



**INFORMED CONSENT & COUNSELING AGREEMENT**

**Client:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

Thank you for choosing Healing Minds Behavioral Health. We realize that engaging in counseling is a major decision and you may have many questions. This document is intended to inform and introduce you to Healing Minds Behavioral Health, PLLC, a mental health/counseling private practice for children, adolescents, and families. Here you will find information on our record keeping practices, our policies, the risks and benefits of counseling, our therapeutic approach, the nature and expectations of a professional counseling relationship between counselor and client, and other important topics. If you have other questions or concerns, please ask and we will try our best to give you all the information you need.

**Qualifications of Counselors:**

**Alejandro Lopez Jr., M.A., LPC, NCC** - I hold a license to practice professional mental health counseling in the state of Texas (#77229) as a Licensed Professional Counselor (LPC) with board certification as a National Certified Counselor (NCC) by the National Board for Certified Counselors (NBCC). I earned a Master’s degree in Clinical Mental Health Counseling at Texas A&M University-San Antonio in 2016, a Bachelor’s degree in Psychology at Texas A&M University-San Antonio in 2012, and an Associate’s degree in Psychology at Palo Alto College in 2008. My specialty is in working with families and treating the effects and symptoms of trauma in children and adolescents ages 4 to 17 and have obtained a certification in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), a research-based treatment for children and adolescents, along with their parents/caregivers, who have been impacted by trauma. In addition to these modalities, I incorporate elements of Play Therapy, Sand Tray Therapy, Cognitive-Behavioral Therapy, Solution-Focused Therapy, Behavior Modification, Parent Coaching, and Dyadic Developmental Psychotherapy (DDP) as therapeutic interventions in my work with clients. I gained my clinical experience while working at various child-centered non-profit settings in San Antonio, TX, including residential treatment facilities for children, children’s homes, Children's Advocacy Centers, and children’s outpatient psychiatric treatment centers. I am serious about following our licensing board rules and abiding by our code of ethics, both of which are in place to protect you.

**Miranda Buechner, M.S., LPC-Associate, Supervised by Dr. Chris Leeth, LPC-S** - I hold a license to practice professional mental health counseling in the state of Texas (#88252) as a Licensed Professional Counselor-Associate supervised by Dr. Chris Leeth, LPC-S. I have met the requirements by the State of Texas under the occupations code, chapter 503 that allows me to provide individual, couples, family, and group counseling services under supervision. I received a Master of Science in Clinical Mental Health Counseling from the University of Texas at San Antonio. My clinical expertise includes working with children ages 4-18 experiencing or impacted by trauma, family separation, and behavioral issues. Additionally, I have training and experience working with teen parents. I utilize a client-centered approach to allow a safe space for children and adolescents to express themselves and build skills to support social and emotional well-being. I also utilize elements of Cognitive and Dialectical Behavior Therapy, Play Therapy, Solution-Focused Therapy, and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) to develop a customized treatment for the unique needs of



each child and their family. I use a trauma-focused and strength-based approach to assist children in maximizing strengths and overcoming challenges. My areas of specialty include depression, anxiety, and self-esteem.

**Crystal Sperber, M.S., LPC-Associate, Supervised by Dr. Alan Lobaugh, LPC-S, RPT-S** - I hold a license to practice professional mental health counseling in the state of Texas (#89677) as a Licensed Professional Counselor-Associate supervised by Dr. Alan Lobaugh, LPC-S, RPT-S. I have met the requirements by the State of Texas under the occupations code, chapter 503 that allows me to provide individual, couples, family, and group counseling services under supervision. I received a Master of Science in Clinical Mental Health Counseling from the University of the Southwest in Hobbs, New Mexico. I have over 10 years of experience working with children and adults in various educational settings and utilize a variety of therapeutic approaches including solution focused brief therapy, cognitive behavioral therapy, play, acceptance and mindfulness. I also employ more humanistic approaches such as person-centered therapy, existential therapy, and Gestalt therapy to create an individualized approach. I continue to gain experience working with depression, bipolar and dissociative disorders, anxiety, trauma, PTSD, parenting, school and behavioral problems, ADHD, postpartum depression, and grief/loss counseling. I believe counseling and the therapeutic experience can be a very powerful tool to aid children, teens, parents, caregivers, and families. Often times it can be difficult to see the forest for the trees, to see the big picture. This is where therapy can step in, to aid in discovering the source of a situation, help clear the woods to alight pathways and build bridges.

