

Sol Associates, PLLC
Rights and Responsibilities as a Client

Client Rights

No information about your counseling is released to anyone without your permission except for the following reasons: You seriously threaten to hurt yourself or someone else and protection from harm is required; we are subpoenaed by the courts; you apply to the State Bar of Texas and they require disclosure; or we receive information that a disabled person, a child, or an elderly person has been abused or neglected, or that a previous therapist has been sexually exploitative (in this case, client anonymity can be preserved).

You have the right to inquire about our professional credentials and experience as a therapist, to refuse a particular recommendation, to discuss concerns and dissatisfactions about our counseling work with us, and to end counseling at any time. We do request that you make a commitment to make all possible efforts to attend a final session after the decision to end therapy is final.

Client Responsibilities

Please arrive on time for appointments. Please notify us 24 hours ahead of time if you cannot keep your appointment. If you do not cancel a full 24 hours before the beginning of a session, you will pay for that session. If you require special accommodations due to a disability, notify us as soon as possible so that we may better serve you.

This is often difficult and challenging work. One of the most important joint responsibilities is communication. Taking an active role in counseling involves being as open and honest as possible, making efforts outside of sessions as appropriate, and providing feedback to us about how you think our work is going. Clients are expected to communicate clearly about termination of services.

Counselor Rights

During the course of counseling, we may confer with other appropriate professionals about your situation. We will not release identifying information without your permission.

When we feel that my services are not or will not be appropriate for you or that our work is complete, we will discuss our concerns with you. We reserve the right to conclude our counseling work or to refer you to a more appropriate provider, but we will do so only after all necessary communication with you.

Financial Arrangements

We will discuss my rates with you before our work begins. We do not file for, or accept, insurance reimbursements, but we will provide you with whatever information you request to help you file your own. We are not a preferred provider for any insurance company. Fees are due at the end of each session. If you believe you need to make alternate payment arrangements, please contact us. **Missed appointments without twenty-four hours notice will require payment.**

I HAVE READ AND I AGREE TO THE ABOVE RIGHTS AND RESPONSIBILITIES:

Client Signature

Client Name

Date

Therapist Signature

Therapist Name

Date