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**WELCOME TO:**

**E.T.C. & Psychotherapy, Inc.**

**The following forms you are being asked to complete request information that we feel is critical to your care. By completing the forms, we will be better able to attend to your issues in the clinical sessions.**

**If you feel that an item does not apply or is confusing, please feel free to proceed to another item and discuss with your clinician.**

**Please keep in mind that all information is strictly confidential.**

**Your cooperation is greatly appreciated!**

## **INFORMATION AND CONSENT**

**Please read the following information carefully.**

**Welcome to Candy Marcum Counseling. We are pleased you have selected one of our clinicians with which to work. This document is designed to inform you of our policies and procedures, which might affect your relationship with us.**

**Our clinicians are licensed and credentialed in a variety of mental health fields. Some of the licenses held are identified as follows: Licensed Professional Counselor (LPC); Licensed Chemical Dependency Counselor (LCDC); and Licensed Marriage Family Therapist (LMFT). Please feel free to question your individual clinician regarding his or her credentials and professional experience.**

**Our clinicians see a variety of clients with a wide range of issues. Our practice includes counseling for Individual, Groups, Families and Couples. Your counselor may recommend a variety of treatment modalities or settings. Our standard session is 50 minutes in length.**

**The cost of your counseling session will be discussed and set either prior to your first session or in the first session with your counselor. Payment for each session will be due and must be paid at the conclusion of each session. Cash, credit cards and personal checks are acceptable for payment. IN THE EVENT YOU ARE UNABLE TO KEEP AN APPOINTMENT YOU MUST NOTIFY YOUR COUNSELOR AT LEAST 24 HOURS IN ADVANCE OF YOUR APPOINTMENT TIME OR YOU WILL BE CHARGED THE FULL FEE FOR THE MISSED OR LATE CANCELLATION OF SAID APPOINTMENT. \_\_\_\_\_(please initial). We do not double book our appointment times, so this time is saved for you. We can fill your appointment time if you will give us 24 hours notice. Thank you.**

**It is our philosophy that we only accept clients whom we believe have the capacity to resolve their own problems with our assistance. We believe that as people become more accepting of themselves, they are more capable of finding happiness and contentment in their lives. Self-awareness and self-acceptance, however, are goals that may take a long time to achieve. Some clients need only a few counseling sessions, while others may require a more extensive number of sessions. As a client, you are in complete control and may end the counseling relationship at any point. We will be supportive of that decision. If counseling is successful, you should feel you are able to face life's present and future challenges in a healthier manner.**

**Although counseling sessions may be very intimate psychologically, it is important for you to realize you and your counselor have a professional relationship rather than a social one. Your contact will be limited to sessions you arrange with your counselor. Please do not invite your counselor to social gatherings, offer them gifts, or ask them to relate to you in ways other than in the professional context of your counseling sessions. YOU will be best served by this strictly professional relationship and having your sessions concentrate exclusively on your concerns.**

**Our clinicians are held to the highest counseling industry ethical standards. If at any time, for any reason, you are dissatisfied with our services, please let your counselor know. If your counselor is not able to resolve your concerns, you may report your complaints to the Board of Professional Counselors or appropriate licensing board.**

**We agree to provide counseling services to you under the conditions as indicated above. You agree to render the designated fee of \_\_\_\_\_ to be paid at the conclusion of each counseling session. If you have any questions, feel free to ask your counselor.**

**Using ink, please sign and date this form indicating you have read and understand our conditions.**

\_\_\_\_\_  
**Client's Signature**

\_\_\_\_\_  
**Date**

## **CONFIDENTIAL STATEMENT OF UNDERSTANDING**

### **Confidentiality**

**Your counselor will not share information with any person outside of the clinical practice group without your written permission, except as required by law or in a situation deemed potentially life-threatening (i.e. harm to another person or self).**

**Federal and state laws and regulations may also protect the confidentiality of your participation in counseling. The violation of federal requirements is a crime, and suspected violations may be reported. Federal regulations do not protect from disclosure of information related to a client's commission of a crime against E.T.C. & Psychotherapy, Inc. property or personnel, or reports under state law of suspected child abuse or neglect. (See 42 U.S.C. 290-3 for federal laws and 42 CFR Part 2 for federal regulations.) Federal regulations also do not protect from disclosure of information related to a client's threat of harm towards self or others.**

**While I have been training in the Gottman Method Couples Therapy, I want you to know that I (or my agency) am completely independent in providing you with clinical services and I alone am fully responsible for those services. The Gottman Institute or its agents have no responsibility for the services you receive.**

**I HAVE READ THIS STATEMENT AND ACKNOWLEDGE ITS CONDITIONS.**

\_\_\_\_\_  
**Signature of Client or Legal Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Client (print)**

\_\_\_\_\_  
**Witness**