

J. Selah Richards, MS LPC-S
Ph/Text: 469-855-7795 / Fax: 469-521-1077
1408 W Abram St #108, Arlington, Texas 76013
Selah@SelahCares.com / SelahCares.com

For Office Use:
Date: _____
Next: _____
Paid: _____

CONSULTEE CONTACT INFORMATION:

Consultee Name: _____
Address: _____
City/State/Zip: _____
Mobile Phone: _____ Ok to text? _____ Voicemail? _____
Home Phone: _____ Ok to use voicemail? _____
Other Method: _____
Email: _____ Referred By: _____

CONSULTEE RELATIONSHIP/BACKGROUND:

Your relationship to members of a special interest group that I provide education and consultation concerning:

*In my family/social circle: Family/Friend; Spouse/Partner; Other: _____

*Seeking my support: Recovery Partner/Non-trained; Peer Counselor/Sponsor; Other: _____

*Under my counsel: Lay Counselor; Pastoral Counselor; Other: _____

Under my direct care: Medical Provider; Professional/Licensed Mental Health Provider;

No direct relationships at this time but seeking education as part of professional development: ;

Other: _____

[Members seeking consultation or education to help with their treatment planning, assessment, or other counseling/recovery related issues must accompany someone in a relationship listed above as a co-present attendee of the appointment, or must be a legal resident of Texas and establish a relationship as a counseling client of mine, in order to protect the physical and psychological safety of trauma survivors.]

*If you are not the primary psychological care provider for a member, is the member under direct care of a professional who is responsible and available in a crisis situation? If not, why not? (Recommended but not required; direct crisis management is **NOT** part of my consulting or education services.): _____

What are your goals/desires for consultation/education & your desired topic/focus: _____

How would you describe your experience level with this population/topic: _____

CONSULTEE INFORMED CONSENT:

Entering into an educational or consultation relationship is different than entering into a counseling or supervision relationship. Here are some key things you need to know about being a consultee.

- 1. I offer educational and consultation opportunities to people who are neither counseling clients nor supervisees/interns of mine.** These services may include leading a live presentation or workshop to a small group, having small group or one-on-one face-to-face or phone appointments, or engaging in electronic discussions via text, email, or live video/chat. These services are intended for people who are directly involved in the support, care, advocacy, treatment, and recovery work of members in the special interest groups that I offer education and consultation about. These services are not intended for direct consumption by members as a replacement for counseling, and members should be aware that directly consuming educational material may be psychologically triggering and they should be under the care of someone who is able to provide help in a crisis situation before doing so.
- 2. I can not make any guarantees that the material I provide will increase your expertise, skillset, professional performance, credentials, readiness, or suitability in working with these topics or members.** In fact, sometimes I may even give you information that confuses you, that you disagree with, or that makes you question your involvement as a caregiver in these topics. My goal is to equip you to make the best decisions you can when it comes to caring for members, including when/if to make the decision to refer to other professionals. I am known for my ability to explain and break down complex issues into easier to understand pieces. I will use analogies, humor, and pragmatism to help cut through the confusion to help us reach your goals in improving these types of desirable outcomes.
- 3. I can not make any guarantees that the material I provide will speed up progress, improve functioning, or even help members heal from their psychological issues.** In fact, much of the material I may give to you can actually trigger, destabilize, and even harm members. It is up to you to use your best judgement, supportive skills, clinical understanding, and direct relationships to members to figure out when and how to use the information in ways that help them. Most often the material will be presented to you long before the member is ready to consume the information in a direct way. My goal is to help you form a map so you can be better informed about the landscape you may be wandering, the obstacles that you may have in the way, and the choices you may have to make to successfully navigate the path you and the member have agreed to pursue in your relationship.
- 4. Ethically you should notify the member that you are discussing their issues and may disclose some of their confidential details during our discussions (intentionally or unintentionally).** I do not need to know HIPAA-protected health information nor personally identifying information in order to provide services. However, some personal details may be shared during collaborative consultation discussions (such as specific examples or challenges the member may be facing). I will treat this information as confidential. Protecting the member's personal information is especially important when using electronic communication methods that aren't HIPAA-Compliant (text, video, email, etc.).
- 5. Appointments typically last 45-60 minutes in length, but longer appointments are available. Services will be billed in 15-minute increments.** Fees can be negotiated on a individual basis to take into account international rates, pro-bono providers, and utilizing a sliding scale similar to that used for counseling clients. **My services include a \$50 per 50-minute appointment for a single consultee for a face-to-face or live video, and \$90 per 90-minute appointment when 2-3 consultees want to cost-share as a small face-to-face group appointment.** Lower cost options are available for those who want to use email at more flexible/non-scheduled times and for time-delayed chat exchanges. Frequency and duration of appointments will be determined in a collaborative fashion. Payment is accepted through Paypal or Square Cash/Cash.Me. Refunds are **NOT** provided for services rendered. **The cost of the time spent providing these services are not billed to a member's insurance company and payment is due before the start of services. Failure to give 24-hour notice when cancelling/missing an appointment may result in a no show fee equal to half of the appointment cost.** Frequent cancellations may results in termination and refusal to provide future appointments.
- 6. Consultees who live near DFW must meet for a face-to-face appointment at the beginning of their consulting agreement.**
- 7. In emergencies, my services should not be used for urgent crisis intervention.** I will make every effort to reply to messages within 24 hours, but lengthy replies may take longer.

