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## FORENSIC COUNSELING SERVICES

Aaron Robb, Ph.D., LPC-S  
Program Director

Mailing address:

2831 Eldorado Pkwy, Ste. 103-377, Frisco, TX 75033

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Fax: 940-343-2601

www.texascounseling.org

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### THErapy ADVISEMENT FORM

**Please read and sign after you have reviewed and understand the information below.**

My purpose in providing you with this statement is to inform you of my services and policies to ensure that you understand our professional relationship.

**My Qualifications and Experience:** I am a Licensed Professional Counselor Supervisor (#16773) in the State of Texas,<sup>1</sup> and a Nationally Certified Counselor (#49084). I hold a Doctoral Degree in Social Work, a Master's Degree in Counseling and Student Services, and a Bachelor's Degree in Psychology. My training and current license qualifies me to offer individual, group, and family therapy for adults, adolescents, and children. There are no restrictions on my license. I have worked in the counseling field for over 15 years and have worked extensively with families and children. If our work together indicates that there are issues beyond my personal expertise, I shall attempt to refer you to an appropriate specialist who can provide the necessary services.

**Client/Counselor Relationship:** Although our sessions may involve detailed interpersonal information, our relationship is a professional rather than a social one. This relationship functions most effectively when it remains strictly professional and involves only therapeutic aspects. Please do not invite the counselor to social gatherings, request personal references from the counselor, or ask the counselor to relate to you in any way other than in a professional context.

**Treatment of Minors:** Treatment of minors (those under the age of 18) will only be provided by court order or with the permission of the legal guardian or conservator. By signing this form for a minor client you state that you are the legal guardian or conservator of the minor client with the legal right to consent to treatment and you agree to provide a full and current copy of any court orders pertaining to the minor client, if any exist, prior to beginning counseling.

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<sup>1</sup> The Texas State Board of Examiners of Professional Counselors can be contacted at 1100 West 49th Street Austin, Texas 78756-3183, Telephone 512-834-6658, to report any violation of professional rules or statutes.

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**Counseling Purposes, Goals, and Techniques:** Counseling is a learning process which helps people better understand themselves and their relationships. I generally work with clients on understanding how their thinking impacts their behavior, exploring how changes in how issues are approached and conceptualized can lead to better outcomes for clients. I may ask you to read additional material, keep a log or journal of your progress, or engage in other “homework” that we will then discuss in session.

Counseling is a joint effort between the counselor and the client, the results of which cannot be guaranteed. Counseling is a personal exploration and may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. Some of these life changes could be temporarily distressing. The exact nature of these changes cannot be predicted. Together we will work to achieve the best possible results for you.

Your first visit will be an assessment session in which we will review your concerns and, if we both agree that I can meet your therapeutic needs, begin to develop a plan of treatment. It is important to understand that therapy takes time. Some clients need only a few counseling sessions to achieve their goals; others may require months or even years of counseling. At any time you may initiate a discussion of possible positive or negative effects of entering, not entering, continuing, or discontinuing counseling. If at any time you feel that you and I are not a good fit please discuss this matter with me to determine if transferring to a more suitable counselor is right for you. As a client you are in complete control and may end our counseling relationship at any time, though I do ask that you participate in a final session for closure. If you have been referred for counseling by an outside source, such as a court or employer, there may be additional implications for ending counseling. You also have the right to refuse or discuss modification of any of my counseling techniques or suggestions that you may believe harmful.

If you have been under the care of another therapist in the past I will require a release to contact that therapist and obtain their records if necessary. If you are currently under the care of another therapist I am ethically obligated to confer with that therapist before beginning treatment with you.

**Referrals:** No counselor can be all things to all people, and some issues may require involvement of additional services, or termination of our work and referral to a counselor who is a better fit for your needs. Should you or I believe that a referral to other services is needed I will provide some alternatives including programs or people who may be available to assist you. A verbal exploration of alternatives to counseling will also be made available upon request. You will be responsible for contacting and evaluating those referrals or alternatives.

**Risks and Benefits:** Counseling can be beneficial, but as with any treatment, there are inherent risks. During counseling you will have discussions about personal issues which may bring to the surface uncomfortable emotions such as anger, guilt, and sadness. The benefits of counseling can

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outweigh any discomfort encountered during the process. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, and specific problem solving. As noted previously such benefits cannot be guaranteed.

**Fees:** Fees are charged per hour, rounded to the nearest 15-minute increment, at a rate of \$225.00 per hour. This is for services including scheduled office visits, administrative work (correspondence, phone contact, written communication, etc.), travel, consultation with other service providers, and any other work performed. Returned checks will be charged the maximum fee allowed under law. Copies of records are billed at the same fee as charged by the Denton County District Clerk's office.

**Payment/Insurance Filing:** Payment of fees is expected at or before the beginning of each session. The counselor does not bill insurance directly, but will provide a statement of services so that clients can seek insurance reimbursement if desired.

