

HAROLD D. DUNCAN, PH.D.

Licensed Professional Counselor
Licensed Marriage & Family Therapist

12700 Preston Road, Suite 150
Dallas, Texas 75230

(972) 233-9199

INFORMATION AND CONSENT

I am pleased to have been selected as your therapist. This document is designed to inform you about my professional credentials and experience as well as what you may expect in the course of counseling. It is also designed to ensure that you understand our professional relationship.

I am licensed by the State of Texas to practice counseling as a Licensed Professional Counselor and a Licensed Marriage and Family Therapist. I hold the Doctor of Philosophy degree (Ph.D.) from The University of North Texas (1981).

I have operated a private counseling practice since 1981. I accept clients in my practice who, I believe, have the capacity to resolve their own problems with my assistance. I believe that as people become more aware of and accepting of themselves, they are more capable of achieving contentment and satisfaction in their lives. However, self-awareness and self-acceptance are objectives that may take a significant amount of time to achieve. Some clients require only a few counseling sessions to arrive at these goals, while others may require longer. As a client, you may end our counseling relationship at any point. I will respect that decision. If counseling is successful, you should feel that you are able to adequately face life's challenges in the future without my support or intervention.

Although a counseling session may be very intimate psychologically, it is important for you to realize that we have a professional relationship rather than a social one. Our contact will be limited to sessions you will arrange with me. You will be best served while I am seeing you for counseling if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. You will learn a great deal about me as we work together during your counseling experience. However, it is important for you to remember that you are experiencing me in my professional role.

I will keep confidential anything you say to me with the following exceptions:

- (a) You direct me to tell someone else,
- (b) I have reason to believe you are a danger to yourself or others,
- (c) I am ordered by a court to disclose information, or
- (d) I have reason to believe you are abusing or have abused another person.

If at any time, for any reason, you are dissatisfied with my services, please let me know. If I am not able to resolve your concerns, you may report your complaint to the Texas State Board of Examiners of Professional Counselors and/or the Texas State Board of Examiners of Marriage and Family Therapists, both of which may be contacted at the following address:

1100 West 49th Street
Austin, Texas 78756-3183
1 (800) 942-5540

(over)

I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards. Sessions are 50 minutes in duration. Please note that it is impossible to guarantee any specific results regarding your counseling goals. Progress depends on many factors including motivation, effort, and other life circumstances. Therapy is a joint effort between therapist and client, and together, we will work to achieve the best possible results for you.

Please note that I am not trained as a forensic specialist. It is not my intention to appear in court as an expert witness or to mediate child custody decisions. If you wish, I will be pleased to refer you for these types of services. If I am ordered to assemble and supply your records to a legal representative (attorney, judge, forensic psychologist, government agency), my fee is \$350 per hour payable in advance. If I am subpoenaed or otherwise compelled to appear in court, I will require a four-hour minimum payment in advance. I will also consult with and/or be represented by my attorney.

In return for a fee of \$200 per session, I agree to provide counseling services to you. The fee for each session will be due and must be paid at the conclusion of each session. Cash, personal checks, Master Card, Visa, Discover and American Express cards are acceptable forms of payment. I will provide you with a receipt for each session. In the event that you will not be able to keep an appointment, you must notify me 24 hours in advance. If I do not receive such advance notice, you will be responsible for paying for the session you missed.

If you wish to seek reimbursement for services from your health insurance carrier, please use the receipt provided at the conclusion of each session. Because you will be paying me each session for my services, any reimbursement from the insurance company should be sent directly to you.

- Health insurance companies that do reimburse usually require a standard amount to be paid by you before reimbursement is allowed and then usually only a percentage of my fee is reimbursable. You should contact a company representative to determine whether your insurance carrier will reimburse you and what schedule of reimbursement will be used.
- Health insurance companies often require that I diagnose your condition and indicate that you have an "illness" before they will agree to reimburse you. In the event a diagnosis is required, I will inform you of the diagnosis I plan to render before you submit it to the health insurance company. Any diagnosis made will become a part of your permanent insurance records.

If you have any questions, please ask. Please sign and date both copies of this form.

Harold D. Duncan, Ph.D.

Client's Signature

Date

Date