**Our Philosophy:** We truly value and honor the therapeutic relationship between counselor and client and believe it is the agent of change and healing in the lives of our clients. We believe in empowering clients and tailoring techniques and interventions with each individual client to help them make meaning of their experiences to be able to move forward on their journey. I believe that most children do well when they can and want to overcome their problems, but they may not know how. Our goal is to discover, with the child and their family, their triggers and pathways that are causing issues and preventing them from getting to where they want to be. We are interested in breaking down problems and finding the root and source of where/why the disconnection exists. We are always mindful of the importance of how mental, behavioral, emotional, physical, and spiritual health interplay with our functioning as human beings. Our passion is helping clients in their journey to becoming their best selves and providing them with resources to thrive and grow.

**Our Treatment:** We are a trauma-focused counseling practice. Trauma-focused therapy is a specific approach to therapy that recognizes and emphasizes the understanding of how a traumatic experience, or a set of experiences, impacts a child's mental, behavioral, emotional, physical, and spiritual well-being. This type of therapy is rooted in understanding the connection between the trauma experience and the child's emotional and behavioral responses. The purpose of trauma-focused therapy is to offer skills and strategies to assist your child in better understanding, coping with, processing emotions and memories tied to traumatic experiences, with the end goal of enabling your child to create a healthier and more adaptive meaning of the experience that took place in his/her life.

**Risks and Benefits of Counseling:** Psychotherapy is not easily described in general statements. It varies depending on the particular symptoms or problems you or your children are experiencing. While counseling is often found to be beneficial to clients as a means to gain self-awareness, coping skills and a sense of empowerment to move through difficult times, it is also possible that clients will have to confront issues that cause uncomfortable emotions, such as sadness, anger, anxiety, or other difficult feelings, at times throughout the counseling process. While this may happen, keeping consistent appointments and a commitment to yourself and your child's healing are best. Therapy is a process and the success of therapy will, in part, be determined on the effort that you and your child are willing to put into this process. Reasonable efforts are taken to minimize the known and unknown risks. Healing Minds Behavioral Health, PLLC is not liable for any damages or injuries incurred through participation in services offered. If you have questions about our procedures, we will discuss them with you whenever they arise. If doubts persist, we will be happy to help you set up a meeting with another mental health professional for a second opinion.



**Our Relationship:** The nature of the counselor-client relationship is professional. Our contact will be limited to our scheduled sessions and brief calls/texts to schedule future appointments. It is always best to share information in session where you can have our full attention and it can be documented as needed. Long texts, voicemails and other forms of communication that are not face-to-face are discouraged and not in your best interest for quality treatment. Social invitations and offers of that nature will politely be turned down in honor of our code of ethics associated with our licensing board. If we should see each other in public, we will keep confidentiality and not initiate contact. However, if you see us and would like to greet us, we are happy to say hello. Anything you share in sessions is held in confidence and will not knowingly be shared with another person without your written consent.

**Appointments:** Counseling sessions are usually scheduled once per week, unless otherwise requested by the client or recommendation from therapist. Regular attendance and participation are very important. The standard length of sessions for individual psychotherapy and family therapy appointments are between 50-55 minutes. Initial diagnostic intake appointments are between 60-75 minutes.

We will request that you arrive on time for your scheduled appointment. If an appointment must be rescheduled or canceled, our policy states that you please provide at least 24 hours notice by calling the therapist directly at 210-418-2546. If you are late for the session, the session time will be cut short based on the allotted time for the session. If you are more than 15 minutes late for a scheduled appointment, the appointment will be considered as “no-show” and will need to be rescheduled.

**\*NOTE: Please refer to our document titled “Cancellation and No-Show Policy” for associated fees and additional information on this topic where additional signatures will be requested.**

**Contacting the Therapist:** You may contact us at 210-418-2546. Often, we are not immediately available by telephone, but will check our messages periodically throughout each day. You must leave a voice message if you would like your call to be returned. Most calls will be returned within one business day. Most calls received after hours and on weekends will be returned on the next business day.

**After Hours Emergencies:** Healing Minds Behavioral Health, PLLC does not provide 24-hour crisis or emergency mental health services, nor do we intend to. If you have an emergency or believe that your child is a danger to themselves or others, please call 911 immediately and/or visit your nearest emergency room. If it is not an emergency requiring immediate attention, the following hotline numbers may be helpful to you:

- **Center for Health Care Services’ Crisis Line** –(210) 223-7233 or 1-800-316-9241
- **National Crisis Hotline** –1-800-273-8255
- **Rape Crisis Center Hotline** –(210) 349-RAPE (7273)

You may also request a copy of our *Mental Health Emergency Resource* document for additional crisis resources.

**Working with Minors:** When working with minors, we will do everything in our power to communicate to them how much we truly value them and the time we spend together. Part of building rapport with all clients includes creating a level of trust. While we recognize that minors are under 18 years of age, we try to honor them with the same level of confidentiality we offer our adult clients. For parents, this means trusting that while we may not provide you with the details of our counseling sessions with your child, we promise to tell you the things you’ll need to know. These are further explained in the *Limits of Confidentiality* section below.

