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Client Informed Consent

Confidentiality

Texas state law requires that information provided to mental health providers remain confidential. I will make every effort to insure confidentiality is maintained in all aspects of your treatment. A signed release form is required in order to disclose information about your treatment to a third party.

Applicable law and ethical standards permit mental health practitioners to disclose information about you without your authorization only in a limited number of other situations. The types of uses and disclosures that may be made without your authorization are these:

- You seriously threaten to hurt yourself or someone else.
- I receive information that a disabled person, a child or an elderly person has been abused or neglected
- I am subpoenaed to do so by the courts
- I receive information that a previous therapist has been sexually exploitative. In this case, client anonymity can be preserved.

Confidentiality and Minors

Parents and legal guardians of my counseling clients under the age of 18 have the right to access their child's psychological records. The exception to this is in the case of an emancipated minor. I will discuss with you the limitations, procedures and implications with regard to your child's records and progress.

Risks of Counseling

There are certain risks associated with the counseling process. Clients may experience deterioration in emotional and psychological stability at different times during the therapeutic process. Relationships are often affected as a result of therapy and significant relationships will often experience varying degrees of tension. This is often most prevalent within family relationship, but may extend into one's social and professional life. Please feel free to discuss with me any concerns you might have about the possible risks of the counseling process.

In Time of Crisis/Emergency

Please contact the 24-hour crisis hotline at 512-472-HELP (4357) I am not a crisis facility and will not be held responsible for damages occurring as a result of unmet crisis or acute care needs.

My signature below indicates that I have read and I understand the policies above.

Name: _____

Client Signature: _____ **Date** _____