

## **Welcome**

Welcome, and thank you for choosing to work with me. My role as a therapist is to help you recognize your needs and wants, and to offer you support during the process of healing and growth. I seek to provide an environment wherein we can openly process your thoughts, feelings, emotions, and behaviors without fear of judgment. My therapeutic philosophy focuses on increasing self-awareness and validating emotions. My belief is that we are often ruled by thoughts and feelings that operate under the surface, and once we can recognize those we are far more capable of unlocking inner-strength, increasing validation of self, and making lasting change. In couple and family relationships, I believe that we often get stuck in negative cycles. Where there was once love and connection, we now find distance and resentment (and we usually have no idea how we wound up there!) We will work together to discover the root cause of the pain and emotional injury in the relationship, heal it, and find a way out of the negative cycle. We will work on more effective communication and emotional vulnerability with the people we love the most. I look forward to our work together.

## **Credentials and Services**

In my private practice I provide services to individuals, couples, and families. I have met the requirements set by the Nevada and Texas State Boards of Health as a Licensed Marriage and Family Therapist (LMFT). I hold a Bachelor of Science degree from Brigham Young University in Marriage, Family and Human Development. I have a Master of Science degree from Brigham Young University in Marriage and Family Therapy. I have conducted multiple research studies analyzing the impact of various parenting practices on adolescent outcomes. Additionally, I have participated in clinical research showing the efficacy of the use of Emotionally Focused Couples Therapy and Enactments in the treatment of marital distress.

## **Office Policies and Procedures**

Please read and review carefully all the following information signing where it is indicated. These documents outline your rights as a client and my role and responsibility to you. I will provide you with a copy of all signed documents upon request.

### Confidentiality and Informed Consent

The therapeutic relationship requires complete confidentiality between client and therapist. Information about clients, including case notes and records are confidential and are the property of Christine Lawler, MS, LMFT and select employees who are also bound by confidentiality. In the event of my being unable to perform professional services, my colleague, Gloria Martin, MA, LPC, LMFT will safeguard your file according to state and national ethics.

Confidential information can only be released by a client giving written consent or under the following circumstances:

1. The client directs the counselor to release the client's records.
2. The client discloses abuse, neglect, or exploitation of a child, the elderly, or a disabled person; I am required by state law to report this information to the proper authority.
3. In cases in which I determine that the client is a danger to him/herself or to someone else; the counselor has the **DUTY TO WARN**:
  - The person who is likely to suffer the result of harmful behavior
  - The person's family
  - The family of the client who intends to harm him/herself
  - Local authorities (police)
4. The counselor is ordered by a judge, magistrate or required by law to disclose information.
5. In an effort to enhance my therapeutic skills, I participate in peer supervision. Information pertinent to your case may be presented for supervision and the input of other therapists, who will then be held accountable to the above confidentiality policy.
6. I reserve the right to disclose information to family members if the disclosure seems necessary for therapy to proceed profitably. Examples include but are not limited to a minor who tells me he/she is involved in dangerous activity or an adult who tells me he/she has contracted HIV.
7. Other possible exceptions to confidentiality include your status as a minor; your parent/guardian paying for sessions and requesting information; your death; when working with couples I do not keep significant information private from either partner.
8. As a final protection of your confidentiality, if we see each other in public, I will not verbally acknowledge you unless you first acknowledge me.

By signing below, I am stating that I have read and understand the rules of confidentiality.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

**The Providers Privacy Notice**

Patient Consent for Use and/or Disclosure of HIPPA Defined Protected Health Information

I, \_\_\_\_\_, hereby state that by signing this Consent, I acknowledge and agree as follows:

The Providers Privacy Notice has been provided to me prior to my signing this Consent. The Privacy Notice includes a complete description of the use and/or disclosure of my protected health information (“PHI”) necessary for the Provider to provide treatment to me, and also necessary for the Provider to obtain payment for that treatment and to carry out his/her health care operations. The Provider explained to me that the Privacy Notice would be available to me in the future at my request. The Provider has further explained my right to obtain a copy of the Privacy Notice prior to signing this Consent, and has encouraged me to read the Privacy Notice carefully prior to my signing the Consent.

I understand that, and consent to the following appointment reminders that may be used by the Provider:

\_\_\_ **Yes** \_\_\_ **No** - You may contact me by email at my personal email account

\_\_\_ **Yes** \_\_\_ **No** - You may contact me and leave a message on my cell phone.

\_\_\_ **Yes** \_\_\_ **No** - You may send text messages to me.