**\*NOTE: Please refer to our document titled “Consent for Counseling a Minor” for additional information on this topic where additional signatures will be requested.**



**Confidentiality:** Confidentiality means that the counselor has a responsibility to safeguard information obtained during treatment. It is important that you understand all identifying information about your child's assessment and treatment is kept confidential, except as noted below. In order to protect your confidentiality, you must sign a release of information before any information about you is given outside of Healing Minds Behavioral Health. Should you elect to utilize health insurance for services received, be aware that often insurance and managed care companies require information regarding diagnosis, symptoms, treatment goals, and prognosis about the insured before reimbursement is ever considered by them. Such companies may also request a copy of your records. When utilizing faxes, electronic communication devices and web-based records management systems, there is always a level of vulnerability that may not be preventable despite all safeguards that have been put in place.

**Limits of Confidentiality:** It is important that you understand the laws of the State of Texas and all exceptions to confidentiality. In certain situations, mental health professionals are required by law to reveal information obtained during therapy to other persons or agencies without your permission. This includes the following:

- Confidentiality does not apply to cases of suspected abuse/neglect of children under the age of 18 by a parent, legal custodian, caregiver, or any other person responsible for the child's welfare.
- Confidentiality does not apply to cases of suspected abuse/neglect of a vulnerable adult (disabled, elderly, etc.)
- Confidentiality does not apply to cases of potential harm to self, to others, or to society.
- A mental health professional may disclose confidential information in proceedings brought by a client against a professional.
- Confidentiality may not apply in cases involving legal proceedings affecting the parent-child relationship, including subpoenas to testify in court, or court-ordered to disclose confidential information
- Confidentiality may not apply to cases involving the minor child. In such cases, the counselor may advise a parent, managing conservator, or guardian of a minor, with or without the minor's consent, of the treatment needed by or given to the minor.

For additional information about privacy, confidentiality, and the limitations of confidentiality, please review Healing Minds Behavioral Health, PLLC's *Notice of Privacy Practices*. If you or your child has any questions regarding confidentiality, please discuss them with the Licensed Professional Counselor so that any questions or concerns can be addressed.

**Consent Regarding Electronic Medical Records:** Healing Minds Behavioral Health currently uses Simple Practice software to maintain electronic health records for all clinical services provided. For clients with existing records that are disclosed and provided to Healing Minds Behavioral Health, they will be scanned and stored electronically as well. Passwords to access client records are not shared with anyone outside of the organization for any reason.

**Court Disclaimer:** Healing Minds Behavioral Health counselors will not have any therapeutic involvement in any ongoing custody cases or cases that may lead to civil court hearings for the purposes of determination of custody. Texas [Family Code 104.008](#) prohibits our testimony and does not allow us to offer an expert opinion or recommendation to the conservatorship of or possession of or access to a child at issue in a suit unless we have conducted a child custody evaluation relating to the child. We are NOT custody evaluators, nor can we assume that dual role if you have chosen us to be the therapist for you or your child. We will be happy to provide a referral to a forensic counselor and we will remain out of the court room.

**Subpoenas:** Please refer to the fee schedules found below to see all applicable fees in the event that a subpoena is issued. Please note that your signature on this document is considered to be consent by you to pay all fees billed to you



that are related to court costs (i.e. travel, copying of records, clinical summaries, securing of attorney/legal consultation, etc.) regardless of whether or not you initiated the court proceedings. The subpoena fee is in addition to the counseling service fees outlined in our document titled *“New Client Intake and Financial Agreement”*. **Please note that this fee will not be covered by insurance payers.**

Type of Service	Assigned Fee	Notes
A subpoena issued to Healing Minds Behavioral Health, PLLC or any HMBH counselor	\$400	This is a flat rate fee and must be paid upon receipt of the subpoena by debit/credit card.

**Written Acknowledgement and Consent to Counseling**

I, \_\_\_\_\_, voluntarily consent for my child, \_\_\_\_\_, to receive mental health assessment and treatment provided by a Licensed Professional Counselor at Healing Minds Behavioral Health, PLLC. I agree to participate in my child’s treatment planning and therapy. I understand that I may withdraw my child’s participation in therapy at any time.

By signing this consent form, I acknowledge that I have read, understood, and agree to the terms, conditions, and information contained within the form. Additionally, I agree to maintain financial responsibility for all court-related fees whether or not I have initiated subpoenas, records request or related services. I acknowledge that I have been provided ample opportunities to ask questions and receive clarification of anything that I did not understand.

\_\_\_\_\_  
 Parent/Caregiver Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Healing Minds Behavioral Health, PLLC

\_\_\_\_\_  
 Date

**I acknowledge that I received a signed copy of this information and consent form.**

\_\_\_\_\_  
 Parent/Caregiver Signature

\_\_\_\_\_  
 Date