

Debbi J. Dunbar, MS, LPC

PARK PLAZA

2501 Parkview Drive | Suite 304 | Fort Worth, TX 76102 | 817.739.2421

www.debbidunbar-lpc.com

CLIENT INFORMATION AND CONSENT

Welcome! Here is to your participation in a productive and satisfying counseling experience. To facilitate development of our therapeutic relationship, this document contains information that will support your informed consent to counseling.

Therapist Qualifications: My name is Debbi J. Dunbar | I hold a master's of science degree in Counseling Psychology and I am licensed by the State of Texas to provide mental health therapy services as a Licensed Professional Counselor. I am a member in good standing with the American Counseling Association (ACA) and Eye Movement Desensitization and Reprocessing International Association (EMDRIA). My undergraduate degree is Physical Education, specializing in Adult Fitness with over two decades of fitness/wellness experience. During my fitness career I worked at corporate fitness facilities, taught group exercise, and ran a small fitness business. As a counselor I have worked in a variety of settings such as inpatient psychiatric hospital, intensive out patient with adults and adolescents, residential eating disorder facility, and found my home in private practice. In line with my passion for my work, I continuously seek advanced knowledge and training on effective outcomes for counseling treatments, techniques and practices. I am a certified EMDR Therapist as well as an Approved EMDR Consultant that helps other EMDR therapists become certified.

Mental Health Services: Whether you are pursuing counseling for the first time, returning to counseling, exploring a new counseling relationship, or looking for an adjunct EMDR therapist – reaching out for help is act of courage and self-empowerment. My philosophy is to help each person I work with better live inside the skin you were born in, to cope with the life you have and move towards the one you desire. My hope is that you will gain momentum in following ways: 1) gain increased awareness of your body, thoughts and affect 2) develop expanded skills and resources to identify, accept and move through difficult life experiences 3) enhance your relationship with yourself and others 4) reach your goals. As an EMDR therapist, my role is to offer you the therapeutic space to assist you towards your treatment goals. To gain the most from your therapeutic experience, your role is to practice what you learn both inside and outside the counseling session. I encourage your exploration of your internal experiences throughout our work together. If you feel it would be helpful, you may invite family members to a therapy session.

Therapeutic Relationship: Our relationship is professional and therapeutic. In order to preserve this relationship, it is essential that I have no other relationship with you. Personal and/or business relationships undermine the effectiveness of the therapeutic relationship. I care about helping you and I am not in a position to have a social or personal relationship with you. Gifts, bartering and trading services are specifically restricted in the legal code of ethics of my profession. My license allows me to practice counseling—not law, medicine, finance, or other profession. I am not able to offer you appropriate advice from these other professional viewpoints. To maintain your privacy, if we run into each other outside the office, I will not say hello or talk to you unless you initiate the contact. This is to preserve the confidentiality of our relationship.

Effects of Therapy: The therapeutic process will likely bring about a variety of emotional, mental and behavioral experiences. In order to address difficulties you are experiencing the process of

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change will become activated; this process involves risk, effort, and persistence. Some of the experiences will be uplifting, insightful and satisfying. Some of the experiences will be uncomfortable, painful and distressing. On that note, please know that my ethical standards prevent me from working with you through intense emotional or mental experiences/memories without my complete clinical satisfaction that you know you are capable of returning to a state of internal safety and calm (these skills and resources will be identified and built upon prior to any distressing work).

Changes discussed above may affect significant relationships, your job, school, and/or your understanding of yourself. Some of these developments might be temporarily distressing, which is to be expected while making important life adjustments. It is not possible to predict the exact nature of which changes you will experience. Together we will work to achieve the best possible results for you. The successful outcomes of the therapeutic process is built upon the effort you are willing to put towards this endeavor, alongside the understanding that you are responsible for lifestyle choices/changes that may result from therapy.

Your Rights: You have the right to begin and to end the counseling process – *your* decision. My role as a therapist is to help you achieve the outcomes you disclose. I do request you share with me when you are considering termination, as a termination session is highly recommended. This request is based care and consideration for your well-being. During the termination session we will review our work together along with future work that may be helpful for you. This session can be a valuable therapeutic endeavor by reinforcing the experience of healthy closure.

