

Dr. Kimberly Joiner King Counseling, PLLC

5200 McDermott Rd, Suite 230, Plano, TX 75024
1500 Corporate Cir, Suite 5, Southlake, TX 76092
Ph: 940.595.3219

Supervised by Dr. Kimberly Joiner King, LPC-S, RPT-S
Ph: 972.489.4323

About Jodi Payson, M.S., LPC-Intern, Doctoral Student

Please read and initial the following:

- I understand that Jodi Payson, LPC-Intern is under the supervision of Dr. Kimberly Joiner King, Ph.D., LPC-S, RPT-S
- I understand the Jodi Payson works with children, adolescents and adults in individual and group counseling.
- I understand that as my therapist or the therapist working with my child, I am in control of the counseling relationship and may choose at any time to end our therapeutic relationship.
- I understand that if I am concerned about the progress or lack of progress, I have the right to speak to Jodi Payson about this.
- I understand that our paths may cross in social situations, but that our therapeutic relationship comes first, along with protection of my confidentiality.
- I understand that there are a few occasions when confidentiality can/must be breached. Those are: a) I direct Jodi Payson to tell someone else in writing or verbally, b) Jodi Payson determines that her client poses a threat to themselves or others, c) she is ordered by a court to disclose information, d) she suspects that child abuse has taken place, at which time she will notify Child Protective Services.
- I understand that counseling can improve as well as upset the equilibrium in any person or family.
- I understand that if I have a complaint I cannot resolve with Jodi Payson and I wish to file a formal complaint I may contact the TX State Board of Examiners of Licensed Professional Counselors at (512) 834-6658.
- I understand that if I do not give at least 24 hours notice in canceling an appointment, or do not show up to an appointment, I will be charged \$40.00, which will be debited from my credit card or paid at the next appointment and return check fee of \$25.00.
- I understand the rate per session is _____ for a 45 minute play therapy session or a 50 minute individual session.
- I understand that should I be subpoenaed to attend court regarding myself or my child I will need to provide a \$1000.00 retainer for her services and \$1500 for her supervisor's services.
- I understand that her time for attending court includes preparation of files for court, drive time to and from court, and time in court. The hourly rate for attending court will be \$175.00 an hour.

By signing below I confirm that I have read, agree to, and received the above information.

Client (Guardian) Signature _____ Date _____

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This copy is for you to keep.