

***ADAM D. COFFEY, PH.D.***  
**Licensed Marriage & Family Therapist**  
**Licensed Professional Counselor**

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**INFORMATION AND CONSENT**

Thank you for selecting me as your therapist; **if you want coaching or consulting services, please notify me now.** This document informs you about my background and ensures that you understand our professional relationship.

The Texas State Board of Examiners of Marriage and Family Therapists (TSBEMFT) and the Texas State Board of Examiners of Professional Counselors (TSBEPC) license me. Additionally, the TSBEMFT and the TSBEPC certify me as an Approved Supervisor. I have worked since 2/15/92 with children, adolescents, and adults in individual, couple, family, and group situations. I hold a Doctor of Philosophy in Family Therapy from Texas Woman's University, a Master of Science in Counseling & Guidance from Texas A&M University-Commerce, and a Bachelor of Arts in Psychology and Religion from Austin College. I have received specialized training in Collaborative Law, Logotherapy, Professional Coaching, and Emotionally-Focused Therapy. Also, I have a clinical membership in the American Association for Marriage and Family Therapy (AAMFT) and a former professional membership in the American Counseling Association (ACA).

I have practiced as a Licensed Professional Counselor (#13939) since 3/24/97 and a Licensed Marriage and Family Therapist (#005001-005597) since 12/10/02. I define therapy, counseling, or psychotherapy, which literally means soul guiding, as a helpful, constructive dialogue between a practitioner/guide (with special training) and one or more client(s). As your guide, I hope to create a dialogue with you that will promote your specific goals and your overall health. As for you, I only accept clients in my practice who I believe have the capacity to resolve their own troubling experiences/meanings with my assistance. I believe that as people become more accepting of themselves, their capacity to uncover joy and contentment in their lives increases. Some people need only one therapy session, while others may request months or even years of therapy to achieve their goals. Although I treat each session as a possible final session, the average length of therapy is about twelve sessions, and I typically speak with clients one time a week. I will support your ending our professional relationship at any point. I also reserve the right to terminate therapy with you if I legitimately cannot document that you continue to improve. If our therapy experience creates your desired outcome, you will face life's challenges in the future without my ongoing support.

Specifically, my methods come from theories that focus on your strengths and relationships. These theories include, but are not limited to, models that uphold systemic and mindfulness principles. Additionally, I practice with a holistic emphasis, recognizing that your mind, body, and spirit function together. During the first session, I will ask you about personal data, your particular concerns, and your goals from our sessions together. Throughout our work, I will ask you to give me reports on how you think and feel about our therapy. When we finish our therapy, you will have an opportunity to evaluate me, I will provide referrals if requested, and you will know how to contact me and/or other professionals according to your wants.

Although our sessions may be very intimate psychologically, we have a professional relationship rather than a social one, so our scheduled face-to-face, telephonic, and/or e-mail contacts will occur when you arrange them with me. Please do not invite me to social gatherings, offer me gifts, and/or ask me to relate to you in any other way other than in the professional context of our therapy sessions. You will learn a great deal about me in my professional role as we work together during our therapy experience.

Initials: \_\_\_\_\_

I will keep confidential anything you say to me, with the following exceptions: (a) you allow me to tell someone else by signing a release of information form; (b) I determine you are an imminent danger to yourself and/or others; (c) I am ordered by a judge, magistrate, and/or master of the court to disclose your information; and/or (d) you report past and/or present actions of a physically/sexually abusive nature against a minor and/or an adult who is unable to defend her/himself in a common manner (e.g., certain older, disabled, and/or otherwise physically or mentally challenged persons). Dependent upon circumstances, I reserve the right to disclose information to other family members if this disclosure seems necessary for therapy to proceed profitably. Examples of these circumstances include, but are not limited to, a minor who tells me s/he is involved in dangerous activity or an adult who tells me s/he has contracted HIV. *Other possible exceptions to confidentiality include* (a) your status as a minor; (b) your parent/guardian paying for your sessions and requesting information; (c) your death; (d) my consultation with legal, mental health, and/or supervisee professionals; (e) my audio and/or video taping our sessions; and (f) when working with couples, I do not keep significant information private from either partner. As a final protection of your confidentiality, if we ever accidentally see each other in public, I will not verbally acknowledge you unless you first acknowledge me. Please keep in mind that **I cannot guarantee confidentiality within any digital exchanges** (i.e., phone calls, video conferencing, e-mails, texts, and tweets) you have with me.

Additionally, in the event of my being unable to perform professional services, my business manager, Dr. Terry Bysom, will safeguard your file according to state and national ethics. Should you decide to continue therapy at that time, Dr. Bysom will forward your file, after receiving your written authorization, to any practitioner you may choose.

