



Helping Others
Resolve Their
Problems

Steve Bell, MA LPC

Licensed
Professional
Counselor

INFORMATION AND CONSENT

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

I hold a Master of Arts degree in Community Counseling from Argosy University. I hold a Master of Arts Degree MLA from Southern Methodist University. I also have several certifications in areas of mediation and have an advanced graduate studies certificate in dispute resolution from Southern Methodist University. I am licensed by the State of Texas as a Licensed Professional Counselor (LPC) #68831. I work with individuals and groups.

NATURE OF COUNSELING

I only accept clients in my practice that I believe have the capacity to resolve their own problems with my assistance. As people become more accepting of themselves and more aware of their choices, they are more capable of finding contentment in their lives. Some client's need only a few therapy sessions to achieve their goals; others will need more. I specialize in treating anxiety, depression, trauma, and life adjustment concerns.

The interventions I typically rely on to assist my clients in their resolution experience include but are not limited to Cognitive Behavior Therapy (CBT), Solution Focus Therapy, Rational Emotive Behavior Therapy (REBT). I am also a licensed hypnotherapist. Depending on the individual needs of my clients I may also utilize guided imagery, certain relaxation techniques, and Mindfulness based solutions.

Your input in the counseling process is an essential part of your therapy. Please feel free at any time to bring up any changes you would like to see in how you're counseling proceeds. It is important for you to know that you will be best served if our relationship remains strictly professional and our sessions concentrate on your concerns.

REFERRALS

If at any time you decide your counseling sessions are not meeting your needs, please let me know so we can review the goals we have set for your therapy. If you continue to feel dissatisfied, I will be happy to provide you with referrals to other therapists.

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FEE AND CANCELLATION POLICY

A typical counseling session is 50 minutes in length. A fee of \$100 is due at the end of the session. Cash, personal check, or credit cards are accepted. In the event you are not able to keep an appointment, you must notify me 24 hours in advance, or you will be responsible for paying for the session you missed. My voice mail (972) 755-9683 may be reached 24 hours a day, and the date and time of each phone call is recorded.

COURT TESTIMONY

When engaged in legal proceedings on a client's behalf, my fee is \$100 per hour for each hour of preparation for testimony and for travel time to and from court. My fee is \$150 per hour for my time at the courthouse. If called to testify, I require a minimum prepayment of two hours of court time, or \$200.00. If this exceeds the final total fee, the excess will be refunded.

INSURANCE

I am currently an "in network" provider for Blue Cross Blue Shield Texas and Cigna. If you prefer to use "out of network" insurance, you will be expected to pay for each session. After your deductible is met you will receive reimbursement from the insurance company.

RECORDS AND CONFIDENTIALITY

All our communications will become part of the clinical record that is accessible to you on request. I will keep confidential anything you say to me, with the following exceptions:

- 1) when you authorize release of your records in writing,
- 2) when there is reasonable concern that harm may come to you or others, i.e., suicide, homicide, child physical/sexual abuse, elder abuse,
- 3) if you have been court-ordered to therapy, information you share may be disclosed to the court or an officer of the court,
- 4) certain client information may be given as required to any entity responsible for the payment or collection of client fees,
- 5) information may be shared within the professional supervision process.



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THERAPIST/CLIENT CONTRACT

In return for a fee of \$100 per session, I agree to provide counseling services for you within the parameters as outlined in this document. By your signature below, you are indicating that you agree to this fee. In addition, you are indicating that you read and understood this document, and/or that any questions you have about this statement have been answered to your satisfaction.

Client _____ Date _____

Therapist _____ Date _____