Joseph Bennett, MAMFC, MARE, LPC

Stillwaters Counseling and Wellness Center, LLC

Professional counseling for Individuals, Couples, and Families

721 Justin Rd, Suite B, Rockwall, TX 75087

118 East Main St, Suite 105, Royse City, TX 75189

6005 Dalrock Road, Rowlett, TX 75088

972-658-8800

DISCLOSURE STATEMENT

To New Patients: This packet includes information about me and forms for you to fill out and bring with you to our first session. It is a lot of reading, but the information is important, so please review it in its entirety. If for some reason you are unable to complete the paperwork before our session, I will have copies in my office, and we will use your session time to complete the paperwork.

Please complete this paperwork prior to our initial meeting so that we can spend our time together focusing on the personal concerns that you wish to consult me about. I look forward to meeting with you.

Training and Degrees: I have a Bachelor of Science in Social Work from West Texas State University, a Master of Arts in Marriage and Family Counseling, and a Master of Arts in Religious Education, both from Southwestern Theological Seminary in Ft. Worth, TX. I am a Licensed Professional Counselor from the State of Texas (License #15128). TX Christian Management, LLC provides office space and administrative support for Stillwaters Counseling and Wellness Center, LLC. Stillwaters Counseling and Wellness Center, LLC is responsible for all patient care.

Counseling Orientation: When beginning therapy, you can expect that I will spend time asking questions and getting to know you. I will collaborate with you to establish treatment goals and a plan for achieving them. Typically, it takes several sessions to get acquainted, and it may take even more to establish the necessary trust for effective therapeutic work to take place. Counseling sessions involve discussion of potentially sensitive information surrounding relationships and psychological or emotional issues. While counseling can improve your quality of life, there are times when you may feel frustrated or like there is a lack of progress. Symptoms can sometimes worsen before they get better, as you may be dealing with unpleasant memories and emotions. These feelings and emotions should improve over the course of our counseling sessions if you are progressing and following treatment recommendations. If you identify that counseling is not progressing in the direction that you had hoped, please discuss this with me. There are times when a referral to an alternate provider may be necessary to help you find success. Counseling may not resolve all concerns or symptoms on its own. The success of the treatment depends on the quality of work by both you and your counselor. You will achieve the best results when you are open and honest in your sessions and have a willingness to make changes. Please know that it is impossible to guarantee any specific results regarding your progress. As a Christian counselor, I believe that true healing and wholeness come from aligning our lives with God's Word. My particular counseling approach is rooted in biblical teaching, prayer, and a faith-based understanding of life's challenges. At the same time, I recognize and respect the diversity of different faith backgrounds and spiritual experiences. Whether you come from a different Christian denomination, are exploring your faith, or are uncertain about spiritual matters, you are welcome here. I aim to create a compassionate, and non-judgmental environment where your personal beliefs, questions, and individual pace will be honored. Faith-based elements will be integrated into our sessions only when appropriate and in ways that are meaningful and helpful to you. My goal is to journey with you in a manner that not only addresses your emotional needs, but your spiritual growth as well through grace, humility, and truth.

Fees: The fee for counseling is **$180** per 53-minute session for individuals, couples, and families. Initial sessions are run in the 53-minute session format. Fees are adjusted annually on January 1st and will not increase more than 10% per year. Payments (cash, check, or credit) are to be made at the beginning of each session. A $40 fee will be charged for returned checks. Unpaid balances incur the maximum finance charge allowed by law after 30 days. Outstanding balances may be sent to a collection agency. In addition to your session fee, there may be a fee for using your credit card, which will be the exact amount the credit card company charges TX Christian Management, LLC. Fees change regularly but will range between 2.5%-4% of your transaction. If you would like to know the exact current rate, please ask your therapist at the time of your appointment. If you have insurance that is accepted, we will bill your insurance company for you. If for any reason, your insurance company does not reimburse for services you will be responsible for your session fees. Due to contractual obligations with insurance companies, the risk-free initial session cannot be offered for use with in-network insurance benefits.

Missed Appointments: If you are unable to keep an appointment, please notify me via phone a minimum of three days (72 hours) in advance. Text messages are adequate notice. If you miss your appointment for whatever reason and fail to give me adequate notice, you will be responsible for the full fee for the session. If you are late, I will still stop at our regular ending time to keep my schedule, and you will still be required to pay for the entire session. In the event of a missed appointment, the bill will reflect a late cancellation instead of a clinical session. Most insurance companies will not reimburse for missed appointments. If I have an emergency, I will notify you as soon as possible of my need to reschedule our appointment. If you no show or late cancel at least 3 consecutive appointments, then I reserve the right to terminate your treatment. By consenting to services with us, you agree to take full financial responsibility if you violate this policy. While I will make efforts to help you be successful in treatment, it is ultimately your responsibility to keep track of your scheduled appointments. As such, I am not obligated to remind you of appointments or call you if you are late or a no show to an appointment. Please keep in mind that therapy is only effective when you are consistent and compliant. If you no show or late cancel at least 3 consecutive appointments, then I reserve the right to terminate your treatment. By consenting to services with us, you agree to take full financial responsibility if you violate this policy.

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Late Arrival / No-Show / Missed Appointments: Therapy sessions begin and end at the scheduled appointment time. Clients are expected to arrive promptly in order to receive the full benefit of their reserved session time. A 15-minute grace period is allowed for late arrival. If the client does not arrive within 15 minutes of the scheduled start time, the session will be considered a missed appointment. If a client arrives late, the session will still end at the originally scheduled time, and the full session fee will apply regardless of the amount of time attended. Missed appointments, including no-shows or inability to connect, are considered missed sessions and will be charged at the full private pay rate as outlined in this agreement. Session fees reflect the reservation of dedicated clinical time and are not based on the amount of time attended. For clients using insurance, sessions must meet applicable clinical and time requirements to be eligible for billing. If a session does not meet these requirements or is missed, the client is financially responsible for the full session fee.

