

**Sonya Sharron, M.S., LPC
9708 S. Padre Island Drive
Corpus Christi, TX 78418
361-726 7459 (office cell)**

Informed Consent Agreement with Child

This form explains aspects of how I work. I encourage you to ask any question you have about my way of working and about the counseling process in general at any point in our work together.

Training and Background

I am a Licensed Professional Counselor (# 69598), licensed by the Texas State Board of Examiners of Professional Counselors.

I received my M.S. in Counseling from Texas A&M-Corpus Christi. I also have a B.S. in Education from Texas A&M Corpus Christi. I have completed additional training and internships in Cognitive Behavioral Therapy; Cognitive Processing Theory (working with victims of trauma and abuse), worked for C2 Counseling and Coastal Synergy Associates (focusing on children, adolescents, and adults with ADHD, Anxiety, Depressive Disorders, Anger Management Issues, Self-Harm, Suicidal Ideations, Sexual Trauma, and various other mental health issues.).

Confidentiality

All information that you share with me will be kept confidential unless you authorize release of records. It is your right that our sessions and my records about you and your child are kept private. In rare situations, your confidentiality is protected by state law, the rules of my profession and my personal integrity. Texas state law requires me to inform you that in certain cases your confidentiality is not protected and your information may be disclosed to the appropriate authorities/agencies. These cases are:

- If I have reason to believe that you/your child may harm yourself or others
- If I have reason to believe that you are involved in or have knowledge of abuse or neglect of a child; or abuse; neglect; or exploitation of a person who is elderly or has a disability
- If I am ordered to disclose by state or federal courts
- Insurance providers (when applicable): Insurance companies and other third party payers are given information that they request regarding services to clients. Note: A diagnosis is required when billing insurance companies.
- Additionally, I may disclose information *if you sign a release form* granting permission to designated third parties to receive information that you request me

to share. I will never disclose your information, for any reason, without you knowing my intent.

Therapeutic Relationship

The relationship between therapist and client is the container through which change can take place. As such, the relationship is often one in which close emotional bonds develop. It is also a professional relationship, in which appropriate behavior must be maintained. Because this therapist-client relationship is so important, I cannot be involved in a social relationship or friendship that exists outside of the therapy room. Limiting our relationship to the therapy office keeps your therapeutic environment safe, secure, and free of outside complications that would interfere with your therapy work.

Therapeutic Process

In my view, working with clients entails tailoring therapy to meet the needs of each client. I have worked with clients experiencing a variety of issues: grief; financial difficulties; parenting issues; relationship issues; school related issues, ADHD, oppositional defiant behaviors, depression, anxiety etc. I used Cognitive Behavioral Therapy, Play/Art Techniques, Solution Focused Brief Therapy when appropriate, but will use additional therapeutic methods as needed. While not all the therapy may meet your expectations, and your child's symptoms may become more pronounced at different points during therapy, therapy is hopeful work. Much of the work can ultimately help with shifting your child's behaviors in a healthy way, which assists in dealing with painful feelings, problem solving, communication skills, and above all emotional regulation.

Whatever the issue, the work is based on the assumption that therapy paves the way for client to utilize their innate capacity to create solutions for themselves. It is my lifelong mission, a privilege, and an honor to work with individuals along their journey to true happiness, health and growth.

Note: Cash or Checks are preferred. (I do accept debit/credit)

Fees

My fee is \$60 per 50-60-minute session. If you have insurance, in which I am a provider, I will bill your insurance company and you will pay any copayments up front. Any balance due is your responsibility. Payment is due at the time services are rendered, unless you make special arrangements with me beforehand. Please make checks payable to "**Sonya Sharron**".

You will be expected to pay **\$60.00** for each session (without insurance).

Insurance

It's your responsibility to check, in advance, your eligibility and mental health benefits.

My role is limited to activities that are therapeutic in nature. **I do not participate in legal proceedings.** If you should choose to issue a court-ordered subpoena for my participation in any court-related processes, I charge a retainer fee of \$1500, with an additional \$100 hour fee for every hour I spend in legal depositions, case, preparation, travel, and/or witness time. The fee is the responsibility of the subpoenaing party. I will only testify to the facts of the case and my professional opinion. If the legal proceeding is canceled or postponed and I do NOT receive notice within 48 hours, I will charge for the office time missed at the rate of \$100 per hour.

Session Guidelines

I hold 50-60-minute sessions. **If you need to cancel an appointment, you must give me 24 hours notice. Otherwise you will be charged \$25 for the missed appointments, unless it's an emergency or unexpected illness.** Sessions are expected to begin and end at the scheduled time. If you will be more than 15 minutes late, please contact me to reschedule. I am also expected to be on time, and I will make appropriate remedy if I am late, such as by making up the time, prorating fee, etc. ***No shows and late notice cancellations, on a reoccurring basis, may be referred to another counselor or resource in the community.**

The frequency of sessions and the length of the psychotherapy required for your child are aspects of the work that you and I will decide together as we proceed. Generally, our sessions will continue until you, your child, and I together decide that our work is complete.

Outside Contact and Emergencies

You may leave a message for me on my private, confidential voice mail (361-726-7459) at any time. I will return your call as soon as I can. However, this number is not an emergency phone number.

In case of an emergency, or if you need immediate assistance for any reason, please call the 24 hour emergency crisis hotline (MCOT) **1-888-767-4493 or dial 9-1-1**

Feel free, at any time to ask me any questions you may have about the information in this or any of my forms.

I have understood and received a copy of this agreement.

Signature of Client (parent or guardian if minor)

Date

Signature of Therapist

Date