

Kristina Farmer, LMFT, PLLC
Therapist, Consultant and Minister

I am honored to come alongside you as you seek to make a change in your life. It is my belief that all things can be redeemed and that healing, restoration and reconciliation are real realities that are for you.

Personal Disclosure: Kristina Farmer is an LMFT (Licensed Marriage and Family Therapist) by the State of Texas. Kristina received a B.A. from Hardin-Simmons University with a minor in Psychology and a major in Biology. Following this, she attained her Master's degree in Marriage and Family Therapy from Abilene Christian University. Kristina has worked in a variety of settings beginning in 2001 with the Marriage and Family Institute. She then provided counseling services in a large local Houston area church, at DePelchin Children's Center and through a group private practice and for the last three and a half years with His Fathers Heart Ministries. She is now thrilled to be able to counsel from her own private practice. Kristina also spent three years of her life serving as a volunteer missionary primarily in Africa doing mission work out of her love to see people's lives transformed and changed. She uses her passion and gathered experiences to develop an approach with people with the intention to better their lives and to promote joy and peace in their relationships and in their own personal life.

Nature of Counseling: During this process, the goal is to partner together to meet the specific goals that you have for personal or relational growth and/or in dealing with a life situation. The purpose of counseling is to work together to attain your goals for therapy. Kristina uses specialized methodologies to help clients reach their goals. Kristina seeks to provide timely, trusting, honest and excellent therapeutic and consulting services. Her counseling services and foundational principles are therapeutically sound and come from a Biblical worldview.

INFORMED CONSENT

Counseling Relationship: During the time that we work together, client and therapist will meet at a mutually agreed upon frequency for approximately 50 minute sessions. The relationship will be a professional counseling relationship. All contact is limited to counseling sessions arranged through the practice. The Professional counselor ethics prohibit the receipt of gifts valued more than \$50 by counselors from clients.

Client Rights and Responsibilities: Clients are in control of the number of sessions they will attend and may end the counseling relationship at any time, though a termination session is recommended. Clients have the right to refuse, discuss or modify any counseling techniques or given suggestions. Client signature indicates agreement that clients must come to all counseling appointments free from the influences of drugs, including alcohol. All services will be rendered in a professional manner consistent with accepted legal and ethical standards. If clients are dissatisfied with the services, please let

the therapist know. If the therapist is not able to resolve concerns, clients may refer their complaints to the Texas Board of Examiners of Professional Counselors at (800) 942-5540.

Effects of Counseling: Some clients need only a few counseling sessions to achieve their goals; others may require months or even years of counseling. At any time, you are free to initiate a discussion of possible positive or negative effects of entering, not entering, continuing, or discontinuing counseling. While benefits are expected from counseling, specific results are not guaranteed. Counseling is a personal exploration and may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. Some of these changes could be temporarily distressing. The exact nature of these changes cannot be predicted. Together we will work to achieve the best possible results for you.

Referrals: Should the therapist or client believe that a referral is preferable, the therapist will provide alternatives including programs and/or people who may be available to assist. A verbal exploration of alternatives to counseling will also be made available upon request. Clients will be responsible for contacting and evaluating those referrals and/or alternatives. Clients may also find their own referrals, if desired.

Cancellation: Clients must call Kristina Farmer at 832-551-7571 within 24hrs to cancel an appointment. A late cancellation fee of \$35 will be charged on your credit card stored in the secure credit card merchant database if less than 24 hours notice is given. Exceptions will be given for emergencies.

Records and Confidentiality: Confidentiality regarding you and the services you receive is very important and is respected highly by this therapist. All communication becomes part of the clinical record. Records are the property of Kristina Farmer, LMFT, PLLC. Most of our communication is confidential, but the following limitations and exceptions do exist: a) the determination that you are a danger to yourself or someone else; b) you disclose abuse, neglect, or exploitation of a child, elderly, or disabled person; c) you disclose sexual contact with another mental health professional or clergy; d) I am ordered by the court to disclose information. Your right to privacy is waived if records are subpoenaed by the court. In these instances, any communication made during the assessment or treatment phases are not protected and may be disclosed at trial and to the parties of the suit requiring the information; e) you direct me to release your records; or f) I am otherwise required by law to disclose information. If I see you in public, I will protect your confidentiality by acknowledging you only if you approach me first. Should an instance occur where the therapist must break the confidentiality by law, your therapist will notify the appropriate agency for action and may do so without notifying you directly.

Adult client records are disposed of seven years after the file is closed. Minor client records are disposed of seven years after the client's 18th birthday.

In the case of marriage or family counseling, I will keep confidential (within the limits cited above) anything you disclose to me without your family member's knowledge. However, I encourage open communication between family members and I reserve the right to terminate our counseling relationship if I judge the privileged communication to be detrimental to the therapeutic progress.

Consultation: In order to provide you the best treatment possible, I may consult with colleagues or an expert in a particular area relevant to your case. I do that without identifying information so that your privacy is protected. If you want me to consult with someone about the specifics of your case in order to better coordinate services (i.e. a physician), I request that you sign a release of information. Please review the Policies and Practices to Protect the Privacy of Your Health Information for a more extensive explanation of your privacy rights.

Electronic Communication: Email or text is not always a secure means for communicating information. Thus, confidentiality cannot be guaranteed through email and if you choose to communicate with me via email, you risk your confidentiality being breached. Texts will be limited to confirming appointments only.

Emergency Contact: My limited resources prevent me from providing crisis intervention. If you have a crisis after office hours, please go to the nearest hospital emergency room, contact your physician or call the crisis hotline at (713) 228-1505. If a hospitalization occurs, please contact Kristina Farmer, LMFT, PLLC at 832-261-1000 as soon as possible to coordinate your care.

Acknowledgment and Consent: By your signature below, you are indicating that you read and understood this statement, any questions you had about this statement were answered to your satisfaction and that you were furnished a copy of this statement. By your signature, you are verifying the accuracy of this statement and acknowledging your commitment to conform to its specifications.

I give permission to begin this treatment as shown by my signature below.

Client (or Guardian) Signature

Therapist's Signature

Date

Date