



## Adult Consent for Treatment

Please check the appropriate boxes below that indicate your consent for treatment by Donica Jones, MA, LPC Supervisor (who supervises the below associates), LSOTP-S Recognized as Juvenile Specialty, NCC, CRCF, CCF, 200 CYT, Clinical Member ATSA since 2007 or her associates:

Bret Countyman BS, CRCF, CCF, Business Development Director  
Chase Walding M.Ed., LPC  
Dianna Crutchley, MA, LPC, ASOTP

- Individual Psychotherapy Sessions: Cost per session \$\_\_\_\_\_
- Family/Couple Psychotherapy Sessions: Cost per session \$\_\_\_\_\_
- Psychological Testing: Cost \$\_\_\_\_\_
- Health/wellness/addictions Course: \_\_\_\_\_
- SOTP Program: Cost as per Treatment program fees documented**
- Pre-Trial Assessment:
- Limestone Level II Chaperone Training : Cost \$\_\_\_\_\_
- Consultation for forensic case; \$\_\_\_\_\_
- Educational Programs for NCTI, Real Colors, Stress Anger, Substance Use Coaching
- Yoga/aerial/restorative/guided imagery/progressive muscle relaxation/therapeutics
- Interested in a Suicide Support group? Contact Donica or Bret No Cost**
- Interested in Tea Time Talk over Book of Month and Community Donations contact Donica or Bret. No cost**

By signing this document, I am acknowledging that I have been informed of the limitations of confidentiality which may be breached if:

1. Client reports child or elder abuse. Therapist will report to appropriate authorities.
2. Client makes an imminent threat with the means to carry out that threat against an identifiable third party. Therapist will try to attempt to warn potential victim and notify authorities.
3. Client indicates desire, plan, means, and intention to commit suicide. Therapist will contact emergency contact list on paperwork and the appropriate mental health authorities including calling 911 or the Police.
4. Confidentiality is limited in cases involving court referrals. The therapist will consult with Courts and Probation Departments.
5. Case consultation with colleagues Kevin Glasser, MA, LPC, LCDC or Jenifer Adair, MA, LPC, LSOTP for the purposes of ethical considerations, standards of practice, and treatment planning.

\_\_\_\_\_  
**Client or Personal Representative Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date**

Voice: 281-920-9500 ♦

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