



Shannon Thornton, M.A., LPC



Chrysalis Behavioral Therapy and Counseling

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Professional Disclosure and Terms of Agreement

Qualifications

I hold a Master of Arts degree in Professional Counseling from Amberton University and I am licensed in the state of Texas as a Licensed Professional Counselor. I also hold a Bachelor of Science degree in Marketing from Florida State University, as well as a Professional Certification in Practical Parent Education. I have over 15 years of personal and professional development experience both on an individual basis and as a professional speaker.

Licensed Counselors

In Texas, licensed professional counselors complete a minimum of 48 hours of counseling education which results in a master degree. Education requirements also include a minimum of 300 hours of supervision before graduation and 3000 hours of supervision after graduation.

Professional Background

I spent most of my career in training and development for a large corporation. I also owned a small consulting business as a parent educator; speaking at other companies, PTA meetings, and Moms' Groups. Since then, I have been performing Neuropsychological Assessments; and counseling individuals, couples, and families with North Texas Neuropsychology. I now own Chrysalis Behavioral Therapy and Counseling.

My passion for counseling stems from mentoring and growing individuals personally and professionally for over 15 years. I have as much time working with persons dealing with Executive Function disorders and AD/HD, as well as helping family members with the problems often associated with these complicated disorders: depression, anxiety, and emotional deregulation. In addition to helping people cope with these disorders, I have worked over 10 years helping individuals and couples navigate the waters of parenthood with a certification from Practical Parent Education with the Plano Independent School District.

Scheduling and Procedures for Appointments

Appointments can be made with the counselor by calling or texting 214/532-7158. During the course of counseling, you will meet with your therapist for approximately 45-50 minute sessions, depending on what your insurance allows. Generally, clients attend counseling once per week. Arrangements can be made for clients who might need to be seen more than once per week. We strive to maintain an environment that promotes healing and with that we ask that you supervise your children during your time in our office. If your

children remain in the waiting room during your session, they may continue to do so if they are able to do so quietly. Also, we require that you escort your child to the bathroom if the need arises during the appointment time.

Cancellation Policy/ No-Show Fee

In the event you are unable to keep an appointment, please give notification at least 24 hours in advance to your counselor by calling or texting 214/532-7158. If a cancellation occurs without a 24 hour notice, or if you fail to keep your scheduled appointment, a regular session fee of \$75 will be billed to you. Shannon Thornton, M.A., LPC reserves the right to suspend services if there is an unpaid balance on your account. If you elect not to return to counseling once a no-show fee is assessed, your counselor will notify you of your outstanding balance and expect remittance immediately. Unpaid balances will be sent to a collection agency, and a \$50 charge will be added to cover fees associated with said collection.

Counseling Relationship

Your relationship with your counselor is a professional and therapeutic relationship. In order to preserve this relationship, it is imperative that the therapist not have any other type of relationship with you. Personal and/or business relationships undermine the effectiveness of the therapeutic relationship. We care about you but are not in the position to be your friend or have social or personal relationships with you. Out of respect for your privacy, we will not initiate contact with you in social settings and will be brief if you initiate the contact with us. We will also not connect with you on any form of social media. Gifts, bartering, and trade services are not appropriate and should not be shared between you and the counselor.

Divorce Situations

The law requires that the most recent full divorce decree be in the minor client's chart. It is my policy to try to involve both parents of minors in treatment. Please see stipulations regarding divorce on the following pages.

Effects of Counseling

Therapy is a Greek word for change. You may learn things about yourself that you do not like. Often, growth cannot occur until you experience and confront issues that induce you to feel sadness, sorrow, anxiety, or pain. While benefits are expected from counseling, specific results cannot be guaranteed. Counseling is a process of personal exploration and may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. Some of these life changes could be temporarily distressing. The exact nature of these changes cannot be predicted. Together, we will work to achieve the best possible results for you.

Client Rights

As a client, you are in complete control of your counseling, and you may end our counseling relationship at any time, although we do ask that you participate in a termination session. It is requested that at least two weeks are given in advance so that effective planning for continued care can be implemented. You also have the right to discuss modification of any counseling techniques or to make suggestions that you believe might be helpful to your effort.

You are assured that counseling services will be rendered in a professional manner consistent with accepted legal and ethical standards as stipulated by the Texas State Board of Examiners of Licensed Professional Counselors and the HIPAA security and privacy rules. If at any time, you are dissatisfied with the services

you are being provided, please let us know so that existing issues can be worked through. If you and I are unable to resolve your concerns, you may, as a last resort, make a formal complaint to the Complaints Management and Investigative Section of the Texas Department of Health Services, P.O. Box 141369, Austin, Texas, 78714-1369.

Respect for Counseling

Any records (audio or visual) of the counseling session are prohibited, unless written consent is given between all parties.

Emergencies/Crisis

Please know that I do not provide 24-hour crisis counseling services. My confidential voicemail (214/532-7158) is always available for leaving messages when I am in session or out of the office. Clients are welcome to leave a voice mail that will be returned within a reasonable amount of time. If an emergency arises when I am not available to speak with you, please call 9-1-1. The emergency room of the nearest hospital is also another resource in time of crisis.