The Provider may use and/or disclose my PHI (which includes information about my health or condition and the treatment provided to me) in order for the Provider to treat me and obtain payment for that treatment, and as necessary for the Provider to conduct its specific health care operations.

I understand that I have a right to request that the Provider restrict how my PHI is used and/or disclosed to carry out treatment, payment and/or health care operations. However, the Provider is not required to agree to any restrictions that I have requested. If the Provider agrees to a requested restriction, then the restriction is binding on the Provider.

I understand that this Consent is valid for seven years and that I have the right to revoke this Consent, in writing, at any time for all future transactions, with the understanding that any such revocation shall not apply to the extent that the Provider has already taken action in reliance on this Consent.

I understand that if I revoke this Consent at any time, the Provider has the right to refuse to treat me.

I understand that if I do not sign this Consent evidencing my consent to the uses and disclosure described me above and contained in the Privacy Notice, then the Provider will not treat me.

I have read and understand the foregoing notice, and all of my questions have been answered to my full satisfaction in a way that I can understand.

\_\_\_\_\_  
Name of Individual (Printed)

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Signature of Legal Representative  
(E.g., Attorney-in-fact, Guardian, Parent if minor)

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Date Signed

### **Fee Agreement and Payment**

My fee is \$150 for the initial 50-60 minute intake/assessment and \$125 for each subsequent **50-minute session**. I prefer cash, checks and ACH bank transfers, but can also accept major credit cards. There is a \$25.00 fee for returned checks. At this time I do not participate in a sliding-scale fee program or offer reduced-fee services.

In order to maintain your privacy and be respectful of the next client's need for promptness, I prefer payment of your fee at the start of your therapy session. You are responsible for payment of your fees at the time of service. In this way we can devote the time to working on your behalf.

If you are unable to make payment at the time of service, please ensure that you have payment for your outstanding balance before the start of your next session. If you have more than two session's fees outstanding, please be aware that we will not be able to schedule further sessions until all past-due fees are paid.

### **Cancellation Policy:**

**If you find it necessary to cancel an appointment please leave a voice or text message at 949-923-0776 or by e-mail at christine.lawler.mft@gmail.com. You may leave a message at any time day or night, weekends or holidays.**

**You will be charged \$50 for appointments cancelled within 24-hours of our scheduled meeting unless it is an extreme emergency. Please note that this is a therapeutic intervention and not intended to be punitive. As a courtesy, I will send you a reminder of our appointment the day before, but this is not the appropriate time to cancel or reschedule. It is your responsibility to notify me as soon as you notice that a conflict has arisen. I would love to be more accommodating, but my schedule flexibility is limited and my caseload is full. If I do not have adequate notice I cannot fill your time slot. This negatively impacts me as well as my other clients. Please be respectful of my time and make your counseling a priority since I have made it mine.**

If your schedule is flexible I may, on occasion, request that we move your session to a time that is more convenient for me or allows me to see another client whose schedule is more rigid. I want you to practice boundary setting, so I hope that you will say "no" if this is inconvenient for you. I will hold myself to the same standard that I ask you to hold yourself to, so I will not make any schedule change requests within 24-hours. If I do, I will give you a \$50 discount on your services!

### **Therapist/Client Communication**

Charges will be made for client initiated telephone calls and emails that exceed fifteen minutes, as well as letters, or reports requested by you. The rate for phone calls, letters or reports will be prorated depending on the length of the call or preparation time.

I can also provide therapy sessions via telephone call or Skype, at the standard session rate, if circumstances prevent us from meeting in person. Please be advised that the nature of the therapeutic setting may feel different through these mediums, but can still be highly effective. I am happy to do appointment scheduling via text, but I will not engage in lengthy treatment-oriented conversations through text message.

**CHRISTINE LAWLER, MS, LMFT**  
LICENSED MARRIAGE & FAMILY THERAPIST

Client Signature

Date

## **Court Action Policy and Fees**

Clients are discouraged from having Christine Lawler, MS, LMFT subpoenaed or having her provide records for the purpose of litigation. I am trained as a Marriage and Family Therapist and my work with clients is from a non-adversarial position. I have not been trained forensically or with the expertise to appear in court.

If you wish to have me appear in court, please be aware that even though you are responsible for the testimony fee, it does not mean that the testimony of Christine Lawler, MS, LMFT will be solely in your favor. I can only testify to the facts of the case and my professional opinion.

If Christine Lawler, MS, LMFT is to receive a subpoena, the attorney or office staff will need to call the office and set up a time for the subpoena to be served during office hours. I request a minimum of 72 hours notice of any Court appearance so that schedule changes for my clients can be made with a reasonable time frame.

