

Vickie Purdy, LPC  
Professional Counseling Services  
3151 Reid Dr.  
Corpus Christi, TX 78404



Phone: (361) 494-4171 Fax: (361) 933-1253

Email: [vickiep@vickiepurdy.com](mailto:vickiep@vickiepurdy.com) [www.vickiepurdy.com](http://www.vickiepurdy.com)

## INFORMED CONSENT FORM

**IMPORTANT INFORMATION AND CLIENT CONSENT:** Please read and sign at the end stating you have fully read and understand the information below.

**CLIENT/THERAPIST RELATIONSHIP:** You and your therapist have a professional relationship existing exclusively for therapeutic treatment. While your therapist cares about you, any personal, social and/or business involvements undermine the counseling relationship. The exchange of gifts is not appropriate, nor is any sort of trade of service for service.

**AVAILABLE SERVICES:** Vickie Purdy is a licensed professional counselor who offers a wide array of counseling services, including individual, family, couples, children and teens, and consultation. Prior to beginning her private practice, Mrs. Purdy was a teacher for 15 years, then worked as a school counselor for 12 years. After retiring, she worked as a therapist at mental health agencies and clinics for five years before beginning private practice in 2017. Effective psychotherapy is founded on mutual understanding and good rapport between client and therapist. Your therapist is well-trained in cognitive behavioral therapy, grief counseling, and other therapeutic approaches and uses a variety of techniques designed to meet the individual needs of her clients.

**RISKS AND BENEFITS:** Counseling and psychotherapy are beneficial, but as with any treatment, there are inherent risks. During counseling, you will have discussions about personal issues which may bring to the surface uncomfortable emotions such as anger, guilt, and sadness. The benefits of counseling can far outweigh any discomfort encountered during the process, however. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, and specific problem solving. We cannot guarantee these benefits, of course. It is my desire, however, to work with you to attain your personal goals for counseling and/or psychotherapy.

**COUNSELING:** I provide short-term counseling designed to address many of the issues clients typically face. Your first visit will be an assessment session during which we will determine and prioritize your concerns, and if we both agree, we will develop a plan of treatment together. Counseling goals are collaboratively set and will be evaluated and/or revised as our work proceeds.

My goal is to provide the most effective therapeutic experience available to you. If at any time you feel that our working together is not a good fit, please discuss this matter with me to determine whether a change in our approach is needed, or if transferring to another therapist is a more suitable option for you. I will be happy to assist you in finding a provider to better meet your needs.

Wellness is more than the absence of disease; it is a state of optimal well-being. It goes beyond the curing of illness to achieving health. Through the ongoing integration of our physical, emotional, mental, and spiritual self, each person has the opportunity to create and preserve a happy and meaningful life. Counseling skills will be taught, modeled and practiced to equip clients to quickly recognize and change unhelpful patterns of thinking, behaving, and interacting using these tools to improve the quality of their lives.

**APPOINTMENTS:** Appointments are typically scheduled on a weekly basis and are approximately 50 minutes long. More frequent sessions or an intensive outpatient schedule are available if determined appropriate by your therapist. **If you must cancel or reschedule your appointment, I ask that you call or text me at (210) 883-5335 at least 24 hours in advance. This may free up your appointment time for another client, and enable you to avoid the missed/late cancellation fee of \$50. Clients with more than one NO SHOW or cancellation with less than an hour's notice will be billed for entire session fee. Medicaid clients who miss more than one appointment will only be able to schedule appointments on same day, depending on available openings in counselor's schedule.**

<b>FEE SCHEDULE:</b>	Diagnostic & Evaluation Session (1 <sup>st</sup> visit)	\$125.00
	Regular Office Visits (60 minutes) (Individuals & Play Therapy)	\$110.00
	EAP (45 min.) and other 45 min. sessions	\$ 90.00
	Couple/Family Session (60 min./90 min.)	\$110.00/\$125.00
	Child Session (30 min. for children 4-7 years of age)	\$ 65.00
	<b>Late Cancellation Fee (cancellations less than 24 hrs.' notice)</b>	<b>\$ 50.00*</b>
	<b>Missed Appt./No Show (less than 1 hr. prior to the scheduled time)</b>	<b>\$ AMT. OF ENTIRE SESSION FEE*</b>
	Outside Office Work (inpatient visits, court, collaborative law services)	\$150.00/hr.
	Written Reports (for insurance companies, supervisors, ESA letters, etc.)	\$ 50.00/30 min.
	Returned check fee per check	\$ 25.00

