Karis Counseling, LLC
Kathy Pardue, MA, LPC, BCPCC
Adult, Couples, Adolescent & Family Therapy
(713) 501-0663
kariscounseling@comcast.net

CONFIDENTIALITY: What you reveal in my office is kept confidential with the exceptions described in the **Privacy Policy** given at the first session. Your health information will not be disclosed without your written consent. In cases of **divorce**, you may request your medical record by signing a release; however, signatures of both spouses are required. A judge's order is required without both signatures.
Parents of **minors** own the medical record; however, I ask parents to respect the trust and privacy adolescents need in discussing their problems. Parents are asked to attend family sessions every third appointment to be part of the counseling process. Any information will be immediately related to you regarding your child's disclosure of any harm done to them by others or themselves; and any threats they make to harm others or themselves.
For **custody cases**, please consult with a psychologist for a court evaluation. I will provide therapy for your adolescent, but do not participate in court cases. Therefore, I am not an expert witness in deciding custody issues. A judge's order is required for release of medical record, or your signature for release of information. Both parents, if available, will be contacted for consent for adolescents to enter therapy.
APPOINTMENTS: Schedule or reschedule appointments on-line at www.kariscounseling.com (Click at top to open e-calendar for available times).
Please reschedule or cancel appointments 12 hours in advance.
Please reserve questions related to sessions until the next appointment time.
For urgent messages, please me at 713-501-0663.
EMERGENCIES: For medical emergencies, call 911 or go to your nearest emergency room. Crisis Hotline: 713-468-5463. For medication questions or side effects, please call your psychiatrist or primary care physician.
PSYCHOTHERAPY: Our relationship is a professional one, though it may be a close relationship. Clients may experience uncomfortable feelings or thoughts in the process of counseling, possibly affecting relationships with others temporarily. Validation is an important part of counseling as each client's struggles are expressed. A goal is to help you learn the importance of validation in resolving conflict. Spiritual issues may enter discussions at your request, and no values will be imposed on any client.
PAYMENT POLICY: Session fee is $125/session. I will provide you with a diagnostic form you may use in filing out-of-network benefits with your insurance co.
I have been given information regarding HIPAA privacy policy including:

* my rights and responsibilities as a client
* the limits of confidentiality of my record
* the advantages and disadvantages of the treatment recommended

I understand I am choosing to enter treatment, and that I may discontinue any time.
I understand that I may also contact the licensing board which regulates my therapist's professional practice.
I understand that spiritual discussions may be included in sessions at my request.

Signature of Participant or Legal Consenter Date

I am the parent or legal guardian of the participant and authorize treatment.

Signature Date