

Informed Consent

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Please initial by each section where a line is provided.

About Me:

Educational Background & Training. I received my PhD in Counselor Education from the University of Central Florida in 2016. I received my Master's in Science and Education Specialist degrees in Couple and Family Counseling and Clinical Mental Health Counseling from the University of North Carolina at Greensboro in 2012. Prior to that, I completed my Bachelor's degree in Psychology from the University of North Carolina at Chapel Hill. I am a National Board Certified Professional Counselor (NCC; 310741) and a Licensed Marriage and Family Therapist Associate (LMFT-A; 203205).

I also have extensive training in couples' counseling, including over 200 hours of training in Emotionally Focused Couples' Therapy (EFT), and Level 1 and Level 2 of Gottman Couples Therapy. I am also an expert in the area of Intimate Partner Violence (IPV), a field I have worked in clinically, conducted research in, offered trainings and presentations in, and published in since 2010. Finally, I am an Assistant Professor of Professional Counseling at Texas State University, where I primarily teach courses in the Marriage, Couple, and Family track. I am a member of the American Counseling Association, in addition to several other professional organizations.

Clinical Background. I have training and experience working with individuals, couples, families, children, college students, and groups in a variety of settings, including in community counseling and university settings, residential treatment and shelter settings, a study-abroad office, and intensive in-home therapy settings, and have done so since 2011. I have worked with individuals from a wide variety of multicultural backgrounds (e.g., socioeconomic status, cultural/ethnic, religious, gender, sexual orientation) who present with a wide number of concerns (e.g., anxiety and depression, trauma backgrounds, intimate partner violence, sexual/physical/emotional abuse, childhood disorders, academic problems, behavioral problems, relational problems, and more).

Clientele & Common Issues. I work primarily with couples and adult individuals, but I also see families with older children (12+) and clients in non-traditional relationships (e.g., polyamory). Further, I provide group counseling around various topics. Clients come to counseling for a variety of reasons, including relationship issues (e.g., communication, infidelity, lack of emotional connection, sex-related issues) family problems (e.g., communication, acting-out behaviors, academic problems), depression and anxiety, adjustment issues (e.g., new life phase, grief), and trauma (e.g., coping with ongoing trauma or challenges, recovery from past, childhood, or recent trauma). I work with clients of many diverse backgrounds, including LGBTQ+ clients and religiously/culturally diverse clients.

Counseling Philosophy. I approach counseling through a collaborative framework which emphasizes the counseling relationship, emotional and attachment experiences, and strengths of my clients. I work with clients to help them restructure patterns which keep them from achieving their personal and relationship goals. I primarily utilize attachment-based and emotionally-focused therapy to help clients get unstuck, better understand their negative cycles, find ways to break out of negative patterns, achieve wellness and fulfillment, and connect with others on a deeper and more meaningful level. I utilize a variety of trauma-informed practices for work with trauma.

_____ **Professional Relationship.** The relationship between therapist and client is the vessel through which change can take place. As such, the relationship is often one in which close emotional bonds develop. It is also a professional relationship, in which appropriate boundaries must be maintained. Because the therapist-client relationship is so important, I cannot be involved in a social relationship or friendship that exists outside of the therapy room. Limiting our relationship to the therapy office keeps your therapeutic environment safe, secure, and free of outside complications that could interfere with your therapy work.

_____ **Confidentiality & Release of Information.** All counseling sessions are confidential (see note about professional supervision below), and I will do everything I can to ensure your confidentiality and privacy. In all but a few rare situations, your confidential information is protected by state law, the rules of my profession, and my personal integrity.

Texas state law requires me to inform you that in certain cases, your confidentiality is not protected, and your information may be disclosed to the appropriate authorities/agencies. These cases are:

- If I have reason to believe that you may harm yourself or others.
- If I have reason to believe that you are involved in or have knowledge of abuse or neglect of a child; or abuse, neglect, or exploitation of anyone regarded by law as a “vulnerable person”, (e.g., someone who is elderly, has a disability, or is incarcerated).
- If I am ordered to disclose by state or federal courts.

Additionally, I may disclose information if you sign a release form granting permission to designated third parties to receive information that you request me to share. I will never disclose your information for any reason without your knowing of my intent.

Because of confidentiality, I will also not acknowledge you if I see you in a public space, unless you initiate the contact with awareness of the limiting confidentiality.

_____ **Couples Counseling & Confidentiality.** When I work with couples, the “couple relationship” is my client. However, in the beginning of our work together, and sometimes throughout our work together, I meet with each person individually at least once. These meetings give me the opportunity to get to know each of you better and for you to share concerns, reflections, thoughts about the process, or other information with me. During these individual sessions, anything shared with me is subject to be brought back to the couple’s session, because

my focus is on you as a couple, and sometimes it is important to process individual disclosures together. Therefore, I do not generally keep secrets from individual sessions. However, based on my clinical judgment and for safety reasons, there are times we may not process these disclosures in the couple session. Sometimes after beginning couples' counseling, we may realize that individual work needs to be done first or in conjunction with couple's work. In those instances, I will discuss my observations and recommendations with you.

_____ **Diagnosis.** Some insurance companies may require a diagnosis for reimbursement by an out-of-network provider. Together, we can explore the benefits and drawbacks of receiving a diagnosis.

