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|  | The Healing Place**Child Policy Statement &** **Consent to Treatment Form** |

**Welcome**

The Healing Place is a private therapy practice that specializes in treating symptoms of trauma, grief, anger, anxiety, and depression in children, adolescents, and adults. The Healing Place utilizes a strengths-based and person-centered approach with a strong emphasis on adjusting the environment for optimal mental health and family functioning. The Healing Place treats clients from a culturally humble perspective that validates the right of each individual to define themselves and what treatment interventions best align with their identity. We recognize that each client is a unique blend of intersectionality between their age, racial, cultural, ethnic, ableness, developmental, religious, gender, sexual, and generational identity. The Healing Place strives to be a welcoming and safe space for all individuals.

**Confidentiality**

Confidentiality is described as keeping private the personal information shared between a client and his/her therapist. Therapy sessions at The Healing Place are strictly confidential. Confidential information will not be released unless required or permitted by law. Possible exceptions to client confidentiality include but are not limited to:

* Client/Parent/Guardian signs a release of information allowing the therapist to discuss confidential information with another party or parties;
* The therapist is mandated to report suspected abuse of a child, elderly person, or disabled person;
* The therapist is mandated to report the client’s disclosure of intent to harm self or others;
* The therapist is subpoenaed to testify in court or court-ordered to disclose confidential information; and/or
* The therapist is required by their professional codes of ethics to report sexual misconduct or unethical behavior of another mental health professional
* For treatment of minors, risk-taking behavior that is considered detrimental to the safety of the minor or others will be shared with the minor’s parent(s) and/or guardian.

**Treatment Planning, Objectives, and Goals**

The goals and objectives of treatment will be specific to each client and will be discussed with you as the parent/guardian and your child if appropriate during the development of the client’s individualized treatment plan. The length of time needed for healing and the amount of intervention required varies with each client. An assessment of needs and an individual treatment plan will be completed for each client and will be discussed with you and your child. Treatment plans are reviewed regularly and will be updated periodically with input from you and your child. The Healing Place is committed to providing research-based, empirically supported treatment modalities and will recommend the most appropriate treatment modality and interventions for your child based on the individual needs presented. As the parent/guardian, you are in complete control and may end your child’s counseling relationship at any time, though we do recommend that your child participate in a termination session.

**Therapy Process**

Therapy appointments are approximately 45-55 minutes in length and are usually scheduled once per week. Parents/Guardians of the client have an instrumental role in the healing process. Every few sessions, your therapist will meet you during your child’s appointment time to discuss your child’s progress, solicit feedback about the effectiveness of services, offer suggestions and/or address concerns. We encourage you to discuss with your therapist any approach, technique, or practice with which you have questions, concerns, or need clarification. A positive working relationship between the therapist and the client is very important for the success of the therapeutic process. If at any time you do not feel like the therapist is a good fit for your child or your family, please notify your therapist so that we may refer you to another provider. A positive working relationship between the therapist and the client is very important for the success of the therapeutic process. If at any time you do not feel like the therapist is a good fit for your family, please notify your therapist so that we may refer you to another provider.

**Expectations, Effects, and Risks of Therapy**

Therapy is a process, and the success of therapy will in part be determined on the effort that you and your child put into the process. For growth and progress to occur in therapy, clients often must confront uncomfortable issues and may experience emotions of sadness, anger, or anxiety. At any time, you may initiate a discussion of possible positive or negative effects of entering, not entering, continuing, or discontinuing therapy. While benefits are expected from counseling, specific results are not guaranteed. It is extremely important and helpful for you to inform your therapist, as soon as possible, of new problems that develop or changes in information that may have a positive or negative impact on the therapeutic treatment of your child. Due to the nature of mental health treatment, The Healing Place cannot provide individual therapy services to clients who are simultaneously engaged in individual therapy treatment with another therapist.

**Referrals**

It may become necessary to refer you or your child to other agencies or professionals to best meet the treatment objectives and goals. It is important to carefully consider the referral recommendations of your therapist as it may affect the ability for counseling to continue at The Healing Place. Your therapist will provide the referral, but you will be responsible for contacting, accessing, and utilizing the referral. If your therapist believes it would be helpful to the treatment of your child to communicate with the referent you will be asked to sign a consent form acknowledging and authorizing the disclosure of your protected health information.

**Therapeutic Boundaries**

The relationship that exists between a therapist and a client is professional rather than social. Therefore, contact with your therapist will only occur in the context of a professional service. The Healing Place asks that you do not invite your therapist to attend family or social events, offer gifts to your therapist, or ask your therapist to relate to you in any way other than the professional context of the counseling sessions. Your therapist is unable to communicate or have contact with you or your child via social media sites. If your therapist sees you or your child in public, she/he will protect your confidentiality by acknowledging you only if you approach your therapist first.

