DR. JAN MARTIN DUNN

INFORMATION REGARDING SERVICES

The Texas Boards of Examiners of Professional Counselors and Marriage and Family Therapists were established by the legislature to protect the public. In fulfilling their missions, the Boards enacted rules governing the practice of counseling and family therapy. These rules require that a therapist provide prospective clients with sufficient information about therapeutic process so that the client can make an informed decision whether or not to enter therapy. At a minimum, the information should describe:

1. CONFIDENTIALITY—All information you share will be treated with great care. It is your legal and ethical right that sessions and records about you are kept private. It will not even be revealed to anyone that you are receiving treatment from me except in specific instances listed below. If there is someone that should be contacted (such as a child’s teacher), you will sign a special form before contact is made.
2. LIMITS OF CONFIDENTIALITY—In all but a few rare situations, your confidentiality (that is, your privacy) is protected by state law and by the rules of the profession. Here are the most common cases in which confidentiality is NOT protected:
3. If I believe a child has been or will be abused, neglected, or engaged in sexual activity with an adult, I am legally required to report this to authorities.
4. If I believe an elderly or disabled person has been or will be abused or neglected, I am legally required to report this to authorities.
5. If I perceive that you make a serious threat to harm yourself, the law requires me to try to protect you. This may include telling appropriate legal authorities about the threat as well as your emergency contact person.
6. If I perceive that you make a serious threat to harm another person, the law requires me to try to protect that other person. This may include telling appropriate legal authorities about the threat as well as that other person.
7. If you know of someone who is HIV+ and infecting the population and you talk about it, I am compelled to report.
8. If you were sent to me by a court for evaluation or treatment, the court may expect a report from me. If this is your situation, please inform me before you tell me anything that you do not want the court to know. You have a right to tell me only what you are comfortable sharing.
9. If I am served a subpoena from any attorney as a result of our therapeutic relationship, I will produce the requested information because I am required to do so by law. I may be required to only show the court my records or to both show records and testify in court.
10. Licensing complaints
11. In connection with billing efforts; processing third party payers.
12. HIPAA Information—See the HIPAA Information Document on my website. It is called “Your Information. Your Rights. Our Responsibilities.” If you want a copy, feel free to print one. There is also a copy on the Intake clipboard.
13. THERAPEUTIC PROCESS—Therapy is a joint effort between the therapist and the client, and results cannot be guaranteed. No promises are made as to the results of treatment or of any procedures provided by this therapist. Progress depends on many factors including your motivation, effort, and other life circumstances such as your interactions with family, friends, and other associates.

Therapists are expected to provide services to clients only within the boundaries of their competence and to maintain competence and improve their skills and knowledge through continuing education and other activities.

Therapists are expected to acknowledge, be sensitive to, and respect the diversity of values, attitudes, opinions, and culture of clients.

Therapists are expected to avoid engaging in any behavior that is discriminatory, harassing, or demeaning to others.

Therapists are not to exploit clients or impair objectivity in their professional role.

OTHER:

Therapist’s Incapacity or Death

If Dr. Dunn has a personal emergency during which she is temporarily unavailable or in the event of her death, agreements will be made for a proper transfer of clients’ information to a trusted licensed mental health professional in the area.

I do hereby seek and consent to take part in the confidential treatment by Dr. Dunn. I understand that developing a treatment plan and regularly reviewing the work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.

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 Signature of Client Date

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 Printed Name Parent/Guardian Signature