**\*Note: If a missed appointment can be rescheduled during the same week, I will waive the late cancellation fee. Your initials here indicate your awareness of and agreement to adhere to the policy regarding late cancellations and missed appointments.** \_\_\_\_\_  
(client's initials)

A reasonable fee will be charged for copies of any records requested by the Client.

**PAYMENT/INSURANCE FILING:** Payment of fees, including any required co-pays, is expected at the time of each appointment. I request that payment be made before your session begins. Vickie Purdy accepts cash, check, and most major credit cards. If you have insurance and hope to be able to use it in the future, please let me know. Monthly payment arrangements are available if needed for clients who have established a payment record for three months.

**EMERGENCIES:** You may encounter a personal emergency which will require prompt attention. In this event, please contact me regarding the nature and urgency of the circumstances. We will make every attempt to schedule you as soon as possible or to offer other options. Because clients may be scheduled back-to-back, it is not always possible to return a call immediately. However, I will make every effort to respond to your emergency in a timely manner. **If you are experiencing a life-threatening emergency, call 911, or have someone take you to the nearest emergency room for help.**

**CONFIDENTIALITY:** Vickie Purdy follows all ethical standards prescribed by state and federal law. She is required by law to follow specified guidelines and standards of care in maintaining counseling records. These records are confidential with the exceptions noted below and in the Notice of Privacy Practices provided to you.

Discussions between a therapist and a client are confidential. No information will be released without the client's 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; suits in which the mental health of a party is in issue; situations where the Therapist has a duty to disclose, or where, in the therapist's judgment, it is necessary to warn or disclose; fee disputes between the therapist and the client; a negligence suit brought by the client against the therapist; or the filing of a complaint with the licensing or certifying board. If you have any questions regarding confidentiality, you should bring them to the attention of the therapist when you and the therapist can discuss this matter further. By signing this Information and Consent Form, you are giving consent to the undersigned therapist, or her billing specialist, 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 harmless the undersigned therapist from any departure from your right of confidentiality that may result.

**DUTY TO WARN/DUTY TO PROTECT:** If my therapist believes that I (or my child, if child is the client) am in any physical or emotional danger to myself or another human being, I hereby specifically give consent to my therapist to contact any person who is in a position to prevent harm to me or another, including, but not limited to, the person in danger. I also give consent to my therapist to contact the following person(s) in addition to any medical or law enforcement personnel deemed appropriate:

Name	Telephone Number
_____	_____
_____	_____

**INCAPACITY OR DEATH:** I understand that, in the event of the death or incapacitation of the undersigned therapist, it will be necessary to assign my case to another therapist and for that therapist to have possession of my treatment records. By my signature on this form, I hereby consent to another licensed mental health professional, selected by the undersigned therapist, to take possession of my records and provide me copies at my request, and/or to deliver those records to another therapist of my choosing.

**CONSENT TO TREATMENT:** By signing this Client Information and Consent Form as the Client or Guardian of said Client, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receiving mental health assessment, treatment and services for me (or my child, if said child is the client), and I understand that I may stop such treatment or services at any time.

**NOTE:** If you are consenting to treatment of a minor child, if a court order has been entered with respect to the conservatorship of said child, or impacting your rights with respect to consent to the child’s mental health care and treatment, Vickie Purdy will not render services to your child until she has received and reviewed a copy of the most recent applicable court order.

\_\_\_\_\_  
Signature – Client/Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Spouse/Partner/Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date

**I hereby authorize the release of necessary medical information for insurance reimbursement purposes.**

\_\_\_\_\_  
Client/Parent

\_\_\_\_\_  
Date

**I authorize the payment of medical benefits to the provider of services.**

\_\_\_\_\_  
Client/Parent

\_\_\_\_\_  
Date