Please note: if a subpoena is received without a minimum of 72 hour notice there will be an additional \$250 express charge.

### Court action fees are as follows:

- |  |   |
|--|---|
| 1. Preparation Time:<br>(billable in 15-minute increments)   | \$200 per hour                                  |
| 2. Phone Calls:<br>(billable in 15-minute increments)  | \$200 per hour                                  |
| 3. Filing Document with court  | \$100   |
| 4. Minimum charge for court appearance   | \$1,500.00 for half day<br>\$2,500 for full day |
| 5. Attorney fees: I agree to pay all attorney's fees and costs that are incurred by Christine Lawler as a result of any court action.  |   |
| 6. Retainer: A retainer of \$2,000.00 is due at least 72 hours before the scheduled appearance. The remainder of the costs will be billed after the court appearance and will be due upon receipt. |   |

If a therapist is subpoenaed and the case is reset with less than 72 hour notice prior to the beginning of the day of the scheduled subpoena and or testimony is not given then the client will be billed \$1,000.

Bills for court related actions are presented to clients on a weekly basis and payment is expected upon receipt. A zero balance will need to be kept at all times.

Client Signature

Date

### **Other Important Information About My Practice**

#### **Office Hours**

My office is physically located in Las Vegas. For your convenience, I provide online counseling to clients in Nevada and Texas. I see clients Tuesday evenings from 5-10pm Pacific and on Wednesdays from 9-6pm Pacific.

#### **Appointments**

I will make every effort to make appointments that are convenient for you. Appointments are made on the hour and are **50 minutes** in duration. The frequency of appointments will be discussed at the first session.

#### **Therapist/Client Communication**

Charges will be made for client initiated telephone calls and emails that exceed fifteen minutes, as well as letters, or reports requested by you. The rate for phone calls, letters or reports will be prorated depending on the length of the call or preparation time.

I can also provide therapy sessions via telephone call or Skype, at the standard session rate, if circumstances prevent us from meeting in person. Please be advised that the nature of the therapeutic setting may feel different through these mediums, but can still be highly effective. I am happy to do appointment scheduling via text, but I will not engage in lengthy treatment-oriented conversations through text message.

#### **Emergency Calls**

I do not use an answering service, but I check my voice mail several times during the day and during the weekend. You may reach me by cell (949-923-0776) during the weekend if there is an emergency.

**If there is an extreme life threatening emergency you will need to call 911 or go to the emergency room of the nearest hospital.**

**The following numbers may also be helpful:**

- **Crisis Hotline: 972 233-2233**
- **Suicide Hotline: 214-282-1000**

#### **Snow/Ice Days - Emergencies**

If you are unable to make it to the office due to emergencies or weather conditions, we can do an online session instead. If it is a true emergency and an online session is not an option, you may call to cancel the appointment and the cancellation fee will be waived.

#### **Responsibility for Treatment**

As with any other procedure, psychotherapy involves some risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings such as sadness, guilt, anger, frustration, and loneliness. Similarly, couples counseling may bring up

subjects and feelings in the relationship that need to be worked through but that may be uncomfortable or painful to deal with head on. I will do whatever I can to ensure that therapy is an emotionally safe place to process these feelings and dynamics. Whenever you make significant changes in your lifestyle, outlook or habits, your life and the lives of those with whom you are closely involved will be affected. While the purpose of psychotherapy is to make changes, you will want to consider the consequences that might arise. Whatever changes you make will be both your choice and your responsibility. If you become concerned about the course of your therapy, please let me know so that you can have the course of treatment best for you.

**Ending Therapy**

The end of therapy is an important process. It is a time to review, to recognize progress, to note areas in which you want to continue growth. It is also a time to receive feedback and encouragement. When you are ready to discontinue therapy, please discuss this at the beginning of your appointment in order to have therapeutic closure.

**Complaints and Grievances:**

I make every effort to provide services that are pleasing to you. If you believe I have failed to provide satisfactory care or have acted unprofessionally or unethically, please let me know, so I am able to correct this. To file a grievance with my licensing boards, you may write to:

Texas State Board of Examiners of Marriage and Family Therapists  
1100 W. 49th St.  
Austin, Texas 78756.

**Agreement**

I have read the above and accept the foregoing policies. A copy of this form is valid as the original. I certify that I am an adult over eighteen years of age and consent to the above conditions for therapy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
(Parent, guardian, legal representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date