



**SCOTT LENNOX, LCSW**  
**Psychotherapy**

1624 Enderly Place  
Fort Worth, Texas 76104  
scott@scottlennox.com  
www.scottlennox.com  
817.223.4279

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**Client Information and Informed Consent**

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**Your Counselor**

The undersigned counselor, Scott Lennox, LCSW, is a Licensed Clinical Social Worker, licensed by the Texas State Board of Social Worker Examiners to provide direct mental and behavioral health services to clients.

**Mental Health Services**

Individual counseling has the potential to help you in the following ways: 1) gain greater insight into your situation and thoughts/feelings; 2) develop expanded understanding of your life, relationships, circumstances, and future; 3) move toward resolving your concerns; and 4) creating a life plan that promotes greater realization of your human potential, happiness, and success. As your counselor, and using my knowledge and experience of human behavior, I will make observations about your life situations and offer guidance as you seek new ways to approach them. It will be important for you to explore your feelings and habits of thinking and to try new approaches in order for change to occur. You may bring other family members to a session if you or I feel it would be helpful.

**Therapeutic Relationship**

It is ethically imperative that our relationship remain solely a therapeutic one and be conducted within strict boundaries. Personal and/or business relationships undermine the effectiveness of the therapeutic relationship. I care about helping you but I will not have a social or personal relationship with you. Gifts, bartering and trading services are not appropriate and are not be shared between you and the counselor.

**Cancellations**

**Cancellations must be received at least 24 hours before your scheduled appointment; otherwise you will be charged the customary fee for that missed appointment.**

**Payment for Services**

Initial Visit/Introduction & data gathering:	\$125
<b>45 – 50 minute therapeutic session</b>	<b>\$115</b>
Crisis Management 60 min	\$160
Crisis Management Additional 30 min	\$ 80
90 minute Relationship Therapy	\$175
60 minute extended therapeutic session	\$145
Phone call less than 30 min	\$ 30
Phone call greater than 30 min	\$115
Paperwork,forms,copies,less than 30 min	\$ 30
Paperwork,forms,copies,greater than 30 min	\$115

Payment in full is expected at the time services are provided. I have a legal and contractual obligation to collect your payment at the time services are provided. If you are a Worker's Compensation patient, your Worker's Compensation Insurance Company provides reimbursement to providers of services that pertain to your injury. I will file these with

the insurance company. The law prohibits you being billed directly for charges that relate to your workers compensation injury.

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**Court Appearances:** Although it is my goal to protect the confidentiality of your records, there may be times when disclosure of your records or testimony may be compelled by law and/or Workers Compensation rules or guidelines. Confidentiality and exceptions to confidentiality are discussed below.

In the event disclosure of your records or testimony is required by law, you will be responsible for and shall pay the costs involved in producing the records and the counselor hourly rate of \$150 for the time involved in preparing for and giving testimony. If I am required to be out of my office for a court appearance or a deposition, there will be a four hour minimum charge plus travel expenses. Such payments are to be made at the time or prior to the time the services are rendered by the counselor.

**Administrative Services:** My charge for letters, copies of records, FMLA forms and other administrative services is \$100 per hour with a minimum of 30 minutes required to complete a service. Copies of client records sent to other health care providers in an effort to coordinate care will be sent free of charge.

### Appointments

Appointments are scheduled by calling (817) 223-4279 Monday through Friday between the hours of 10:00 a.m. and 6:00 p.m. If you reach my voicemail, I will return your call within 24 hours. The initial session typically requires a full hour. Counseling sessions are 45-50 minutes in duration.

### Number of Visits

The number of sessions needed is variable and depends on many factors which we will discuss. I am a strong advocate for the briefest number of sessions possible.

### Confidentiality

Discussions between counselor and client are confidential. No information will be released without the client's written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: child abuse, abuse of the elderly or disabled; abuse of patients in mental health facilities; sexual exploitation; AIDS/HIV infection and possible transmission; criminal prosecutions; child custody cases; suits in which the mental health of a party is in issue; situations where the counselor has a duty to disclose, or where, in the counselor's judgment, it is necessary to warn or disclose; fee disputes between the counselor and the client; a negligence suit brought by the client against the counselor; or the filing of a complaint with the licensing or certifying board. If you have any questions regarding confidentiality, you should bring them to the attention of the counselor when you and the counselor discuss this matter further. By signing this information and consent form, you are giving consent to the undersigned therapist to share confidential information with all persons mandated by law and the insurance carrier responsible for providing your mental health care services and payment for those services, and you are also releasing and holding harmless the undersigned therapist from any departure from your right of confidentiality that may result.

### Risks of Counseling

Therapy is the Greek word for change. You may learn things about yourself that you don't like or feel good about. Often growth cannot occur until you experience and confront issues that induce you to feel sadness, sorrow, anxiety, anger, or pain. The success of our work together depends on the quality of the efforts you are prepared to give this endeavor and the realization that you are responsible for lifestyle choices and changes that may result from therapy. Specifically, one risk of couples' therapy is the possibility of exercising an option of dissolution of the relationship.

### Emergency Procedures

I am unable to provide psychotherapy services 24 hours a day, seven days per week. Emergencies are urgent issues requiring immediate attention. **If for any reason you have an emergency, call 911 or proceed to the nearest hospital Emergency Room.** An option for assistance in a non-life-threatening situation is to contact: **Tarrant County Crisis Intervention (817) 335-3022.**

### Grievances

I encourage you to discuss any problems you have with me directly. I am willing to work with you to resolve identified problems in order for you to accomplish your therapeutic goals. If you are unable to resolve problems with me directly, you may contact my board: Texas State Board of Social Worker Examiners, PO Box 141369, Austin TX 78714-6718.

### Counselor's Incapacity or Death

I acknowledge that, in the event the undersigned counselor becomes incapacitated or dies, it will become necessary for another counselor to take possession of my file and records. By signing this information and consent form, I give my consent to allowing another licensed mental health professional selected by the undersigned counselor to take possession of my file and records and provide me with copies upon request, or to deliver them to a counselor of my choice.

### Consent to Treatment

I, the undersigned client, voluntarily agree to receive mental health assessment, care, treatment, or biofeedback services, and authorize the undersigned therapist to provide such care, treatment, or biofeedback services as are considered necessary and advisable.

I understand and agree that I will participate in the planning of my care, treatment, or biofeedback services and that I may stop such care, treatment, or biofeedback services that I receive through the undersigned therapist at any time. However, premature termination may result in failure to achieve therapeutic goals.

By signing this Client Information and Consent form, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Scott Lennox, LCSW

\_\_\_\_\_  
Date/Time