Records and Confidentiality

This counseling practice holds your confidentiality in the highest regard, from your identity to the information you offer in session. All client information is protected under both state and federal confidentiality laws. Specific information pertaining to your case will not be released to anyone except for specific billing purposes, upon your written request for a release, situations involving risk of harm (see below), or court orders relating to a criminal case or investigation. There are certain limitations to confidentiality, some of which are required by law and others are required by the professional ethical code established by the Texas State Board of Examiners of Professional Counselors. Please be aware of the following exceptions to privileged communications:

- 1) Any evidence or reason to believe that a situation of child, elderly or disabled adult abuse and/or neglect exists. By law, this information must be reported to the Texas Department of Protective and Regulatory Services.
- 2) Any probability of physical harm to yourself or others. Protection from physical injury takes precedence over confidentiality, therefore, if an individual intends to take harmful, dangerous, or criminal action against self or another, and I believe they are in imminent physical danger, I may choose to report such action or intent to the authorities.
- 3) If third-party billable service is paying or reimbursing for counseling services, it may be necessary to provide the billable party with counseling diagnoses, nature, and progress. You will be notified if our office receives a subpoena and you will have the opportunity to have the subpoena dismissed by your attorney.
- 4) If client discloses that they have a disease commonly known to be communicable and life threatening, counselors may be justified in disclosing information to identifiable third parties, if they are known to be a demonstrable and high risk of contracting the disease.

_____ **initial** I (we) do hereby give my (our) consent for counseling and/or related services at this private practice. I (we) understand that all information pertaining to my (our) services all remain completely confidential except in those cases where confidentiality is limited by the conditions stated above. These limits of confidentiality, as prescribed by Texas law, have been explained to me (us). I (we) further understand that any release of information concerning my (our) services shall occur only with my (our) written consent, excluding the above stipulated exceptions.

_____ **initial** Should you or an entity through your signature, request a copy of your record or your child's records, please be aware that a **\$30** record preparation fee will be incurred. Records may only be released if you provide a formal written request and sign a "Release of Records" form and copy of your driver's license. Records will be available within 14 business days from the receipt of the written request. An overall counseling summary, in lieu of records, will be provided free of charge upon written request. If records are subpoenaed, this does not indicate an automatic release of records. I will notify you of any subpoena, and you will have the right to seek to have the subpoena quashed. In order to provide the best service for my clients, I reserve the right to schedule a consultation at the initial request of the release of records to discuss the risks and benefits of releasing any records as well as to discuss any concerns you may have regarding the therapeutic relationship.

For Divorce Situations Only:

_____ **initial** I attest that I am the legal guardian of this child and have the legal right to initiate counseling on the minor's behalf.

_____ **initial** I agree to provide the counselor with a copy of the most recent divorce decree.

Does the other parent have the legal right to be informed that the minor is in therapy? _____

Does the other parent have access to the minor's mental health record? _____

Name of other parent _____

Contact Number _____

Electronic Communication:

There are risks and benefits of utilizing electronic communication like email and texting. I often use such means to communicate with you for appointment reminders and ask for clarification. There will also be times when you may need to ask questions or provide an update for you or your child, and we may need to communicate electronically. Please be aware that I do everything possible to protect your private information on both email and text platforms. By communicating with me in this way, it is important you understand that some risks are inherent in such devices. If you want our only communication to be via phone, please let me know at our first session.

Social Media:

It is considered an ethical violation for me to engage with my clients on any form of social media like FaceBook, Instagram, Snapchat, LinkedIn etc. I will never "friend" you on any of these platforms and I request that you do not "friend" me. I will have to "ignore" or "delete" said requests. Our relationship is professional and having a relationship outside of this boundary is against the laws and statutes to which I agreed.

Court:

It is in your best interest to know that conducting expert witness/testimonial service is not my area of expertise or interest. I do NOT agree to serve as an expert witness or to provide testimonial services for you, and you agree not to cause my services to be used in this way. If you are seeking counseling for court or court-related purposes or motivations, I will provide you with alternative appropriate referral sources. Should you, your attorney, your spouse or ex-spouse's attorney subpoena me or your client files as a factual

case witness, or involve me in court-related proceedings, you agree to pay me a retainer fee of **\$2000** (8 hours @ \$250/hour) at the time a subpoena is served to be applied to these charges and any additional fees will be billed and expected to be paid within 48 hours of the court appearance. You agree to pay Shannon Thornton, DBA Chrysalis Behavioral Therapy and Counseling **\$250** for every hour of my time involved, including, but not limited to, case preparation, testimony, deposition, phone/email/text with client and any third party, preparation and filing of any court-related document, and any wait time related to a court-related process. You agree to pay me for costs incurred for travel and accommodations including mileage at \$.56/mile.

If a subpoena is issued for me, it will be turned over to an attorney, and I will consult with an attorney as necessary at your expense. You agree to pay my attorney fees in the event of a subpoena. If you have a suspicion that your case will be going to court, or you will need a therapist testimony, please let me know before a counseling relationship is established, and appropriate referral sources will be provided to you.

Please note: A 48-hour advance notice is required if a cancellation occurs related to a court process including dismissal of case. The **\$2000** retainer fee is non-refundable unless I receive a 48-hour advance notice of a cancellation.

Counseling Agreement Regarding Working with LPC

By my signature below, I acknowledge that I have read and that I understand this document, and that any questions I had about this document were answered to my satisfaction, and that I was furnished with a copy of this document at my request. I was also given a copy of current HIPAA standards to review. My signature below implies I agree to comply with all its terms and requirements, give consent for Shannon Thornton, M.A., LPC, DBA Chrysalis Behavioral Therapy and Counseling, to work with me, understand and agree to my financial obligations including the cancellation policy stated above.

Client/Guardian Signature

Date