**Appointments:** Services are generally by appointment only. The length of appointment time varies on the basis of services provided. In the event that you will not be able to keep an appointment, please notify me at least 72 business hours (Monday through Friday, excluding holidays) in advance. If you fail to do so you will be charged the entire fee for the time scheduled. If you present for a session intoxicated or otherwise impaired I reserve the right to terminate the session or reschedule. If you are running late please call to let me know. If you are more than 15 minutes late for a session and have not called I will consider it a missed session and may be unavailable after moving on to other tasks. Clients who go more than 90 days without scheduling appointments or contacting the counselor may be considered inactive, and their file closed.

**Contacting the Counselor and After Hours Emergencies:** My usual business hours are Monday through Thursday between 9:00 a.m. and 5:00 p.m. If I am unable to answer the phone, please leave me a message. I check my messages during business hours and I will return your call as soon as I can. You are welcome to leave a voice mail at any time, but I may not be able to retrieve your message until my business hours. Do not deliver information to the interview office outside of our scheduled appointment times; it should be sent to the mailing address or faxed to me. Please do not contact me by e-mail, text, or other similar electronic methods; these are not secure or confidential mediums of communication. I do not connect with current or former clients through social media or online services.

I am not available after hours for emergencies. If you are not able to reach me and need to speak to someone immediately, please call the Denton County Crisis Hotline at 800-762-0157. If you are feeling suicidal or experiencing a life-threatening emergency call 911 or have someone take you to the nearest emergency room for help.

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**Confidentiality:** I follow ethical standards prescribed by state and federal law. I am required by practice guidelines and standards of care to keep records of your counseling. These records are confidential with the exceptions noted below and in the Notice of Privacy Practices provided to you.

With few exceptions, information discussed during sessions and documentation kept by the counselor is confidential. No information will be released without the client's written consent unless required by law or to fulfill a court order. There are some circumstances under which I am required to disclose confidential information without consent. These include but are not limited to situations where you are a danger to yourself or someone else; abuse, neglect, or exploitation of a child, elderly, or disabled person; sexual exploitation; criminal prosecutions; child custody cases; suits in which the mental health of a party is in issue; in various administrative and legal proceedings; or if I am otherwise required by law to disclose information. If you have any questions regarding confidentiality you should bring them to my attention when you and I discuss this matter further.

*Couples and Families:* In the case of couples, marriage, family, or other group counseling situations, I approach treatment from a systems perspective. I will not disclose information outside of the group, but I may share information gained in individual or sub-group settings as therapeutically appropriate between members of the larger group. If the client is a minor to the best of my ability I will discuss therapeutic progress with and obtain background information from all the child's legal parents, conservators, or guardians legally entitled to have such information.

*Parents and Children:* Children need to know that their parents have a *right* to know what goes on in therapy, but rather than reporting back *what* is said, I may instead discuss *how* things are going. I want both the child and the parents to know that it is important for the child to feel like what he or she is saying will be kept private, while still keeping parents informed regarding progress and important issues.

**Incapacity or death:** In the event of the death or incapacitation of the counselor it will be necessary to assign care, custody, and control of treatment records to another professional. By your signature on this form, in the event of the death or incapacitation of the counselor you hereby consent for Bradley Craig, LMSW, to take possession of my treatment records and provide copies at your request, or to deliver those records to another therapist of your choosing.

**Changes:** If any of these items change during the course of treatment you will be notified in writing prior to the changes becoming effective.

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## STATEMENTS REGARDING COURT INVOLVEMENT

Clients are discouraged from having their counselor subpoenaed or having him provide records for the purpose of litigation. Even though you are responsible for the testimony fee, it does not mean that my testimony will be solely in your favor. I can only testify to the facts of the case and to my professional assessments and opinions.

If the counselor is to receive a subpoena then the lawyer or their staff will need to call the office and set up a time for the subpoena to be served or, preferably, faxed to the counselor. I request a minimum of one week notice of any court appearance so that schedule changes for my other clients can be made with a reasonable time frame.

Appearances in legal cases require clearing substantial time on my calendar as well as additional professional preparation time. For any requested appearance, subpoenaed appearance, settlement conference, or deposition the fee is \$350.00 per hour, with a minimum charge of three hours. Such fees are due at least one week before the scheduled appearance and are nonrefundable within a week of the scheduled appearance as we must clear our schedule whether the hearing occurs or not. Please note: if an appearance request is received without a minimum of seven business days notice the appearance fee is due immediately and there will be an additional \$250.00 express charge. Failure to provide the fee as specified constitutes release from the requested appearance. These fees are due from the client regardless of who requests the counselor's appearance (the client, the court, or others). Fees for preparation time, report writing, and production of documents (as outlined above) may apply as well.

## ACKNOWLEDGEMENT

You acknowledge that you have read and understand the terms and conditions contained in this form and you have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to you.

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Signature of Client (for self and minor children)

Date

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Signature of Guardian or Personal Representative\*

Date

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*\* If you are signing as a personal representative of an individual please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).*

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