_____ **Fees & Insurance.** I do not accept insurance, but am happy to provide a receipt for out of network services, though I cannot guarantee you will be reimbursed. Please consult your insurance provider regarding reimbursement for out-of-network services with an LMFT-Associate.

Fees are \$_____ per session. Forms of payment include Venmo, PayPal, cash, or personal check. Credit cards may be accepted soon. Please keep in mind, for your privacy and confidentiality, if you pay with Venmo, you may want to change your privacy settings, as the default setting is visible to your "friends" in the app.

_____ **Session Guidelines & Missed Appointments.** If you need to cancel your appointment, you must provide 48 hours' notice (2 *business* days) to avoid being charged for the session. Missing a scheduled appointment or providing less than 2 business days' notice will result in you being charged for the session. In the case that an emergency prevents 2 business days' notice, we will evaluate the specific circumstance and make a decision on how to proceed. Sessions are expected to begin and end at the scheduled time. Late arrival on your part will not extend the scheduled ending time for a session, and you will be charged for the full session. I am also expected to be on time, and I will make appropriate remedy if I am late, such as by making up the time, prorating the fee, etc.

Please provide your credit card information below. If you miss a session or do not provide a 2 business day notice, you will be charged for the session on this credit card. I will always let you know in advance if this happens.

Type of Card: _____ Name on the Card: _____
 Card number: _____ - _____ - _____ - _____
 Expiration: ____/____ Security code: _____

The frequency of sessions and the length of the psychotherapy are aspects of the work that you and I will decide together as we proceed. I generally recommend that clients start out with weekly sessions. Generally, our psychotherapy will continue until you and I together decide that our work is complete.

_____ **Intoxication and Violence.** Clients who attend session under the influence, or in possession of drugs, alcohol, or intoxicants of any kind will be asked to reschedule their appointment and find a safe ride home. In the event this occurs, you will still be charged for the session. Violence and verbal abuse of any kind toward the therapist or another client will not be tolerated and services may be terminated if such an event occurs.

_____ **Outside Contact and Emergencies.** Though I do my best to protect your privacy, please note that electronic communication does not guarantee confidentiality. E-mail and texting is best used to make, change, or confirm appointment times. If something confidential needs to be discussed, it is best to call. I will return your call within one business day. You may leave a message for me on my voice mail at any time. However, this number is not an emergency phone number. In case of an emergency, or if you need immediate assistance for any reason, please call Austin's 24-hour crisis hotline at (512) 472-HELP (512-472-4357) or 911.

_____ **Professional Supervision.** I am a Licensed Marriage and Family Therapist Associate (LMFT-Associate) providing clinical services under the supervision of Brianne Blevins, LMFT-S, LPC-S, Owner of Austin Women's Counseling. My status as an LMFT-Associate means that I have completed a graduate degree in marriage and family therapy, passed the national licensing exam, and been approved by the Texas State Board of Examiners of Marriage and Family Therapists. Upon successful completion of Board requirements, I will become a fully licensed marriage and family therapist (LMFT).

To fulfill the requirements of full licensure, I meet weekly with Brianne for clinical supervision, including discussion and direction for my work with clients. As a function of her role as my clinical supervisor, Brianne will have full access to your clinical records and private health information. Brianne may be contacted directly at (512) 981-5638 or at brianne@austinwomenscounseling.com.

_____ **Termination.** Services will be terminated upon request of the client and in collaboration with me. Should the client end communication with the therapist and the therapist does not hear from the client for 30 days, services will be considered terminated. Please note: I reserve the right to discontinue or deny services with the following individuals (a) those whose concerns are beyond my competence, (b) those who are abusive (i.e., threatening towards me), and (c) those who abuse or misuse services (e.g., frequently missed appointments, delinquent payments). If at any point in treatment, I determine that I am ineffective in helping you achieve your therapeutic goals, I am obligated to discuss this with you, and if deemed appropriate, terminate treatment. In such cases, I will provide you with referrals for other treatment providers if you so desire. You also have the right to terminate therapy with me at any time. A final session is recommended in closure of our work together.

_____ **Therapist's Incapacity or Death.** In the event that I become incapacitated or die, it will become necessary for another therapist to take possession of client records. By signing this form, you give your consent to Brianne Blevins to take possession of your files and records, or to deliver them to a therapist of your choice.

_____ **Feedback & Complaints.** I am an independent contractor providing therapeutic services and being supervised clinically and administratively by Brianne Blevins, LMFT-S, LPC-S. She may be contacted directly at (512) 981-5638 or at brianne@austinwomenscounseling.com. However, I invite and strongly encourage clients with any concerns or complaints to first talk with me directly. I will make every effort to address the issues professionally and collaboratively with you. To file a formal complaint against me for violations of state laws and regulations or my professional ethics code, you should contact:

Texas State Board of Examiners of Marriage and Family Therapists
Complaints Management and Investigative Section
P.O. Box 141369
Austin, Texas 78714-1369
Phone: 1-800-942-5540

Consent for Services

By signing below, I (the client) acknowledge (a) understanding, agreeing with, and having had the opportunity to discuss the counseling process and informed consent document, and (b) having been given a copy of this document. I consent to receiving counseling services from Paulina Flasch, PhD, NCC, LMFT Associate.

Client 1 Printed Name

Date

Client 1 Signature

Client 2 Printed Name

Date

Client 2 Signature

Paulina Flasch, Counselor

Date