

Kyle Johnson, MA, LMFT
Counseling for Individuals, Children, Couples, and Families
1402 South Custer Road, McKinney, TX 75072
972-346-1547

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 hold a Bachelor of Arts – University Scholars from Baylor University and a Master of Arts in Marriage and Family Christian Counseling from University of Mary Hardin-Baylor. I am also trained in Trust-Based Relational Intervention (TBRI) and Cognitive Processing Therapy (CPT). I've been working in mental health for over 15 years. (License #201926.) TX Christian Management, LLC provides office space and administrative support for Kyle Johnson. Kyle Johnson is responsible for all patient care.

Counseling Orientation: In my practice I primarily use a Person-Centered, Systems Theory approach through a faith-based lens. As my client, you will be treated with respect and honor as the valuable child of God that you are. Our God is a God of grace. No matter what circumstances you find yourself in right now, God loves you and is for you. Together, with God's help, we can begin to work through whatever challenges you are facing.

Fees: The fee for counseling is **\$145** 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. 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 Texas 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. 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. 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 two days (48 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.

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: If you become involved in any legal proceedings that require my participation including but not limited to divorce, custody disputes, or cases involving CPS or criminal activity, 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 and complexity of legal involvement, I charge \$330 per hour for all preparation, travel, and attendance (waiting and participation) at any legal proceeding. A \$2000 retainer will be required immediately upon receiving a subpoena and/or court appearances are requested. Due to the immediate response needed, \$400 of this retainer is non-refundable once a subpoena is issued, regardless of whether your therapist is later released from appearing. Because the length of a court hearing cannot be predetermined, all other appointments on said date must be cancelled; therefore, there is a 4 hour minimum for the date of the court hearing regardless of whether testimony occurs. Two weeks advance notice releasing your therapist from the court hearing must be provided to avoid this 4 hour minimum. Any unutilized funds will be put towards account balances or refunded. Refunds will be issued no sooner than one full billing cycle after all court proceedings have ceased. 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.

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.

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 appropriate licensing board 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 **972-346-1547**. 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

Kyle Johnson, MA, LMFT

Date