**Services to Non-Native English Speakers**

Effective communication and mutual understanding is critical for successful therapy services. All therapists at The Healing Place are native English speakers and may offer therapy services in languages other than English. As a client you have the right to request a translator at any time to facilitate your therapy services and sessions. It is your responsibility as a client to inform your therapist if you do not fully understand the therapist or if you feel there is miscommunication due to a language barrier. Additionally, if you prefer to work with a therapist that is a native speaker of your language, you may at any time request a referral to such a therapist.

**Phone & Email Contact**

Therapists at The Healing Place are often unable to immediately answer emails and phone calls but will check for messages periodically throughout each day. Please note that The Healing Place is unable to track missed calls; therefore, you must leave a voice message if you would like your call to be returned. There may be times when your child’s therapist is unable to return calls or emails on the same day that they are received. Most calls and emails will be returned on the next business day. Please refrain from discussing details of yourself or your child in emails and text messages as these are not completely secure and confidential means of communication. Please note that if you choose to send text messages or emails to your child’s therapist, they will become part of your child’s therapy record.

**Therapist: Steven Parks - License# 57870**

Steven L. Parks is a Licensed Clinical Social Worker and a Board Approved Supervisor with years of practice experience. Steven holds a Bachelor’s Degree of Psychology, a Master’s Degree of Business Administration, and a Master’s Degrees in Social Work and is licensed to practice psychotherapy by the Texas State Board of Social Work examiners. If you have questions or concerns about licensure you may contact the board on their website: <https://www.dshs.texas.gov/socialwork/>.

Steven has received the following additional specialized training and credentials:

* Registered Play Therapist Supervisor (RPT-S)
* Certified Parent-Child Interaction Therapy (PCIT)
* Certified Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

**HIPPA Compliant Disclosures**

Therapists at The Healing Place participate in the education of graduate-level students and the clinical supervision of professionals in therapeutic practice. Sometimes, to maintain ethical practice, therapists at The Healing Place will confidentially consult with colleagues about the treatment of clients. Occasionally, therapists at The Healing Place may use deidentified information in the context of case examples and scenarios for educational purposes. None of your child’s or your family’s identifying information will not be disclosed during any consultation or supervision. The Healing Place assures you that clinical services will be rendered in a professional manner consistent with legal and best practice ethical standards.

**Fees**

The Healing Place accepts clients that choose to privately pay for services at a rate of $150 per session. Privately paying clients are fully responsible for therapist service fees and if applicable can submit their own benefits claims for reimbursement from their insurance provider. Clients may also choose to use medical insurance benefits to pay for the cost of services if the assigned therapist is an in-network provider for the medical insurance panel. The client is responsible for paying the copayment fee associated with their insurance plan. The Healing Place does NOT use balance billing practices or hold client’s responsible for paying the difference between insurance provider reimbursement and the rate of service. Client’s may be billed the full rate of service if the insurance company denies payment of claim for any reason. All fees are expected to be paid within 24 hours of the receipt of invoice for services. Clients will be invoiced a $50 cancellation fee for missed appointments that are not cancelled 24 hours in advance.

**Attendance Policy**

In order to provide quality therapeutic services, regular attendance is necessary. Therapy sessions are by appointment only and are typically scheduled as reoccurring weekly appointments. You are responsible for consistently arriving on time for appointments and rescheduling if necessary. **If you need to cancel or reschedule your appointment, please notify your therapist 24 hours prior to the appointment time. If you do NOT give your therapist at least 24 hours advanced notice about a cancellation you will be charged a cancellation fee of $50.00.** Unfortunately, at times your therapist might have to cancel your child’s appointment; if this happens you will receive notification as early as possible about the cancellation and to reschedule.

You will be discharged from services and removed from the therapist’s schedule if either of the following occur:

1. Two consecutive missed appointments that are not cancelled prior to the appointment time

2. Three missed appointments in a month for any reason, even if cancelled beforehand

It is the policy of The Healing Place that a parent or guardian must be on the premises when therapy services are being provided to a child/adolescent client. This policy is in place primarily to ensure the safety of the child/adolescent. Should there be a medical emergency, the staff of The Healing Place do not have the right to secure medical treatment. Additionally, a parent or guardian may need to join a session to provide information, assist in finding a solution to a problem, or to be a part of the therapeutic process. Please ensure that whoever transports your child/adolescent to sessions stays on the premises during the session.

**Child Consent to Treatment**

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| **Client’s Name:** |  | **Client’s Date of Birth:** |  |
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| **Parent/Guardian Name:** |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*,* voluntarily consent for my child to receive mental health assessment and treatment provided by a staff therapist at The Healing Place. I acknowledge that I have the legal rights and authority to consent for this child to participate in treatment and that I am responsible for informing any other individuals that legally have the right to be informed about the child’s participation in treatment. I agree to participate in my treatment planning and therapy, and I understand that I may withdraw my participation in therapy at any time.

By signing this consent form, I acknowledge that I have read and understood policies and practices of The Healing Place Therapy Practice. I agree to the terms, conditions, and information within this form.

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| **Parent/Guardian Signature** | **Date** |