


# Stacey Laves-Khalifa

M.Ed. LPC, LMFT, LCDC

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 (281-793-8716)

## INFORMATION and CONSENT

I am pleased you have selected me as your counselor. This document is designed to inform you about my background and to ensure that you understand our professional relationship.

I am a Licensed Professional Counselor by the Texas State Board of Examiners. I see clients in individual/group, child/adolescent/geriatric and family therapy.

I hold a Masters of Education in Counseling Psychology from the University of Houston. I have been a counselor since 1984 and became licensed in 1992.

I only 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 accepting of themselves, they are more capable of finding happiness and contentment in their lives. However, self-awareness and self-acceptance are goals that sometimes take a long time to achieve. Some clients need only a few counseling sessions to achieve these goals, while others may require months or even years of counseling. As a client, you are in complete control and may end our counseling relationship at any point. I will be supportive of that decision. If counseling is successful, you should feel that you are able to face life's challenges in the future without my support or intervention.

Although our sessions 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. Please do not invite me to social gatherings, offer me gifts, or ask me to relate to you in any other way other than in the professional context of our counseling sessions. 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 determine you are a danger to yourself or others, or (c) I am ordered by a court to disclose information.

I assure 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. However, together we will work to achieve the best possible results for you.

In return for a fee of \$135.00 per session, I agree to provide counseling services for you. The fee for each session will be due and must be paid at the conclusion of each session. Cash or personal checks are acceptable for payment. I will provide you with a monthly receipt for all fees paid. 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 that you missed.

If you wish to seek reimbursement for my services from your health insurance company, I will be happy to complete any forms related to your reimbursement provided by you or the insurance company. Because you will be paying me each session for my services, any later reimbursement from the insurance company should be sent directly to you. Please do not assign any payments to me.

Some health insurance companies will reimburse clients for counseling services and some will not. Those that do reimburse usually require that a standard amount 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 company will reimburse you and about what schedule of reimbursement will be used.

Health insurance companies often require that I diagnose your mental health 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 I submit it to the health insurance company. Any diagnosis made will become a part of your permanent insurance records.

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

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date