

Stephanie R. Frey, MAMFC, LPC, LMFT

Licensed Professional Counselor
Licensed Marriage and Family Therapist

2525 Robinhood Street, Suite 1100, Houston , TX 77005

(281) 953-7474

Declaration of Practices and Procedures

I appreciate the opportunity to provide service to you in the area of counseling. The information below is in accordance with the statutes of the State of Texas.

Qualifications

I hold a Master of Arts in Marriage and Family Counseling from the New Orleans Baptist Theological Seminary in New Orleans, Louisiana. I also hold a Bachelor's degree in Sociology with a minor in Psychology from the University of Akron in Akron, Ohio. I am currently a Licensed Professional Counselor and Supervisor (#61077; 1100 West 49th Street, Austin, TX 78756, 512-834-6658) and Licensed Marriage and Family Therapist and Supervisor (#200990). Other credentials, memberships, and recognitions include: membership in the American Association of Christian Counselors (AACC), American Association of Marriage and Family Therapy (AAMFT), and Christian Association for Psychological Studies (CAPS). I am also a certified Anger Resolution Therapist through The Center for Anger Resolution.

Areas of Expertise

In addition to my studies in psychology, counseling, and marriage and family therapy, I have worked in various positions counseling individuals, couples, groups, and families. I have worked extensively with youth and women in crisis and have led various support groups specifically for women and youth. Additionally, I have worked with couples and families in need of marital counseling. I have counseled individuals on a variety of issues and I have managed an outpatient mental health facility that specialized in individual, and marriage and family therapy. I also was previously the Director of Marriage, Family, and Counseling at the Vineyard Christian Fellowship in Sugar Land, TX. My educational study focuses on exposure to various therapeutic approaches to counseling. It should be noted that I am not able or authorized to prescribe medication. If medical treatment is needed, the client will be encouraged to have a complete physical examination if they have not had one within the past year.

In an effort to continue my commitment to professional development, I attend and participate in workshops and conferences related to various therapeutic issues focusing on individual and family therapy. I continually read and become informed of current developments relating to therapeutic practices and participate in ongoing supervision.

Counseling Relationship

Individual, marriage, or family therapy is a process through which the person(s) involved are better able to understand themselves along with the interactions that occur between them, their participants, and significant others. It is a process by which the individual is encouraged to achieve enhanced functioning in order for greater health and life satisfaction.

The therapeutic process begins with the exploration of the nature of the problem. It is my responsibility to listen attentively, provide an atmosphere of trust, and genuinely seek to understand you and the issues you are struggling with. It is only through the open and honest communication of both the client and the therapist that a genuine and nurturing relationship can be established.

After we have examined and developed the sufficient background to proceed, mutually agreed upon goals and objectives will be established within the context of a treatment plan. Periodic assessment and evaluation of treatment will take place so that the client and therapist can reflect upon any improvements and/or changes in the treatment plan. Treatment will conclude when the goals have been sufficiently achieved, the client chooses to end therapy, increased specialization is needed, or it has become evident that another therapist is needed due to a therapeutic impasse.

Therapeutic Orientation and Clients Served

My therapeutic orientation depends upon the individual and the issues / problems presented. Due to the uniqueness of each client, my approach is often eclectic, drawing on varied therapies. While I am systemic in nature (viewing an individual in terms of he/she being part of a greater system, i.e. family), other approaches include, but are not limited to, solution-focused brief, structural/strategic, existential, cognitive-behavioral, family system, behavioral, and person-centered. Behavioral exercises by way of various homework assignments are often incorporated into therapy. The holistic nature of my views concerning mental health recognizes a person's spirituality as the central organizing principal around which lasting mental health and strong relationships may be achieved.

Therapy sessions offered include individual, group, couple, and family counseling. While I do counsel individuals, it is my goal and intent to involve the entire family in the therapy process. Due to the uniqueness of the client and their specific needs in therapy, therapy sessions are often tailored in such a way to allow for individual, couple, and family counseling as part of the clients overall treatment. I am willing to work with all individuals / persons within the scope of my expertise who agree to the terms disclosed in this document.

Fee Policy

The standard fee for counseling is one hundred twenty-five dollars (\$125) per session. If services are required for court related issues which may include such items as, but not limited to: depositions, court room testimony, preparation time, travel time from and to my office, and waiting to testify; the fee is \$150 per hour.

