



**Samaritan's Well**

# Client Information and Consent

## Mark Verkler LMFT, LMSW

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### **Welcome to Samaritan's Well.**

Our goal is to assist you in achieving solutions to your problems and experience healthy, satisfying relationships that will add meaning and purpose to your life. It has been shown that more favorable results are achieved in therapy when clients have a good understanding of the therapy process. Please read the following information very carefully so you may be able to make an informed consent to the counseling process. Please ask regarding any questions you may have.

### **Therapist**

My name is Mark Verkler, and I founded Samaritan's Well in April of 2009. I began my private practice in 1999 and also spent years of service in treatment centers and inpatient clinics. My practice includes but is not limited to treatment for marriage and family issues, personality disorders, addictions, depression, diagnosis and crisis and trauma management. Along with my wife of 23 years we are raising 4 wonderful children ages 10-18. Avid homeschoolers, we attend City Church International in Dallas and are active with worship services and scouting as well as other ministry based outreach.

### **Benefits and Risks of Therapy**

Counseling is both an art and a science. Many individuals show great benefit from counseling, although results cannot be guaranteed. People come into therapy with various problems that cause internal distress and relational issues. Often, growth may not occur until you experience and confront uncomfortable issues that may make you to feel sadness, sorrow, anxiety, or pain. Sometimes changes made during the therapy process effect other relationships such as family, friends or in the workplace. The success of the therapeutic relationship between you and your therapist depends on the quality of effort expended.

*Client involvement-* Much of the success in achieving goals in therapy rely on you to take responsibility for certain things. Keeping all scheduled appointments and being on time is very important. Being open, honest and active in sessions is essential also. Additional effort in-between sessions such as completing assignments and thinking through or being aware of thoughts and behaviors will also affect results. Please realize you are responsible for lifestyle choices/changes that may result from therapy.

### **Confidentiality-Initial**

Discussions between a therapist and a client are confidential. No information will be released without the client's written consent unless mandated by law. It is the goal of the therapist to protect the confidentiality of your records; however, there are exceptions to confidentiality when limited according to legal requirements or specific consent.

*Exceptions to Confidentiality-* Exceptions to confidentiality are prescribed by the Licensing board in the State of Texas and include the following situations: abuse or neglect of minors; abuse, neglect, or exploitation of the elderly; a therapist's duty to warn due to physical danger to the client or another person; a subpoena or court order; fee disputes between the therapist and the client; or the filing of a complaint with the licensing board.

### **Payment for Services-Initial**

Payment is expected at the time services are rendered, after each session. The standard fee for an individual is \$ 120 per 50 minute session or a couple's marital session is \$130 per 50 minute session. Samaritan's Well accepts cash, checks and most credit cards. Fees incurred for returned checks are the client's full responsibility. Please discuss any payment problems with my office staff.

***Cancellations-*** Please be aware and understand that failure to call 24 hours in advance for cancellation of an appointment will result in your being billed the full charge for that appointment. Call 469-2YOUJOY.

**Insurances-Initial**

My office does not bill insurance, nor are we contracted with any specific insurance panels. My staff will provide clients with fee ticket receipts containing procedures (CPT) and diagnosis codes. These tickets may be submitted by client to insurance carriers for reimbursement should their insurance allow for non-participating out of network benefits. Clients are responsible for all charges whether or not they are covered by insurance.

**Phone Messages- Initial**

Appointments are made for Tuesdays thru Saturdays from 8am-5pm. In addition you may leave phone messages that will be retrieved at the first of each day. Emergencies are urgent issues requiring immediate action. If there is a life-threatening emergency, go to the Emergency Room or call 911.

In the event of a crisis that requires IMMEDIATE intervention you may dial 214-232-4769 and my 'on-call' will respond as quickly as possible. This option is reserved for truly urgent matters only, and should be an uncommon occurrence. Any communication on nights and/or weekends by text email or telephone will be considered billable hours and will be handled as such.

**Consent to Treatment**

I voluntarily agree to receive counseling services from Mark Verkler and authorize him to provide such care, treatment or services, as are considered necessary and advisable.

By signing this Client Information and Consent form, I acknowledge that I have both carefully read and understand all the terms and information contained herein. I have asked and sought clarification on any unclear terms or concepts at this time. I also acknowledge that I agree to all of the terms in this form and have received a copy.

Client(s)

Date

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Office Staff

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