



Welcome to our practice! We appreciate your trust and the opportunity to be of service to you.

Healing Things is wholly committed to facilitating quality counseling for individuals, couples, and families. Our goal is to help you meet life's challenges so that you can make healthy choices for a fulfilling life.

BENEFITS OF COUNSELING

Counseling has proven, in extensive outcome studies, to be successful in treating and helping individuals, couples and families resolve:

- Feelings of depression, failure, anxiety, anger, or loneliness...
- Life transitions (school adjustment, new baby, marriage, divorce, etc)
- Difficulty coping with stressors and crisis
- Challenges with work/career
- Family conflict (child behavior, blended families, communication, etc)
- Couple/Marriage dissatisfaction
- Child/Adolescent issues
- Trauma related issues (abuse, abandonment, family violence, grief/loss, etc)

Psychotherapy will yield the best results with your active involvement in and out of the sessions.

THE RISKS OF COUNSELING

To allow you to make an informed decision about your treatment, we will describe the possible risks of counseling. You may experience discomfort, such as anger, depression, or frustration during therapy as you remember and therapeutically resolve unpleasant events. Seeking to resolve concerns between family members, marital partners, and other persons can similarly lead to discomfort as well as relationship changes that may not be originally intended.

Healing Things is not an emergency service. Our therapists are not able to return your calls immediately or schedule you for immediate treatment. In the event of an emergency, please call 911, the Crisis Hotline (800-866-2465 or 817-569-4300), or go the nearest hospital emergency room for evaluation.

The greatest risk of counseling is that it may not by itself resolve your concerns. We do our best to assess progress on a week-to-week basis. If a situation fails to improve or a situation deteriorates, we will provide referral to another professional for consultation or treatment. Positive results are not guaranteed. In the end, client decisions are self-determined.



CONFIDENTIALITY

Mental health practitioners have a responsibility to safeguard information obtained during treatment.

It is important that you understand that all identifying information about your assessment and treatment is kept confidential. Information about your case is only shared with other therapists who may be able to enhance the services you receive.

In order to protect your confidentiality, any written, telephone, or personal inquiries about clients will not be acknowledged. You must sign a Release of Information before any information about you is given outside the agency. For us to coordinate our treatment with other mental health or medical professionals, we will ask you to sign a Release of Information to allow us to discuss or correspond with other professionals who may have been involved in your care.

It is important that you understand that the laws of the State of Texas mandate exceptions to confidentiality in specific cases. In certain situations, mental health professionals are required by law to reveal information obtained during therapy to other persons or agencies without your permission. Also, in these situations we may not be required to inform you of our actions:

1. A mental health professional is required to report suspected abuse or neglect of children, the disabled, and/or the elderly.
2. A mental health professional is required to disclose information to law enforcement personnel in order to protect the patient or others when there is a high probability of imminent physical, mental, and/or emotional injury.
3. A mental health professional may be required by the court to disclose treatment information in proceedings.
4. A mental health professional may disclose confidential information in proceedings brought by a patient against a professional.
5. There is no confidentiality of mental health information in connection with criminal proceedings, except communications by a person voluntarily involved in a substance abuse program.
6. In the treatment of a minor client, a mental health professional 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.

COURT PROCEEDINGS

It is not the mission of Healing Things to speak on behalf of our clients in current or potential Court proceedings. Ethical and legal standards established by mental health professional licensing boards prohibit therapists from testifying as expert witnesses on behalf of their clients, as the nature of the therapist-client relationship inherently biases the therapist toward the client, and any testimony can be potentially damaging to the therapeutic relationship. If you feel that you are



involved in a case that has the potential to go to court, or you need an independent, objective, psychological assessment for court purposes, please let the therapist know so that we can offer you the appropriate referral. If the therapist is subpoenaed to testify in court on behalf of a client, the client will be charged, in advance, a fee of \$100 per hour for the therapist's time. This applies to the time needed to prepare client records that are subpoenaed, in addition to copying costs.

FEES AND APPOINTMENTS

Fees for treatment sessions are based on equitable community standards with consideration of your income and ability to pay based on gross family income. Payment is expected at the time services are rendered or prior to.

Therapy sessions are by appointment only. If you must cancel or reschedule an appointment, please give your therapist at least a 24-hour notice. While we understand that emergencies do arise, we do reserve the right to charge clients the session fee for missed appointments.

TERMINATION OF THERAPY

You may leave therapy at any time. If you decide to discontinue therapy, please discuss your decision with your therapist.

If a situation fails to improve or a situation deteriorates, we will provide referral to another professional for consultation or treatment. If a problem is outside the boundaries of our competence, (legal issues, financial planning, medication questions, etc.) we will refer you to a qualified professional.

PROFESSIONAL BACKGROUND SUMMARY OF THERAPISTS

NATALIE ROSS, MA, LPC-S -- License 68890, State of Texas

Master of Arts, Community Counseling St. Mary's University, San Antonio, TX

Bachelor of Arts, Psychology, Minor in Non-Profit Management and Business Administration,
University of Texas, San Antonio, TX

Internships and Professional Experience

Children's Bereavement Center, San Antonio, TX

Vine Wellness Group, San Antonio, TX

Communities in Schools, San Antonio, TX

McCullough Center for Mental Health Services, San Antonio, TX

Mental Health Mental Retardation (MHMR), Tarrant County, TX

Walk of Life Wellness Center, TX



I grant my permission for any therapy, testing or diagnostic evaluation that my therapist may deem necessary in individual, marital or family therapy. I understand the potential for emotional discomfort and relationship changes not originally intended. I understand that my therapist does not guarantee any results or outcome from the therapy process.

(Initials) _____

I understand and agree to the confidentiality policies of the Healing Things. This includes the exceptions to confidentiality mandated by state law. This also includes the possibility of sharing information shared in individual sessions, phone conversations, or written messages with family members or other interested parties with whom I have granted a release of information.

(Initials) _____

I understand the risks of counseling as explained above. I understand that Healing Things CANNOT provide emergency services. In the event of an emergency, I agree to contact 911, the crisis line (800-866-2465 or 817-569-4300), or go to the nearest hospital for evaluation.

(Initials) _____

I agree to pay the session fee of _____-for therapy services, and agree that **I can and will be charged the session fee for a no-show appointment or a late cancellation (24 hour notice).**

(Initials) _____

I _____ give my consent for treatment for myself or my child, by Healing Things. I understand all of the above sections that I have initialed, and agree to pay for services when received.

To be signed by client/s

Signed

Date

Signed

Date

To be signed by the therapist:

Signed

Date