

Informed Consent for Career Counseling

Rachel Eddins, M.Ed., LPC

1. **Career counseling** is a collaborative process intended to assist you with addressing current career concerns and refining skills for developing your own career.
2. **Time Parameters:** Individual appointments are scheduled for 50-minute segments.
3. **Confidentiality:** As a Licensed Professional Counselor in the State of Texas, I am bound by the Texas Administrative Code, Chapter 681 and the Health and Safety Code, Chapter 611. In accordance with these rules, information obtained in the counseling session or in written form will **not** be disclosed to any outside person(s) or agency without your written permission except when such disclosure is necessary to “protect you or someone else from imminent harm” or is otherwise legally required and/or allowed by law (such as abuse of a child, elder, or disabled person or court order). If you are under 18, your parents or legal guardian(s) may have access to your records and may authorize release to other parties.
4. **Electronic Transmission:** I cannot ensure the confidentiality of any form of communication through electronic media. You are advised that any email sent to me via a computer in a work-place environment is legally accessible by an employer.
5. **Records:** I am required by law to maintain records of each time we meet or talk on the phone. These records include a brief synopsis of the conversation along with any observations or plans for the next meeting.
6. **Consultation:** Information about you may be discussed in confidence, without revealing your identity, with other career professionals for the purpose of consultation and providing you the best possible service.
7. **Fees and Payment** will be collected at the time of service.
8. **Cancellation:** If you find it necessary to cancel an appointment, please contact me at 832-338-6863 at least 24 hours in advance. *Cancellations with less than 24 hours advance notice will be charged a \$60 no-show fee.*

I have read, understood, agree, and consent to the above conditions of service stated. I have also received the notice of privacy practices on this date.

Client Signature

Date

***If you are under age 18, I must have your parent's permission for you to receive counseling and assessment.*

I hereby grant permission to Rachel Eddins to counsel/assess my child, _____

Parent Name

Parent Signature

Date