

13140 Coit Rd. #328, Dallas, TX 75240
Phone: 972.824.3428
www.kristencairnscounseling.com
License number: 73965

Kristen Cairns Counseling
Kristen Cairns, MS, LPC, NCC

Informed Consent and Treatment Agreement

Background: I am a Licensed Professional Counselor (LPC) and National Certified Counselor (NCC) in the state of Texas. I received my Bachelors in Psychology from Baylor University, and my Master's degree in Clinical Mental Health Counseling from the University of North Texas. I specialize in working with those struggling with eating disorders, depression, anxiety, relationship issues, and self-harm.

Counseling Relationship: The counseling relationship is unique, in that it is both personal and professional. Establishing trust and rapport is an important part of the counseling process, and maintaining professional boundaries is essential for your treatment. Due to this, I will not accept social media requests or invitations to social events. You will benefit if your sessions concentrate exclusively on your concerns.

In order to protect your confidentiality, I will not acknowledge you first if I see you in public. You are more than welcome to say hi, but any communication in public would be initiated by you. Dual relationships are prohibited by the counseling ethics, so I cannot serve as both your counselor and as a friend. This means that I will not accept any friend requests on social media.

Confidentiality: Counseling is most effective when there is trust between the client and the therapist. Earning and maintaining this trust is important to me, and content of our sessions will be kept confidential. Your permission is necessary to release any information to outside persons, except for limitations required by the laws of the state of Texas. Some examples of this are:

- If I believe that you are a danger to yourself or to someone else
- Suspected abuse or neglect of a child, elderly, or disabled person
- If you request in writing that I deliver confidential information to a specified person
- If you are involved in a legal case and the therapist is required by law to release records

If I see you in public, I will protect your confidentiality by acknowledging you only if you initiate the contact. Any conversation related to your treatment is not appropriate for a public setting and will be redirected to a session time.

Services Offered and Referrals: Sessions are scheduled for 50 minutes. I offer the following services: individual, group, and family counseling. Referrals can be made if either you or I feel that your treatment is beyond my scope of expertise. At times, you may benefit from psychological testing or medication alongside therapy. In these cases, I will provide referrals to a psychiatrist or medical doctor. I will maintain communication with these professionals to best manage your ongoing treatment.

Benefits and Risks of Counseling: Most individuals seek counseling due to emotional and psychological distress that is interfering with functioning in their relationships, occupations, or other areas of life. Some individuals do not experience relief from counseling, and may even experience a temporary exacerbation of distress. In this case, we will work together to determine the best course of treatment.

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Fees: Sessions are \$125 each. You can pay by cash, check (made out to Kristen Cairns Counseling PLLC), or credit card (set up online through Simple Practice). The appointment time you schedule is reserved for you. You will be billed for missed appointments and cancellations with less than 24 hours notice. If you do need to cancel or reschedule, please call me at 972.824.3428. Cancellations within the 24 hours will incur a half price session fee, while missed appointments will be billed at the full rate.

If I have your credit card on file, sessions will be billed at midnight following your session time. If you are paying by cash or check, payment is expected at the end of the session, or at the start of the next session for any cancellations or no shows.

I do not file with insurance, but I can provide the necessary documentation for you to file out of network for insurance reimbursement.

Litigation: Conducting expert witness or testimonial service is not in my area of expertise. If you are seeking counseling for court or court-related purposes, I will provide you with appropriate referrals. If you do become involved in a court case that requires my participation, I will charge a retainer fee of \$1,600 (8 hours at \$200 per hour) at the time that a subpoena is served to be applied to these charges. When a subpoena is issued, it will be turned over to an attorney and I will consult with this attorney as necessary. These attorney fees will be billed to you. I will bill \$200 per hour for preparation of and filing of court-related documents, case preparation, and/or attendance at any legal proceedings. Any parking expenses and hotel accommodations will be billed as well. If you believe that your case will be going to court or that you will need therapist testimony, please let me know before a counseling relationship is established and I will provide appropriate referrals.

Emergency/Crisis Situations: I do not provide a 24 hour counseling service. Should you experience an emergency requiring immediate attention, please call 911 or go to the nearest emergency room for assistance. Non-emergency matters can be directed to the main phone number at 972.824.3428. Voicemails after hours will be addressed the next business day.

Termination of Services: Some individuals achieve their goals within a few sessions, while others may require months or even years of counseling. If at any point you have questions or concerns about your treatment, I would ask that you discuss it with me. I am more than happy to modify my counseling approach or integrate different techniques as needed. If the relationship does not feel like a good fit, I would welcome the opportunity to provide alternate referrals. If you would like to terminate counseling services, I ask that you participate in a final termination session for closure.

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I, _____, confirm that I have read and understand the information contained in the Informed Consent and Treatment Agreement. By signing, I voluntarily agree to receive counseling services with Kristen Cairns, MS, LPC, NCC.

Client signature

Date

Parent signature (if client is a minor)

Date

Therapist signature

Date

For any complaints involving counseling in the state of Texas:
Texas State Board of Examiners of Professional Counselors
800-942-5540