

**FMS Therapy & Christian Counseling Associates**  
**Franchesca M. Sanchez, MA, LPC, NCC**  
**INFORMED CONSENT & DISCLOSURE STATEMENT**

**Qualifications:** I earned a MA degree in Marriage and Family at LeTourneau University in 2017 and an MA in Education with a major in Counseling from the Inter American University of Puerto Rico in 2011. I am licensed as a Professional Counselor (LPC 75349) with the Texas State Board of Examiners of Professional Counselor.

**Areas of Experience:** I work with children 8 and older, teenagers and adults. My areas of concentration include psycho education, depression, anxiety, grief, life transitions, trauma, stress, ISD Special Education System (504 Plans & ARD Meetings), spiritual issues and others.

**Code of Conduct:** I practice according to the Texas State Board of Examiners of Professional Counselors Code of Ethics, the Texas State Board of Examiners of Marriage and Family Therapist Code of Ethics, the American Counseling Association and the American Association of Marriage and Family Therapists.

**Social Media:** I do not communicate or accept friend or contact requests from current or former clients on any social networking site (Facebook, Instagram, etc.). I believe that adding clients a friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

**Gifts:** Do to our ethical guidelines provided by the state of Texas and professional counselor associations, it is the counselor's policy not to accept gifts valued at above \$50.00.

**Counseling Relationship:** I see the counseling relationship as a team. We will walk alongside the counseling journey, and help you establish your own goals. You are the expert in your own life and no one knows you better than yourself. I will provide a safe place, where you can be yourself and feel free to say whatever you need to say. I will help you find healing, comfort or guidance as long as you are committed and responsible for your own progress.

I see the individual holistically meaning I integrate all the areas of the human being: mental, emotional, spiritual and physical health. I also understand that you are part of a family, and that changes in this unit will have an impact on your life.

**Spirituality-Faith Based Counseling:** I am trained to apply a Christian worldview approach to our counseling sessions and it is my belief that such integration provides healing and wholeness to our lives. I will not impose my beliefs on any client and will only incorporate Scripture or prayer when requested and appropriate to the sessions and as it remains consistent with the client's value. If you would like to limit any of the areas mentioned above, notify it during your initial intake.

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**Services Offered and Clients Served:** Usually we offer 6-8 sessions in a weekly, bi-weekly, or monthly basis depending on your means and schedule. Each client is different, depending on the current situation the amount of sessions will vary. At this time, I am serving children ages 8 and up, adolescents, and adults of all ages. I offer individual, couples, family and group psychotherapy both in English and Spanish. When treating a minor, the first session will be with parents, and the minor should not be present. Parents will need to provide a legal document that will evidence the custody of the minor, otherwise I could not see the minor. Minors cannot be present during individual adult's sessions.

**Potential Counseling Risks:** Counseling has both benefits and risks. Risks may include but are not limited to experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness because the process of counseling often requires discussing the challenging aspects of your life. However, counseling has been shown to have benefits for individuals who undertake it. Counseling requires a very active effort on your part. Your participation in counseling, both in session and out of session, can help you achieve your goals for counseling.

**Fees/Financial Terms:** The standard rate is \$120 for a 60-minute session. We also offer a limited number of sliding scale sessions for clients who need to negotiate a lower fee. The sliding scale appointments are fees based on annual household income. The amounts of session will depend on the presenting situation.

The payment will be due at the end of the session, using cash or debit or mayor credit cards. If there is an issue with payment, communicate it and we will discuss the available options before your session.

As a counselor, I am not an in-network insurance provider, if you would like to file with your insurance company for out-of-network reimbursement, an itemized invoice will be provided with the dates, service codes, costs, and diagnoses at each visit. Please note that the provided documentation will have a "mental health" diagnosis and procedure code that may be permanently attached to your medical records.

**Privileged Communication:** Your relationship with the counselor is important and confidential. Information cannot be released regarding your counseling without your written permission, unless disclosure prevents imminent harm to you, others or places, is required by state or federal law. Some examples include but are not limited to: suspect of child or elder abuse; for third party payment such as insurance; if you are involved in a legal case where your counselor may be required by law to relapse your records to attorneys or judges; if you are dangerously close to harming yourself or others, your counselor may notify the appropriate authorities.

When working with couples, privileged communication does not include your spouse and is left up to your counselor's discretion. This will be explained further in your initial session.

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**Crisis-Emergency Situation:** In case of a non-life threatening crisis you can reach me at 469-993-0955. I usually respond within a short period of time. In case of a life-threatening emergency, call 911 or go to the nearest emergency room. In the event that you are having suicidal thoughts you can also call the Suicide Hotline 1-800-SUICIDE (1-800-784-2433).

**Client Responsibilities:** In order to have the most benefits from counseling it is important that you are committed to change and grow. Your life is your own responsibilities, you are the only person who can make decisions and take action. You will establish your own therapy goals and commit to working towards them in and out of session. Your feedback is welcomed and appreciated.

**Cancellation Policy:** If you are not able to make your appointment, you are required to call, text or email in advanced with at least 24 hours. Appointments canceled with less than 24-hour advance notice will be billed at 50% of the established session rate.

**Late Policy:** Each session lasts 45-60 minutes, with the exception of the initial intake that lasts 60-minutes. If you are late that amount of time will be subtracted to your session time. Remember, I have a reserved time for your counseling sessions, we will need to start and end within that time.

**Termination:** You have the right to terminate counseling services at any time. Other considerations that might lead to termination:

- The counseling relationship is not being beneficial and/or you are in need of a higher level of treatment, which we will provide an appropriate referral.
- Determining that I am unable to be of professional assistance to you.
- When the targeted issue has resolved completely or partially, symptoms have been reduced considerably and consistently, and the goals of therapy have been met.

**Court Appearances:** From time to time, a counselor may be called upon to provide testimony in a court of law. Whenever it is requested by a client or a client's attorney issues a subpoena, it is the policy of Cornerstone Lodge's Christian Counseling Associates to request payment for the time dedicated to the court appearance, including any time devoted to participating in a deposition. Court appearances often require a counselor to devote an entire day or more to the process, and thereby require the counselor to reschedule other counseling appointments or to not schedule appointments for the time given to the court processes, in cases where advance notice of the testimony time has been given.

The normal charges for court appearances are three times the regular and established counseling rate, and a retainer for a minimum of six hours is requested. Charges begin at the moment the counselor leaves the CCA office, and continue until release from testimony is given by the court.

**Concerns & Complaints:** If you have a concern or problems with your counseling relationship, or have questions about our policies, you can talk directly with your counselor. The consumer complaint

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hotline for Texas Professional Licensed Counselors is 1-800-942-5540 or you can write to Complaints Management and Investigative Section P.O. Box 141369 Austin, Texas 78714-1369.

**PROFESSIONAL COUNSELING CONTRACT**

I have read and understand the INFORMED CONSENT & DISCLOSURE STATEMENT. I understand that by signing this document I agree and will follow the guidelines.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date



**Parental Authorization**

I, \_\_\_\_\_, give permission for Franchesca M. Sanchez, MA, LPC, NCC to conduct counseling with \_\_\_\_\_ my son or daughter.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



**ACKNOWLEDGEMENT OF REVIEW OF  
NOTICE OF PRIVACY PRACTICES**

I have reviewed this office's Notice of Privacy Practices, which explains how my counseling information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

\_\_\_\_\_  
Signature of Client or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Client or Personal Representative

\_\_\_\_\_  
Description of Personal Representative's Authority