8. **For confidentiality reasons, minimal data will be kept in files related to consulting and educational services. Keeping track of information shared during appointments is the responsibility of the consultee.** In event of my incapacitation or death, my existing files will enter HIPAA-compliant conservatorship until Texas LPC required expiration with **Sharon L. Walker, LCSW (817-277-0660)**, and as such she is a covered entity for this consent.
9. **Educational and consulting material, handouts, charts, chat logs, emails, and other electronic data created by me during services rendered are considered Intellectual Property of Selah Richards, MS LPC-S.** They are not to be published, shared, sold, used without permission in other educational formats, etc., without my explicit written permission. I do not consent to the use of audio or video recordings being stored, displayed, shared, posted, or edited in any way unless specifically agreed upon in a written release. This material is highly sensitive in nature, can be dangerous in the wrong hands, and can be extremely personal and confidential to everyone involved in the process.
10. **Complaints, questions, or concerns about our work together should be brought up with me so we can discuss them and try to find a solution.** If you decide that you want to terminate services, or I decide that it is clinically or ethically in your best interest for you to work with someone with different skills, I will attempt to provide you with an appropriate referral or referral resource. Any individual who wishes to file a complaint against a Licensed Professional Counselor may write to: Complaints Management and Investigative Section, P.O. Box 141369, Austin, Texas 78714-1369, or call 1-800-942-5540 to request the appropriate form.

CONSULTEE COST AGREEMENT: *(For Office Use)*

Factors affecting cost: _____

Cost Agreement: As of ___/___/___ \$_____ per _____ mins via method _____

Cost Agreement: As of ___/___/___ \$_____ per _____ mins via method _____

Cost Agreement: As of ___/___/___ \$_____ per _____ mins via method _____

Other Notes: _____

CONSULTEE AGREEMENT:

You, the consultee(s) agree to actively and collaboratively engage in the education and consultancy process in order to work toward your goals and the member's goals/needs. You agree that you have read the above Consultee Informed Consent and agree with the above rules, expectations, and limitations. You will attempt to discuss any concerns you have about these policies, education provided, and services rendered with me so that we can try to fix problems, find different solutions, and plan future services together. Your honest and constructive feedback is always appreciated.

Consultee: _____ Date: _____

Methods of communication you'd like to use (mark all that apply):

- Live/Synchronous: Solo Appointment, Small Group Appointment, Live Video, Live Text/Chat
- Delayed/Asynchronous: Email, Text/SMS/Chat
- Group/Class: ? Case-Conference/Education/Discussion Group (In Development – Interested?)

Consultant: _____ Date: _____