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**Client Information and Consent Form**

Dear New Client:

Welcome! I am excited about the opportunity to meet with you for therapy. The following information is to help you make an informed decision about starting therapy with me

**Therapist qualifications.**

My name is Lauren Reiter. Let me start by telling you a little about myself. I have a Master of Social Work degree from the University of Texas at Arlington. I am licensed as a Licensed Clinical Social Worker, in the State of Texas, to provide mental health therapy services. I am a member in good standing with the Eye Movement Desensitization and Reprocessing International Association (EMDRIA) and I am certified to do EMDR (Eye Movement Desensitization and Reprocessing) therapy. Over the years I have worked in a variety of mental health settings such as the Family Crisis Center in Johnson County, Millwood Hospital in Arlington, Excel Center in both Fort Worth and Arlington, and Counseling and Psychological Services in Arlington. I have found my home in private practice.

My goal is to help you overcome being stuck in the past due to trauma through EMDR, increase your resiliency to meet life’s challenges, and increase self-awareness of thoughts, body sensations, and behaviors. Because I am passionate about my work I continuously seek advanced knowledge and training on effective outcomes for counseling treatments, techniques and practices. Below is some general information to help you understand the therapeutic process.

**Therapy:**

Whether you are seeking counseling for the first time, returning to counseling, exploring a new counseling relationship, or looking for an adjunct EMDR therapist – reaching out for help is an act of courage and self-care. My hope is that together we can 1) help you gain increased awareness of your situation, thoughts and feelings, 2) enhance and/or develop skills and resources to help you manage current difficult situations, 3) improve your relationship with yourself and others 4) reach the goals you set in therapy. As a therapist, my role is to offer a variety of pathways toward attaining your goals. Your role is to put effort toward new approaches both inside and outside of the therapy sessions. Your attitude of openness, decisions and behavior are the agents of true change, I only help you develop insight while in session to be generalized by you to all times.

**Therapeutic relationship:**

Our relationship is professional and therapeutic. Because I care about preserving the therapeutic relationship it is essential that I have no other relationship with you. Social, personal and/or business relationships undermine the effectiveness of our therapeutic relationship. Accepting valuable gifts, bartering, and trading services are specifically restricted in the legal code of ethics of my profession. To maintain your privacy and preserve the confidentiality of our relationship if we encounter each other outside my office I will not greet you unless you initiate the contact.

**Effects of therapy:**

By addressing difficult issues through the therapeutic process you will likely experience a variety of emotional, mental, and behavioral experiences. This process involves risk, effort, and persistence. Some of the experiences will be uplifting, insightful, and satisfying, while others will be uncomfortable, painful or distressing. We will work together to get you through any intense experience in therapy by equipping you beforehand with techniques to bring you back to a state of safety and calm.

Changes that occur in therapy may affect significant relationships, your life activities and your understanding of yourself which might be temporarily distressing but is to be expected. It is not possible to know the exact nature of the changes that you will experience. Together we will work to achieve the best possible results for you.

**Your rights:**

You have the right to begin and end the counseling process – your decision. My role as a therapist is to help you achieve the outcomes you name. I do request that you share with me when you are considering termination of therapy, because a final termination session is highly recommended. This request is based on care and consideration for your well-being. During the termination session we will review our work together, along with future work that may be helpful for you should you decide to return to therapy with me or someone else someday. This final therapy session can be a valuable therapeutic experience of healthy closure.

My services are rendered in a professional manner with accepted legal and ethical standards. If at any point, or for any reason, you are dissatisfied with my services, please let me know and I will work with you to resolve your concerns. If we are unable to find resolution to your satisfaction, I will provide you with three referrals for other therapists that may better match your needs and preferences. It is my aim to resolve any problems to your satisfaction and for your benefit.

**Appointments:**

Appointments can be made via phone calls, texts, or email. (817) 770-0470, [emdrway@yahoo.com](mailto:emdrway@yahoo.com). The emails are encrypted through Identillect to protect your privacy. Once we have met, clients find it is usually easier to schedule the next appointment at the end of the session or, if that is not possible, through texting, because I am able to check my texts the most frequently.

**Emergency services:**

I am unable to provide counseling/clinical service 24 hours a day, seven days a week. I will respond to voice mail, email, texts and phone calls Monday-Friday 9 am to 6 pm. My goal is to respond within 24 hours of my receipt of contact, it may take up to 48 hours.

If you need emergency services, dial **911,** or visit your local emergency room. Other emergency ***services for******Hood County:***

Pecan Valley Centers for Behavioral and Developmental Care: (800) 772-5987

Green Street Crisis Respite: (800) 772-5987

***National Services:***

National Suicide Prevention Lifeline: (800) 273-8255

**Voluntary consent to treatment:**

I, the undersigned client, do voluntarily agree to receive mental health services, care and treatment, and authorize the undersigned therapist to provide such services, care and treatment as are considered necessary and advisable. I understand and agree that I will participate in my counseling experience. I understand that I may stop counseling that I receive through the undersigned therapist at any time. I also understand that premature termination may result in failure to achieve desired therapeutic outcomes. By signing this Client information and Consent Form, I the undersigned client, acknowledge that I have both read and understood all the terms and information contained in this document please do not sign if you have unanswered questions. By signing below I acknowledge that I clearly understand the information provided.

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Client Signature Date

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Client Address Client phone number

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Therapist signature Date