

Barbara Carr-Goodman, LCSW, ACSW
Counseling for Health and Wellness



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CLIENT INFORMATION AND CONSENT FORM

About Barbara Carr-Goodman, LCSW, ACSW

Barbara Carr-Goodman, LCSW, ACSW, is an experienced clinical social worker, school counselor, and psychotherapist who has been working with pre-teens and teens for over 20 years. She has extensive knowledge and skill in helping young people and their families with emotional, social, behavioral, and academic issues. In particular, she has developed a comprehensive practice around assisting girls navigate the often challenging terrain of adolescence and become their best selves. Her areas of practice include peer and friendship issues, family conflict and communication, social skill development, stress, anxiety, depression, learning challenges, bullying, loss and grief, and body image and health issues. Ms. Carr-Goodman draws from a variety of therapeutic frameworks to best meet the needs of her client. These include family systems theory, Adlerian theory, resiliency theory, and therapy models such as psychodynamic therapy, cognitive behavioral therapy, and solution-focused brief therapy. She earned a BA in Psychology and a Master's in Social Work from the University of Texas in Austin. She is a Licensed Clinical Social Worker and holds credentials as an independent practitioner from the Academy of Certified Social Workers.

About Mental Health Services

Adolescence can often be a challenging time for girls and their families. It is sometimes hard to cope with all of the changes that take place during the teenage years, and it can be difficult to talk about the effect they have on your emotional, social, behavioral, and academic well being.

Counseling provides a safe way of listening and allowing you to share and discuss your worries, questions, and hopes without judgment. It is a forum to support and encourage you to be optimistic and resilient, and to develop the skills and confidence to better cope with the problems, challenges, and stress you face. Counseling enables you to discover different options and perspectives, and helps reframe thinking patterns into ones that are more productive and beneficial. It takes courage to decide to enter counseling, but it is a process from which you can emerge stronger, happier, and more confident.

While the therapist, in her professional judgment, is entitled to make decisions regarding your treatment, the therapist values your input and voice in setting the goals and direction

of your therapy. It is therefore important for you to raise and discuss any questions you may have regarding the course of your therapy and/or your sessions with the therapist.

Your relationship with the therapist is a professional and therapeutic relationship. In order for this relationship to be beneficial and effective, it is imperative that the therapist not have any other type of relationship (e.g., business or personal) with you. The therapist cares about your well being but is not in a position to be your friend or to otherwise have a social, business, or personal relationship with you. Gifts, bartering, and trading services are not appropriate and should not be shared between you and the therapist.

Scheduling Appointments

Appointments are available during the day, after school hours, evenings, and some weekends. Appointments may be scheduled by calling Barbara Carr-Goodman, LCSW, ACSW, at 214-212-1412 or emailing her at carrgoodmanb@gmail.com.

Fees and Payment

Barbara Carr-Goodman, LCSW, ACSW, will discuss fees for services and payments prior to your initial appointment. If fees change at a later date, you will be provided with notice. Please note that the therapist does not bill any insurance company directly. Therefore, you are responsible for making payment in full for services at the time they are rendered. Payments may be made by cash, check, or credit card (Visa, Mastercard). All checks should be made payable to: Barbara Carr-Goodman, LCSW, ACSW. If you desire, you will be provided with a receipt for you to file with your insurance company. Every insurance policy is unique, so please consult with your provider about their specific coverage and reimbursement policies.

In the event that disclosure of your records is required by law, you will be responsible for and shall pay the costs involved in producing the records. In the event that the therapist is subpoenaed or otherwise required to participate in a legal proceeding as a result of the professional services provided to you, you will be responsible for and shall pay at double the therapist's hourly rate for the time involved in preparing for and giving testimony. Such payments are to be made at the time or prior to the time the services are rendered by the therapist. The therapist may require a deposit for anticipated court appearances and preparation.

Cancellation Policy

Cancellations must be made at least 24 business hours before your scheduled appointment; otherwise, the full fee will be charged for missed sessions and will be due at the time of your next appointment. You are responsible for calling or emailing to cancel or reschedule your appointment. Exceptions to this policy may be made for physical illness, inclement weather, or other unanticipated emergency circumstances.

Sessions

Each session will run approximately 50 minutes in length. The number of sessions needed depends on a number of factors and will be discussed on an ongoing basis by the therapist with you and your parent(s)/guardian(s).

Emergency Procedures

If you need to contact Barbara Carr-Goodman, LCSW, ACSW, you may reach her at 214-212-1412 or carrgoodmanb@gmail.com. She checks her messages on a regular basis and will return your call as soon as possible. In an emergency, please call 911 or go to the nearest hospital emergency room.

Confidentiality

Conversations during sessions between a therapist and client are confidential. In general, a therapist may not reveal any personally identifiable information about you or the things shared during your therapy sessions unless you first provide written authorization by signing a consent form. However, there are certain exceptions under the law and/or the National Association of Social Workers Code of Ethics where a therapist may break confidentiality or is required to break confidentiality. Should such a circumstance arise, the therapist will make every reasonable effort to discuss with you her ethical and/or legal obligations to disclose confidential information before doing so. Exceptions to confidentiality include, but are not limited to, the following circumstances: threatened harm to self or others; child abuse; child custody cases; or fee disputes between the therapist and client. Other exceptions include when the therapist, in her professional judgment, determines that disclosure is necessary or important for your safety and well being, or for that of others.

Except for those situations listed above, the therapist will not tell your parent(s), guardian(s), or other adults (such as school personnel) specific things you share in therapy sessions. This includes activities and behaviors that your parent(s)/guardian(s) would not approve of – or would be upset by – but that do not put you at risk of serious and immediate harm. Even if the therapist agrees to keep information confidential, she may believe it is important for your parent(s)/guardian(s) to know what is going on in your life. In these situations, the therapist will encourage you to tell your parent(s)/guardian(s) and will help you find the best way to tell them.

For further information regarding confidentiality, review the HIPAA Notice of Privacy Policies and Practices furnished to you in conjunction with this client information and consent form. If you have any questions regarding confidentiality, please raise them with the therapist. By signing this form, you are giving consent to Barbara Carr-Goodman, LCSW, ACSW, to share confidential information with all persons required by professional ethics and/or mandated by law, and you are also releasing and holding harmless the therapist from any departure from your right of confidentiality that may result.

Consent to Treatment

I voluntarily agree to receive mental health assessment, care, treatment, and/or services and authorize the undersigned therapist, Barbara Carr-Goodman, LCSW, ACSW, to provide such assessment, care, treatment, and/or services as are considered necessary and advisable. I understand and agree that I will participate in the planning of my care,

treatment, or services and that I may stop such care, treatment, or services that I receive through the undersigned therapist at any time.

By signing this Client Information and Consent Form, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

Client's Name (please print)

Signature of Client

Date

Signature of Parent/Guardian

Date

Barbara Carr-Goodman, LCSW, ACSW
Therapist

Date