counselors. Questions, concerns or complaints may be addressed to:

Texas State Board of Examiners of Professional Counselors
Complaints Management and Investigative Section
P.O. Box 141369
Austin, Texas 78714-1369
1-800-942-5540

Client Rights and Important Information

A client is entitled to receive information about the methods of therapy; the techniques used; the duration of the therapy (if known) and the fee structure. (Please ask if you would like to receive this information.) A client may seek a second opinion from another therapist or may terminate therapy at any time. A licensee shall set and maintain professional boundaries and in a professional relationship, sexual intimacy is NEVER appropriate and should be reported to the grievance board.

Fees

The standard fee for a 50-55 minute therapy session for individuals is \$175.00

The standard fee for a 50-55 minute therapy session for couples/family is \$200.00.

In addition to scheduled appointments, I charge a \$100.00 hourly fee for other professional services that you may need (reports, external meetings, site visits). Payment is due at the time of service delivery. I accept cash, check and credit cards as a form of payment. There may be a \$25.00 service charge for any returned checks.

Currently, I am considered an out of network insurance provider and will work with you and your insurance company to check on your benefits if requested.

Cancellation Policy: You will not be charged for missing a session if you give at least a 24-hour advance notice of your cancellation. Otherwise, you are responsible for the full session fee that is payable at the next scheduled appointment.

Privileged Communications

Generally speaking, the information provided by and to a client during therapy sessions is legally confidential when the therapist is a licensed professional counselor. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.

However, there are exceptions to the general rule of confidentiality. You should be aware that legal confidentiality does not apply in a criminal or delinquency proceeding. If I am requested by the court to release information, we must discuss this as immediately as possible. Other exceptions in which I may breach confidentiality include: 1) the intent/serious threat to harm others or a serious intent/threat to harm yourself, and 2) disclosure of suspected or known child abuse or abuse of the elderly. Licensed professional counselors have a duty to warn, which may include contacting professional agencies (social services, human services, police department, inpatient hospitalization). I may also discuss your case with my supervisor to ensure quality services. There are other exceptions that I will identify to you as the situations arise during therapy.

There may be occasions when you see your therapist outside of the office. In an effort to protect your privacy, the therapist will not initiate conversation or discuss clinical issues with you in a social situation. If you feel comfortable, I am willing to have conversations outside of the office in a social situation ONLY when initiated by you.

Client Records

Client records and files will be stored securely to maintain confidentiality. I acknowledge that in the event that Sean Gorman becomes incapacitated or dies, it will become necessary for another therapist to take possession of my files and records. By signing this form, I give my consent to allow another licensed professional counselor selected by Sean Gorman to take possession of my files and records and provide me with copies upon my request, or to deliver them to a therapist is my choice.

Phone and Emergency Contact

My confidential phone and voice mail is 512-865-6616. I check messages often, and make every effort to return your call as soon as possible.

In a mental health emergency, please dial 911 and/or go to your local emergency room. You may also contact your doctor directly or the 24 hour MHMR hotline (Austin) at 512-472-4357.

Email and Texting Consent:

Technological means of communication may be used to facilitate the therapeutic counseling process. As a professional, it is important that I keep your health information private and secure. Some clients prefer the use of texts and emails for scheduling and administrative purposes. (Please note that FaceTime, texts and emails are not considered to be 100% secure.)

Please indicate your preference about whether you would at times prefer to communicate via texts and/or emails for administrative purposes.

_____ I do consent to the use of texts and emails,

_____ I do not consent to the use of texts and emails.

I HAVE BEEN INFORMED OF MY THERAPIST'S DEGREES, CREDENTIALS AND LICENSES. I HAVE ALSO READ THE PRECEDING INFORMATION AND UNDERSTAND MY RIGHTS AS A CLIENT.

_____ **Date:** _____

Client Signature

Client Name-PRINTED

_____ **Date:** _____

Therapist Signature