

**Leta Bell , LPC**  
**Registered Licensed Professional Counselor**  
**Tulsa, Oklahoma**  
**Phone: (918) 633-1031**  
**[www.LetaBell.com](http://www.LetaBell.com)**

**CONSENT FOR COUNSELING SERVICES**

I hereby voluntarily consent to utilizing the services provided by Leta Bell. Possible services include individual counseling, marital therapy, family counseling and group therapy.

I am aware that Leta Bell is a Registered Licensed Professional Counselor by the State Board of Behavioral Health Licensure of Oklahoma, license #3922. The licensing website is [www.ok.gov/behavioralhealth](http://www.ok.gov/behavioralhealth) where you can access the law and regulations which govern my license. I will furnish you with printed materials about the requirements of my licensure if you so desire. You may contact (without giving your name), the State Board of Behavioral Health Licensure at: State Board of Behavioral Health Licensure; 3815 N. Santa Fe, Ste. 110; Oklahoma City, OK 73118; 405-522-3696.

As a client utilizing the services of a counselor, I understand that I have the right to ask any questions I may have about the process, methods, duration, and goals of counseling; the right to discuss any concerns I may have about my progress in counseling; and, the right to terminate counseling if I feel I am not making progress. Because of the nature of therapy, our relationship has to be different from most relationships. It may differ in how long it lasts, in the topics we discuss, or in the goals of our relationship. It must be limited to the relationship of therapist and client only. If we were to interact in any other ways, we would then have a "dual relationship" which would not be right, and also not legal. The reason that a dual relationship is not a good idea is that it can set up conflicts between my own interests and your best interests. In order to offer the best care, my judgment needs be unselfish and professional.

Because I am your therapist, dual relationships like these are improper:

- I cannot sell goods to you.
- I cannot be your supervisor, teacher, or evaluator.
- I cannot be a therapist to my own relatives, friends (or the relatives of friends), people I know socially, or business contacts.
- I cannot provide therapy to people I used to know socially, or to former business contacts.

- I do not accept “friend” requests or similar connections with clients, or their family members or friends, on social media. This is to protect your confidentiality and privacy. If you would like to “Like” my professional Facebook page or “Follow” me on Twitter, you may do so at your own risk. Please note that this is not a way to contact me, especially in an emergency.
- Please note that any social media apps you use may seek to connect you with me or with other visitors to this office, through a “people you may know” or similar feature. I have no control over apps that may intrude on the privacy of your treatment in this way. If you would like to minimize the risk of others becoming aware of your connection to me or this office, please make use of the privacy controls available on your phone. Turning off a social media apps’s ability to know your location and refusing it access to your email account and the contacts and history in your phone, protect your privacy and confidentiality.
- I cannot have any other kind of business relationship with you besides the therapy itself. For example, I cannot employ you, lend to or borrow from you, or trade or barter your services (things like tutoring, repairing, legal advice, dentistry, etc.) or goods for therapy.
- I cannot give legal, medical, financial, or any other type of professional advice.
- I cannot have any kind of romantic or sexual relationship with a former or current client or any other people close to a client.

There are important differences between therapy and friendship. As your therapist, I cannot be your friend. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may need to have you do what they advise. A therapist helps you learn how to solve problems better and make better decisions. A therapist’s responses to your situation are based on tested theories and methods of change. You need to be aware that therapists are required to keep the identity of their clients secret. Therefore, I may ignore you when we meet in a public place, and I must decline to attend your family’s gatherings if you invite me. Lastly, when our therapy is completed, I will not be able to be a friend to you like your other friends. In sum, my duty as a therapist is to care for you and my other clients, but only in the professional role of therapist.

I also understand that (a) the fee for counseling services is \$150.00 per 50 minute session and this fee applies for private pay and not for insurance; (b) the sessions are fifty minutes in duration or 90 minutes in duration. Agreements regarding deferred payments must be discussed, and it is the policy of this office to charge interest on bills 30 days overdue. Billing is managed by a third party and all billing inquiries will be forwarded to the third party biller. It is policy to submit neglected bills to a collection agency or attorney. I agree communication regarding appointments or other

correspondence can be made via phone, text or email. In the event, we lose connection during a telehealth session, I agree that we make contact immediately by telephone to complete our session or reschedule our session. In the event, I think we have a telehealth session and I do not receive an email with the telehealth link, I will text you to confirm our appointment time because there can be a delay by the Carrier with a voicemail delivery. I certify that I understand the contents of this document, and I give my consent for counseling services. I also consent that in the event of Leta Bell's death or incapacitation that Kathy Keating, LCSW, will take control of my file and will be available for consultation, referral and release of any requested paperwork.

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Name of Client Client's Date of Birth

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Name of Person Completing This Form Relationship to Client

#### INSURANCE AUTHORIZATION

I authorize Leta Bell to release any protected health information (PHI) necessary to process insurance claims. I understand that, at times, insurance companies request progress notes, reports or letters to justify diagnosis and treatment. I authorize payment benefits from my insurance company to Leta Bell.

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Signature of Client/Parent/Guardian Date

#### FINANCIAL RESPONSIBILITY

As consideration for the services provided, I (the client or responsible party) guarantee payment for any amount due for any such services provided by Leta Bell, LPC. In the event that my insurance denies payment for services rendered, I guarantee payment for any amount due for any such services provided.

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Signature of Client/Parent/Guardian Date

