

**JOHN C. HOPKINS, M.S., L.P.C.**  
**LICENSED PROFESSIONAL COUNSELOR**  
**1810 SHILOH ROAD, SUITE 503 TYLER, TEXAS 75703 PHONE 903-530-6718**

## **OFFICE PROCEDURES AND CLIENT CONTRACT**

1. The purpose of counseling is to assist you to achieve mental, emotional, physical, social, moral or spiritual equilibrium based on various methods and strategies. The first session begins the process of evaluating and identifying your needs and determining appropriate resources. As counseling progresses, John will discuss your expectations and modify treatment as needed.
2. Confidential communication and records generated between you and John (no matter how created or stored) are regulated by rules of the Texas Health and Safety Code, Chapter 611 and other state and federal statutes and rules. Specifically, John may disclose confidential information only to:
  - A government agency if the disclosure is required or authorized by law;
  - Medical or law enforcement personnel if John determines that there is a probability of imminent injury by you to yourselves or others, or there is a probability of immediate mental or emotional injury to you;
  - A person who has your written consent, or a parent if you are a minor, or a guardian if you have been adjudicated as incompetent to manage your own affairs;
  - Your personal representative if you are deceased;
  - Individuals, corporations, or governmental agencies involved in paying or collecting fees for your mental or emotional health services provided by John;
  - Other persons under John's direction who participate in your diagnosis, evaluation or treatment;
  - In a civil action or in a criminal case or criminal law matter as otherwise allowed by law or rule.**QUESTIONS ABOUT ANY ITEM ABOVE SHOULD BE DISCUSSED WITH JOHN AT YOUR FIRST SESSION.**

3. The fee for your initial counseling session is \$195. Subsequent 60 minute sessions are \$175, or \$105. For a 30 minute session. Payment in full is due when services are rendered. If you have insurance for covered services, John will file your claim for you and your insurance company will pay John directly. If you have a deductible, it must be met. If you lose your insurance, you will be responsible for the payment of all fees for sessions not covered by your insurance.

4. In order to file on your insurance, your signature below authorizes John to release required health information to process each claim, and authorizes direct payment to John for his services.
  - Twenty-four hour notice for appointment changes or cancellation is required, otherwise you will be charged the usual session fee. Emergencies will be resolved on an individual basis.
  - If you are having a mental health emergency and cannot reach John by phone, you should call 911 or the Crisis Center of East Texas at 903-595-5591 or 800-333-0358.
  - If you think there is a need to contact the Texas Behavioral Health Executive Council, their phone is 512-305-7700 and a 24 hour complaint system can be reached at 800-821-3205.

**I HAVE READ AND UNDERSTAND THE PROCEDURES STATED ABOVE AND AGREE TO ABIDE BY THEM. I HAVE RECEIVED A COPY OF THIS AGREEMENT FOR MY RECORDS.**

SIGNATURE: \_\_\_\_\_ CLIENT NAME: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_