

**Andrea Boldt, MA, LPC**  
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### **Informed Consent**

(Page 1 & 2 of this section are for your reference and for you to keep)

The purpose of this Informed Consent is to define the relationship between the client and the counselor. It defines the qualifications of the counselor, philosophy of counseling, the parameters of confidentiality, our fee agreement, cancellation policy, and consent to counseling.

#### Qualifications

Andrea Boldt, MA, is a Licensed Professional Counselor (LPC) in the state of Texas. Andrea received an MA in counseling at Covenant Theological Seminary, with an Advanced Certificate in Trauma and Abuse through the Allender Center at the Seattle School of Theology and Psychology. She is a certified facilitator for SYMBIS and Prepare/Enrich Assessments (for engaged and married couples) and is also a certified facilitator for Darkness to Light (training for awareness and prevention of child sexual abuse). Andrea is currently seeking additional training and certification in Emotionally Focused Therapy, and is a member of ICEEFT and the American Association of Christian Counselors (AACC).

#### Philosophy of Counseling

Every effort will be made to provide ethical and professional counseling service to clients with a reasonable degree of effort, knowledge and skill in a collaborative, therapeutic relationship with the client.

Before one can experience a certain measure of healing, however, one must find a safe space where trust and confidentiality are held sacred. Somehow that is where healing begins, in a non-judgmental environment, and in being heard, validated and understood with someone who can hear our story, and believe that we are greatly valued as a person made in God's image.

While benefits are expected from counseling, specific results are not guaranteed. Counseling is a 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 changes may be temporarily distressing and can cause some discomfort for the client. At any time the client is free to discuss these things with the counselor.

Should you have a complaint about the counseling process, and feel as though your counselor has not behaved in a professional or ethical manner, you may report your complaint to: The Texas Board of Examiners of Professional Counselors, P.O. Box 141369, Austin, TX 78714-1369.

#### Limits of Confidentiality

Confidentiality is a cornerstone to building a healthy and trusting therapeutic relationship. We are committed to guarding the privacy of our clients' lives, and we will disclose client information only with the client's consent or if state-mandated exceptions arise. These exceptions include:

1. The client is perceived to be a physical threat to self or to others.
2. Counselor is informed of alleged or suspected child or elder abuse or neglect, perpetrated by the client or any other specifically named individual.
3. The counselor is subpoenaed by the court to testify or release client information
4. In the treatment of a minor client, a mental health professional may advise a parent, managing conservator or guardian of a minor, with or without the minor's consent, of the treatment needed by or given to the minor.
5. Diagnostic codes for individual filing of insurance forms (out-of-network provider)

We ask that no confidential information be transmitted via text or email in order to make every effort to insure the privacy of clients.

#### Fee Agreement

##### Sessions:

Individual: (Up to 1 hr.+15 mins initial session, 50 mins for subsequent)	\$125.00
Couples: (Up to 1 hr.+30 mins initial session, 50 mins for subsequent)	\$125.00
1-30 Minute Phone Consultation	\$ 85.00
30-50 Minute Phone Consultation	\$125.00
One-page simple letter	\$ 85.00

##### **Payment Options:**

- Payment may be made by cash or credit/debit cards: (Ivy Pay or Square for credit cards, and Apple Pay or Square Cash for debit cards).
- Please present payment at the beginning of each counseling session.
- While insurance is not accepted, a statement can be arranged so that you may file with your insurance directly. Note that this will require a diagnosis that will become part of your permanent medical record. Please discuss any questions you may have about this.

##### **No-Shows and Cancellations:**

- Cancellation policy: No-shows and late cancellations (made the day of session without prior days' notice) will be charged the regular rate of \$125 per session.

##### **Legal Proceedings:**

- Court Proceedings: Counselor does not expect to be called to testify on behalf of **any** client in current or potential court proceedings, as it would disrupt the confidential nature of the counseling relationship. If subpoenaed, clients will be charged a \$200/hour fee, with a \$600 pre-paid retainer fee.
- Counseling services are by appointment only. At the close of each session, when the client makes the appointment for the next session, there will be no further confirmation.
- ***Note: If you are having a mental health crisis, or any other emergency, please dial 911.***

These two pages are for you to keep for reference.  
Please sign and return page 3 >>

### **Consent to Counseling**

*(Please sign below 3x and return this page with balance of forms)*

I consent to enter into a counseling relationship with Andrea Boldt, MA, LPC. I have read and understood the limits of confidentiality.

I agree to share responsibility with my counselor for the therapy process. By entering into therapy, I understand that working toward change may involve a certain level of discomfort and intense feelings, some of which may be painful, in order to reach therapy goals.

I understand that I am free to terminate counseling at any time. I understand that my counselor will make every effort to help me toward healing. If we fail to establish a positive working relationship, or if I feel I am not benefiting from counseling, I understand that it is my responsibility to communicate this to my counselor. If we fail to come to a resolution, my counselor will provide me with one or more referrals that may better serve my needs.

By your signature below, you are indicating that you have read and understood this statement.

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Signature/Spouse Signature	Date
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Counselor Signature	Date
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I understand the Fees for Services, and agree to the No-Show and/or Cancellation Policy. I understand that any outstanding fees must be paid before counseling can continue.

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Signature/Spouse Signature	Date
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#### ***For couples:***

By signing below, I understand that because safety and security for the client(s) depend on trust and confidentiality in the client/counselor relationship, and so that the nature of the counseling relationship may be protected, I/we (in the case of couples counseling) agree not to request our counselor to appear in court on our behalf in any way. This agreement includes talking to lawyers, or depositions, or the sending of records of any sort pertaining to the counseling process, or any form of communication regarding the counseling process to the legal process. I/we (in the case of couples counseling) agree that we will not request nor permit our lawyers to request information about us derived from the counseling process. (If subpoenaed, clients will be charged a \$200/hour fee, with a \$600 pre-paid retainer fee.)

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Signature/Spouse Signature	Date
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