My services are rendered in a professional manner consistent with accepted legal and ethical standards. If at any point for any reason you are dissatisfied with my services, please notify me and I will work with you to resolve your concerns. If we are unable to find resolution to your satisfaction, I will provide you with three referrals for other therapists that may better match your needs. It is my aim to resolve any problems to your satisfaction.

Appointments: Appointments can be made via phone, text, email, or website www.debbidunbar-lpc.com. ****Once we have met, my preference for scheduling adjustments is via text****

Cancellations: Occasionally appointments may need be rescheduled or cancelled. You will never be charged for cancellation if it is made 24-hours before your scheduled appointment.

Cancellations without 24-hours of the scheduled appointment will be charged the full fee for the time reserved for you. You are responsible for cancelling or rescheduling your appointment. When you make an appointment you reserve that time with me, as a result, I agree to reserve that time for you. Without adequate notice, I am rarely able to offer another client that time slot.

Payment/Rates: **\$175 for 50-minute session.** EMDR sessions may be scheduled for 50, 70 or 90-minutes. Any session may be extended, providing the schedule allows. In the event that the session exceeds the allotted time, a prorated fee will be applied at 15-minute intervals.

Other counseling options are available; please ask if you are interested.

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Payment is accepted at the beginning of the session, unless other arrangements have been made. Cash, check, and all major credit cards are all accepted – an added fee of \$4 is included for American Express.

Insurance: My practice is not set up to work with insurance companies; I am an out of network provider. I'm happy to provide you with paperwork for you to send to your insurance company for you to file. If you plan on reimbursement from your insurance company - please be fully informed of your mental health coverage - contact your insurance provider prior to making an initial appointment.

Confidentiality: Your confidentiality is protected by state law and by the rules of my profession. Discussions between a therapist and a client are confidential. No information is to be released to anyone without a client's written consent unless mandated by law. The most common cases in which confidentiality is not protected are: child neglect/abuse, elderly neglect/abuse, or neglect/abuse of a person unable to care for themselves (i.e.: mentally or physically disabled), court order, serious threat of a client causing harm to self or another person, among others. In the State of Texas, mental health professionals have a duty to report the situations above. These are the most common scenarios, please discuss with me if you have specific questions. *Please do not to disclose the name or identity of any other person you in this office.*

Duty to Warn: The State of Texas and rules of my profession dictate that I contact someone close to you (in addition to medical and law enforcement personnel) in the event that there is an emergency during our work. Specifically referring to my clinical judgment that you are in danger of harming yourself or another. Please write down the name and information of your chosen contact person in the blank provided:

Name(s)	Phone Number(s)	Address(es)
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I, the undersigned client, consent for my therapist to communicate with me by email, text and phone at the following contact information. I will immediately advise the therapist in the event of any change.

My e-mail address	My Cell Number
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Emergency Services: I am unable to provide 24-hour per day, seven days per week counseling/clinical services. I will respond to voice mail, email, texts and phone calls Monday-Friday 8am-7pm. My goal is to respond within 24-hours of my receipt of contact, it may take up to 48-hours.

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If you need emergency services → Dial 911: or visit your local emergency room. Other emergency services: Tarrant County Crisis Intervention – Fort Worth (817) 927-5544 | John Peter Smith Hospital Emergency (817) 702-1110 | Texas Suicide & Crisis Hotlines www.suicidehotlines.com/texas.html.

Voluntary Consent to Treatment: I, the undersigned client, voluntarily agree to receive mental health services, care and treatment, and authorize the undersigned therapist to provide such care, treatment, services as are considered necessary and advisable.

I understand and agree that I will participate in my counseling experience. I understand that I may stop counseling that I receive through the undersigned therapist at any time. I also understand that premature termination may result in failure to achieve desired therapeutic outcomes.

*** By signing this Client Information and Consent Form, I the undersigned client, acknowledge that I have both read and understood all the terms and information contained in this document. Please do not sign if you have unanswered questions. By signing below I acknowledge that I clearly understand the information provided.**

Client

Date

Address

Phone Number

Therapist | Debbi J. Dunbar, MS, LPC | License #68318

Date