Professional Relationship: Although therapy sessions may be very personal, it is important for you to understand that we have a professional relationship rather than a social one. Our contacts, other than chance meetings, will be limited to appointments you arrange with me. Please understand that I am not able to attend your social gatherings, accept gifts from you, barter or exchange services, write a reference letter or relate in any other way other than in the professional context of the counseling relationship. I also will not be able to accept friend or contact requests on personal social networking sites from current or former clients. Adding clients to these sites can compromise the confidentiality and privacy of both parties in the counseling relationship.

Termination of Treatment: When you wish to terminate treatment, please give a minimum of one week's notice. You may terminate treatment at any time without moral, legal, or financial obligation beyond payment of services already rendered. It is expected that we will discuss the prospect of termination so that both parties will be clear about any details that need attention as part of the termination process. If you fail to schedule a future appointment, cancel a scheduled appointment, or fail to keep a scheduled appointment and do not contact me within 30 days of the date of last recorded contact, it will be understood that you have terminated treatment. I shall have no further obligation to you once treatment has been terminated.

Testifying in Court: Please note that I do not specialize in legal or court proceedings, and do not offer services for the purpose of custody battles, divorce battles, court-ordered treatment, and the like. If you become involved with any legal proceedings, please inform me as soon as possible to discuss how the proceedings might impact our work together. I also reserve the right to terminate treatment immediately and refer you to another therapist, should the legal circumstances impede the therapeutic process. If you become involved in any legal proceedings that require my participation, you will be expected to pay for all my professional time. This includes any preparation and transportation time, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge $360 per hour for all preparation, travel, and attendance (waiting and participation) at any legal proceeding. Having said this, I am not a certified child custody evaluator and will be unable to help you legally if this is your purpose in pursuing treatment with me. If subpoenaed by an attorney, you will need to provide written consent in order for us to comply with the request. If subpoenaed by a court order with a judge's signature, then your therapist is obligated to comply without your consent. I charge $360 per hour for court appearances, depositions, and arbitrations, including related travel and preparation. If subpoenaed to court because of your case, then I will block out a 4-hour portion (unless notified that they will be required to stay longer) of my work day. If your hearing is rescheduled, it is your responsibility to notify me at least 48 business hours in advance. If you fail to notify me within the appropriate time frame, you will be billed for that block of time and your minimum court fee will not be refunded. The minimum court fee ($1,120.00) is required 48 business hours in advance of the hearing, and any additional fees will be billed, and are expected to be paid, within 48 hours of the court appearance. You are responsible for any legal fees that I incur as related to your case (litigation issues, lack of payment, etc.) Important note: I can only speak on matters related to your mental health treatment and what has been observed in the session. I will not provide custody recommendations, speak on your character, or provide legal advice, or medication advice as these are outside of the scope of practice.

Choosing a Counselor: You have the right to choose a counselor who best suits your needs and purposes. You may seek a second opinion from another mental health practitioner or may terminate therapy at any time.

State Mandated Disclosure: I have broad discretion to release any information that I deem relevant in situations where I believe my patient or others to be at risk of physical harm, physical or sexual abuse, molestation, or severe neglect.

Consultations: I regularly consult with other professionals regarding patients with whom I am working. This allows me to gain other perspectives and ideas about how to better help you reach your goals. These consultations are conducted in such a way that confidentiality is maintained.

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State Registration: Therapists practicing psychotherapy for a fee must be registered or certified with the appropriate board for the protection of the public health and safety. Registration of an individual with a respective board does not include recognition of any practice standards, nor does it necessarily imply the effectiveness of any treatment. The purpose of the Texas Psychologist's Licensing Act (Tex. Occ. Code Ann. § 501.001 et seq.), the Texas Licensed Marriage and Family Therapist Act (Tex. Occ. Code Ann. §502.001 et seq.), the Texas Licensed Professional Counselor Act (Tex. Occ. Code Ann. §503.001 et seq.), and the Social Work Practice Act (Tex. Occ. Code Ann. §505.001 et seq.) is (a) to provide protection for public health and safety, and (b) to empower the citizens of the State of Texas by providing a complaint process against those counselors who commit acts of unprofessional conduct. **For minors, if there is a current custody order, I will need a copy prior to working with the minor.**

Unprofessional Conduct: If you suspect that my conduct has been unprofessional in any way, please contact the Texas Behavioral Health Executive Counsel at the following address and phone number:

Texas Behavioral Health Executive Counsel George H.W. Bush State Office Building
1801 Congress Ave., Suite 7.300,Austin, TX 78701
Telephone: (512) 305-7700
Investigations/Complaints toll-free number: (800) 821-3205
Website: bhec.texas.gov

Contacting Me by Phone: For **scheduling purposes only,** you may leave me a voice message at **972-658-8800.** I check this message periodically and will typically return your call within 24 hours.

Emergencies: Please be aware that **I do not provide emergency services,** nor do I wear a pager. I am not "on call." If you are in an emergency situation, please call one of the following numbers for help:

Emergencies: 911
Suicide Prevention line: 877-727-4747

I have read and understand the information present in this form.

_____	_____
Patient or legally authorized individual signature	Date
_____	_____
Patient or legally authorized individual signature	Date
_____	_____
Joseph Bennett, MAMFC, MARE, LPC	Date