If at any time for any reason you are dissatisfied with my services, please let me know. If we are not able to resolve your concerns, you may call the TSBEPC at (512) 834-6658 or the TSBEMFT at (512) 834-6657 and/or send written concerns to 1100 W. 49<sup>th</sup> Street, Austin, Texas, 78756-3138. Additionally, you may call the ACA at (800) 347-6647 and/or the AAMFT at (703) 838-9808. If you ever experience something you identify as a life-threatening emergency, including your unwavering commitment to kill yourself and/or someone else, please call 911.

I assure that my services will be rendered in a professional manner consistent with accepted ethical standards. Sessions are **45 minutes** in duration, and such duration begins at the time of your appointment. Should you choose to exceed this duration longer than ten minutes, and, due to my schedule, I'm able to allow such excess, you will be charged a prorated fee based on my regular session fee (or our previously arranged session fee). Please note that it is impossible to guarantee any specific results regarding your therapy wants. Current research reveals that some people improve from therapy, some remain relatively unchanged, and some digress. However, together we will create a therapeutic experience to achieve the best possible results for you. As a way to monitor such results, I periodically may contact you after we complete our therapy experience and may ask you to participate in research. Please keep in mind that I do not prescribe medication nor perform any medical procedures.

***FEE SCHEDULE (All clients must provide information from an active credit card)***

In the return for fees of \$144 per individual session or \$168 per couple/family session, I agree to provide therapy services to you. Generally, I do not have a sliding scale for my fees; however, I occasionally negotiate such fees in special circumstances and upon request. The fee for each session will be due and ***must be paid*** with cash, check, or credit card at the conclusion of each session. If the fee is not paid, I reserve the right to debit your credit card my fee and/or involve a third party, who will be given the required information in order to secure the fee collection. Upon your request, I will provide a per-session or monthly receipt for all fees paid. In the event that you will not be able to keep an appointment, ***you must notify me 24 hours in advance by calling (214) 535-6369***. If I do not receive such advance notice or you no-show, *I will debit your credit card my fee to pay for the session that you missed*, as your absence prevented me from receiving payment from other (waiting-list) clients. Any time a legal authority requires me to act on the behalf of you and/or others associated with you, I charge for such action (i.e., a fee of \$300 an hour for all necessary consultation, research, driving, deposition, courtroom, etc., time). Additionally, my above session fees apply to phone conversations and other digital exchanges

..... Initials: \_\_\_\_\_

occurring as a result of your initiative (i.e., your contacting me or me returning your contact) and exceeding 11 minutes. Please note that my coaching/consultation fee is \$75 per 15 minutes (see "Service Fees" form for other services).

***ONLY FOR CLIENTS USING THEIR INSURANCE***  
***(Note: Involving a third-party reduces confidentiality.)***

If you want to use your health insurance to cover my services, we often must preauthorize such coverage prior to any meeting that we have for the insurance company to reimburse me. Please note that if your health insurance company does not reimburse me despite my standardized attempts to receive payment, **you are ultimately responsible for paying me \$90 (or the company's contracted rate with me, whichever is higher) a session.** Some health insurance companies will reimburse clients for my therapy services and some will not. Those that do reimburse usually require you pay a co-payment before reimbursement is allowed, and then, usually only a percentage of my fees are reimbursable. Because of the *reduced fee* they pay me, I allow very few insurance clients into my practice. As noted above, in the event that you will not be able to keep an appointment, **you must notify me 24 hours in advance.** If I do not receive such advance notice or you no-show, **I will debit your credit card \$90, my minimum per-session rate, for the appointment that you missed.**

Please keep in mind that using your health insurance to pay for my services has many disadvantages: (a) you automatically reduce your confidentiality; (b) your length of services is determined by the insurance company representative, not by you or me; (c) your quality of services, due to *in-session time used to authorize sessions and complete paperwork*, is influenced by requirements made by the insurance company from me; (d) your insurance company will not pay for more than one session a day and telephonic/videoconferencing sessions; and (e) insurance companies require that I diagnose you and indicate that you have an "illness" from the Diagnostic and Statistical Manual of Mental Disorders (V Edition) before they will agree to reimburse me. Considering the fact that this diagnosis becomes part of your permanent insurance records and that such records can influence decisions made about potentially significant events in your life, I encourage clients to reconsider their choice of using their insurance companies to reimburse for my services. In the event a diagnosis is required, I will inform you of the diagnosis I plan to render before I submit it to the health insurance company.

***If you have any questions, please feel free to ask me. By signing this, you affirm that you have read, understood, and will abide by all legally-binding stipulations contained in this document.***

**Client(s):**

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**Therapist:**

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Dr. Adam D. Coffey, Ph.D.

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**Date**

\_\_\_\_\_  
**Date**