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# Client Information and Consent

## Welcome to Lighthouse Christian Counseling!

Our goal is to assist you in achieving solutions for the difficult and distressing situations in life. We encourage and teach healthy ways of building satisfying relationships that will add meaning and purpose for daily living. At Lighthouse Christian Counseling it is our desire to reflect the light of God's powerful truth to those needing hope and reliable support. It has been shown that more favorable results are achieved in therapy when clients have a good understanding of the therapy process. Please read the following information very carefully so you may be able to make an informed consent to the counseling process. Please ask regarding any questions you may have.

## Therapist

My name is Jana Enlow, MA, LPC-Supervisor and I am a Licensed Professional Counselor in the State of Texas. I am the director of Lighthouse Christian Counseling and provide mental health care services to clients. I earned my Masters degree in Counseling at Dallas Baptist University and I am a Board Certified Counselor and a member of the American Association of Christian Counselors (AACC) and the American Psychotherapy Association (APA).

## Benefits and Risks of Therapy

Counseling is both an art and a science. Many individuals show great benefit from counseling, although results cannot be guaranteed. People come into therapy with various problems that cause internal distress and relational issues. Often, growth may not occur until you experience and confront uncomfortable issues that may make you to feel sadness, sorrow, anxiety, or pain. Sometimes changes made during the therapy process affect other relationships such as family, friends or in the workplace. The success of the therapeutic relationship between you and your therapist depends on the quality of mutual efforts.

*Client involvement-* Much of the success in achieving goals in therapy rely on you to take responsibility for certain things. Keeping all scheduled appointments and being on time is very important. Being open, honest and active in sessions is essential also. Additional effort between sessions such as completing assignments and thinking through or being aware of thoughts and behaviors will also affect results. Please realize you are responsible for lifestyle choices/changes that may result from therapy.

*Counselor involvement-* An initial assessment at the first session will be conducted, along with an ongoing assessment of the nature of your concerns and problems. A therapy plan including goals and the processes for achieving them will be developed and discussed with you.

## Treatment

Our foundational belief is that Biblical principles speak to meaning, purpose and change needed in order to achieve healthy relationships with others, God and also to the individual themselves. We use Christian principles in the therapeutic process as a source for real personal growth always in a non-coercive manner. We also integrate proven psychological theories in the therapeutic relationship. Your counselor may use various forms of theories and therapies with you including

those involving the teaching of principles for practical living, modeling, skills training, restructuring and problem solving.

*Alternative Treatment-* There are a variety of other services available to you that work in conjunction with, or in place of counseling. We can assist you in determining the applicability to alternative treatments if needed.

*Length of Therapy-* The number of sessions depends on many factors and will be assessed and discussed with you. Therapy sessions are 45-50 minutes in length. Therapy will be terminated when goals have been achieved and by mutual consent. An exit session, or termination interview will be conducted at the end of therapy. You have the right to terminate therapy at any time.

*Testing-* Sometimes in order to better understand issues or to assist in treatment, psychological tests may be utilized. The purpose of these tests will be discussed in advance and results shared with you. Fees for testing are separate from regular sessions.

*Consumer Information-* An individual who wishes to file a complaint against a Licensed Professional Counselor may write to: Complaints Management and Investigative Section; P.O. Box 141369; Austin, Texas 78714-1369; or call 1-800-942-5540 to request the appropriate form or obtain more information.

## **Confidentiality-**Initial \_\_\_\_\_

Discussions between a therapist and a client are confidential. No information will be released without the client's written consent unless mandated by law. It is our goal to protect the confidentiality of your records; however, there are exceptions to confidentiality when limited according to legal requirements or specific consent.

*Exceptions to Confidentiality-* Exceptions to confidentiality are prescribed by the Licensing board in the State of Texas and include but are not limited to the following situations: abuse or neglect of minors; abuse, neglect, or exploitation of the elderly; a therapist's duty to warn due to danger, physically or emotionally to the client, therapist or another person; a subpoena or court order; fee disputes between the therapist and the client; or the filing of a complaint with the licensing board. An additional exception to confidentiality is the sharing of client records with your insurance company should you desire Lighthouse to file mental health / health insurance claims.

## **Payment for Services-**Initial \_\_\_\_\_

Payment is expected at the time services are rendered, after each session. The standard fee for an individual or couple is \$100 for the initial session and \$90 thereafter per 50 minute session. Lighthouse accepts cash and checks. Fees incurred for returned checks are the client's full responsibility. Please discuss any payment problems with your therapist. Fees for testing are separate from, and additional to session fees. In the event of legal proceedings, preparation of any documentation will be billed at a rate of \$100 per hour along with testimony or appearances plus all additional expenses (responding to subpoenas, depositions, drive time etc).

*Insurance-* Currently, Lighthouse accepts out of network benefits for counseling services only.

*Cancellations-* Please be aware and understand that failure to call 24 hours in advance for cancellation of an appointment will result in your being billed the full charge for that appointment. Call 817-707-5735.

## **Emergencies**

Emergencies are urgent issues requiring immediate action. If there is a life-threatening emergency, go to the Emergency Room or call 911. Your therapist is on call and can be reached by calling 817-707-5735 and will respond as quickly as possible.

## **Consent to Treatment**

I voluntarily agree to receive counseling services from Jana Enlow MA, LPC-S and authorize her to provide such care, treatment or services, as are considered necessary and advisable. If client is under 18, I hereby affirm I have legal custody of my child. In the case of divorce or separation, I have made available for copy any and all legal documents regarding my minor child verifying the court's orders concerning my child's mental health.

By signing this Client Information and Consent form, I acknowledge that I have both carefully read and understand all the terms and information contained herein. I have asked and sought

clarification on any unclear terms or concepts at this time. I also acknowledge that I agree to all of the terms in this form and have received a copy.

Client(s)

Date

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Therapist

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