I currently do not bill insurance; however some insurance companies do pay for outpatient mental health services. It is your responsibility to verify your personal mental health benefits and bill your health care provider directly if you wish to utilize out of network benefits.

Unpaid balances that exceed 90 days may be referred to collections and/or small claims court. I reserve the right to suspend treatment if your balance exceeds four (4) unpaid sessions.

Confidentiality & Code of Conduct

Problems and intimate details shared and discussed in therapy will be treated confidentially and not shared with other family members, insurance companies, or professionals without your written consent. However, information shared that has to do with knowledge or suspicion of abuse, certain aspects of HIV, and/or situations that constitute a clear and immediate danger to self and others is not considered privileged and as a licensed professional in the state of Texas, I am required to disclose my concerns to appropriate designated authorities. I am required by state law to adhere to a Code of Conduct in practice, which is determined by the Texas Licensing Board. A copy of this code is available upon request.

Due to ethical reasons, I will not disclose any client information to any participant outside those in therapy without the express signed permission of the client. Confidentiality will be breached, in accordance with state law, in the following situations: 1) The client signs a written release indicating informed consent; 2) The client expresses serious intent / harm to him / herself or someone else; 3) Evidence or reasonable suspicion of abuse of a minor child, elder person (65+ years), or dependent adult; 4) Subpoena or court order asking for disclosure of information.

Confidentiality can also be waived by order of a judge in a disputed child custody case. Couples or adult family members seen in family therapy must all sign a release of information for treatment details to be shared even if the required information is to be shared with your attorney. Clinical records in the state of Texas are property of the practicing professional, not the client and will not be released to you. However, I am happy to provide a narrative summary of your treatment to you, your attorney or other professional upon written request. There are two other circumstances in which I may breach confidentiality: 1) In the highly unlikely event of you suing me for malpractice or 2) filing a complaint against me. In these cases, I am legally allowed to defend myself and in doing so, I am able to provide whatever documentation is necessary; including your records.

To prevent an accidental breach of confidentiality, I purposely do not greet clients if we see each other outside of the office, this is to protect your confidentiality. Should you wish to approach me, you are more than welcome to do so. Also, in working with couples there may be times when I will meet with one of you in an individual session. During those sessions, you may divulge information you don't want your partner to know. I will do my best to honor those requests. However, understand that some secrets can be part of why you are in couples counseling and bear such importance and need to be discussed with your partner. You and I will decide how and when and who will tell the secret to your partner. I will strive to stay away from any surprise telling of secrets. In essence, I reserve the right to share and/or withhold information from you and your partner. My commitment to each of you is to assist you in having the relationship you desire.

Email & Phone Policy

Health Privacy Act protects information contained in your personal file. A distinction is made between a psychotherapy note (notes the counselor takes in session) versus a general note (i.e. email, phone call). A psychotherapy note is protected as client/counselor privilege; however general notes are subject to disclosure given the proper documentation (i.e. subpoena). The counselor will make every effort to protect your confidentiality and abide by state regulations regarding proper standard of care. However please be aware the emails, phone calls, etc. are considered and filed as a general note in your file.

Client Responsibilities

In order for therapy to be effective, the client must make a conscious decision to actively pursue and become involved in his or her own therapy. Suspension, termination, or referral may be initiated by either the client and/or the therapist. Clients are expected to follow office procedures for keeping /canceling appointments, as well as payment for services when rendered.

Potential Counseling Risk

Although psychotherapy is extremely beneficial, there are still risks associated. These risks may include unwanted feelings of fear, anger, sadness, distress, guilt, anxiety, or additional strain placed on an individual. These feelings, associated with change, are a normal part of the therapy process. Therapy often requires self-examination, reviewing previous painful experiences, and wrestling with difficult thoughts. Therapy may also involve life decisions such as seeking new employment, ending or beginning relationships, etc. Please be encouraged to know that I am open to discussing any concerns regarding the therapy process.

I have read and acknowledge the above information and authorize Stephanie R. Frey, MAMFC., Licensed Professional Counselor and Licensed Marriage and Family Therapist, to provide psychotherapy and/or family therapy. I understand and agree to honor the above policies realizing that Stephanie R. Frey shall be obligated to maintain a reasonable standard of care defined by the State of Texas.

Client(s) Signature: _____

Date: _____
Date: _____

Counselor's Signature: _____

Date: _____