

**Doug McFarland LCSW
6304 Roseborough Drive
Austin, Texas 78747
512/705-1462 cell/office**

Dear New Client:

I am excited about the opportunity to meet with you for therapy. Let me start by telling you a little about myself. I have a Master of Social Work degree from the University of Kansas School of Social Work. I am licensed as an LCSW or Licensed Clinical Social Worker in the State of Texas. From 1976 to 1990 I worked with children, youth, and families in both a children's psychiatric inpatient hospital and in a separate psychological intake evaluation center for the Methodist Home in Waco, Texas. From 1990 to 1996 I managed one hospice agency and directed social services and bereavement services for another hospice. For fourteen years I served the geriatric inpatient population, twelve of those years at St. David's Pavilion (now Austin Lakes Hospital). Over the past forty-five years I have worked in a variety of mental health settings, being in private practice the past twelve years. My goal is to help you overcome life's difficulties through new coping skills and problem solving methods. Below is some general information to help you understand the therapeutic process.

Therapy:

Therapy is the Greek word for work/change. Seeking professional help is not easy. Honesty is the key to successful therapy. Please know that this is a safe place. The therapist's role is to help you problem solve and not to judge.

Therapy is a process and often a difficult process. Part of the task of being a client is to explore uncomfortable feelings and be honest about behaviors and choices. The therapist with his knowledge of human development and behavior will make observations and suggestions for new ways to approach life's difficulties. It is important for you to explore your feelings and thoughts. It is important for you to try new approaches in order for change to occur. Practice is a vehicle for change.

There are some risks associated with therapy. The main risk is that you may discover things about yourself, child, or significant other that you do not like. Visiting with me in the office will not solve your problems. Treatment requires honesty and work. Growth often occurs when we confront things that induce uncomfortable feelings such as sorrow, grief, or anger. I am not here to judge you but to help you problem solve. As we problem solve, it is your responsibility to follow through with solutions or recommendations made during therapy. The success of your work with your therapist depends on the quality of the effort put forth in the process.

It is not uncommon for things to get worse before they get better. As human beings we are creatures of habit. We often resist change. Changes come with intentional choices and consistency with these choices.

Often, with children especially, poor behaviors will initially escalate as they resist change. Children also want to know if you are going to stay with the changes. After all, if you as the parent do not stay with the changes, then why should the child put forth effort into changing? The main goal for the parent is to stay very consistent.

If at any time you find that therapy is not working, please call me. You have the right to terminate therapy at any time. However, if you choose to end your session, a termination session is beneficial. Often, people want to quit when things are difficult. Stopping therapy because things are difficult can often make things worse in the long run. Again, please call me if you have questions or concerns.

Therapeutic Relationship:

Our relationship is strictly professional. This means that we will not have a relationship outside of the therapist client relationship. Therapy is about you. Please do not invite me to birthday parties, weddings, or other social events. If you see me in a social setting, please know that I will not approach you. If you choose to say hello I will be happy to say hello back. However, I will not discuss treatment issues with you in this type of meeting. This protects you and your privacy as well as provides a safe place for you to talk and problem solve.

Office Hours and Appointments:

I understand that your time is valuable. Therapy sessions are by appointment only. Tele-mental health hours are Tuesday – Friday 9:00 am to 5:00 pm and Saturday 9:00am to 1:00pm. Appointment times are scheduled for you and last 45-50 minutes. If you are late, we may not be able to spend the whole 45-50 minutes. Being on time allows you to get the most out of your session. I will make

every effort to be on time and ready for you when your sessions begin. I ask that you extend to me the same courtesy. If you are significantly late, I may ask you to reschedule your appointment.

Appointment Cancellations:

If you need to cancel or reschedule an appointment, please call me in advance. Failure to notify me 24 hours prior to the scheduled appointment time will result in a \$45 cancellation fee. Please record your appointment times as you may not receive a reminder call. Please note that missing 3 sessions without sufficient notice may result in the termination of therapy.

Emergencies/Crisis:

I may not be available after hours or on week-ends for crisis work. During this time, in the event of an emergency, you may call 911 or go to your nearest emergency room.

Payment:

Payment of co-pays or sessions fees is expected following the session. For your convenience I use Square to furnish invoices by email. Square enables you to make credit/bank card payments by email. Payment by check to my mailing address is also acceptable. Please call me to make payment arrangements if necessary.

Ongoing Communications:

All correspondence will be mailed in an envelope marked "Doug McFarland LCSW". Please immediately advise me of changes to your address or telephone number. By signing this form you are consenting for the therapist to communicate with you by the address, phone number, email address, or fax number that you provide to him. Please note that there are confidentiality risks if you send an email requesting a response or request the therapist contact someone on your behalf. Emails are not encrypted. Phone calls are made via cell phone.

Complaints or Concerns:

Please address any complaints or concerns directly with me as soon as they arise. Your concerns are an important part of your therapy. If you feel that you are unable to resolve issues with me, you may contact the Texas Behavioral Health Executive Council (formerly Texas State Board of Social Work Examiners) at 512-305-7700 or 800-821-3205, or write to Dept. of State Health Services, PO Box 149347-mail code 1982, Austin, TX 78714-9347, 512-776-7111 or 888-963-7111.

Informed Consent to Treatment:

By signing this form, I assert that I understand these policies and agree to abide by them. I voluntarily agree to receive mental health services. I voluntarily agree for my child to receive mental health services. I authorize Doug McFarland LCSW to provide such care, treatment, or services to me as are considered necessary and advisable. I understand that I will participate in the planning of my treatment and that I may stop such care, treatment, or services at any time. I acknowledge that I have read this packet in its entirety and understand 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.

I provide consent for Doug McFarland LCSW to evaluate me and commence treatment. I provide consent for Doug McFarland LCSW to provide all clinical information to my insurance company as requested by them for payment/reimbursement of services.

Patient name printed

Date of Birth

Patient signature

Date

Parent or Guardian Signature

Date

Doug McFarland LCSW

Date