

**Jeremy J. Lanning MA, LPC #70024**  
**Counseling & Psychotherapy**  
**3309 Winthrop Ave, Suite 99**  
**Fort Worth, TX 76116**  
**817-703-7469**

I want to welcome you. In an effort to help you make informed decisions about your therapy, I would like to tell you about my background and qualifications as a therapist and about your **rights and responsibilities** as a client.

### **EDUCATION:**

Masters of Arts in Professional Counseling and Psychotherapy, Dallas Baptist University. BAS in Psychology from Dallas Baptist University, Dallas, TX. In addition, I spent 8 years in the military on active duty in the USN/USMC as a Hospital Corpsman, Field Medic, and Surgical Assistant / Technician.

### **METHOD OF TREATMENT:**

My approach to counseling focuses on Cognitive Therapy, Dialectical Behavior Therapy, Experiential Therapy, and Narrative Therapy. Cognitive Therapy helps the client evaluate how their thinking impacts their behavior. Dialectical Behavior Therapy helps clients bring balance to their lives through alternative solutions, mindfulness, and acceptance. Finally, Narrative Therapy allows the client to tell their unique story, allowing for the discovery of hope and hidden possibilities. I am well rounded with experience in individual and group counseling as well as addictions and chemical dependency and I look forward to serving you.

### **GOALS, RISKS, AND BENEFITS:**

There is always a risk of psychological side effects from psychotherapy. Sometimes symptoms worsen before they get better. Often therapy brings up painful emotions. My goal is to confront issues and emotions together, and with time, to work through them. Other types of therapy, such as support groups or therapy groups, may also be appropriate in your situation.

### **LENGTH OF TREATMENT:**

Length of treatment is very difficult to predict. Each individual has unique strengths and weaknesses, and each problem is different from the next. It is my goal that each client will finish therapy in a timely manner, without unnecessary waste of time or money. My nature is outcome oriented and results driven.

### **FEES:**

Our sessions will be 50 minutes long. Together, we will decide how often we should meet. Each session will cost \$125.00, or as covered by your insurance. Payment is due at the beginning of each session. In many cases, insurance will reimburse you for all or part of this fee, or cover all or part of this fee. You are responsible for the coordination of services. If you need to cancel or reschedule an appointment, I ask that you give me 24 hours notice. In the event of a "no-show," or a late cancel, I reserve the right to charge a late cancellation or rescheduling fee of ½ the cost of a regular session. I understand that circumstances arise so please do your best to communicate with me for the convenience of us all. A minimum \$25.00 fee will be charged for returned checks including balance owed.

## **OUR RELATIONSHIP:**

Although you will be sharing personal things during the course of therapy, the tie between us is professional rather than personal. It is important to keep this relationship clear, so spending time with you socially or accepting phone calls from you at my home are inappropriate.

Sexual intimacy between a therapist and a client is **always** inappropriate and illegal. If this has happened to you in the past, you should file a complaint with the appropriate licensing agency.

## **YOUR RIGHT TO PRIVACY:**

I will not share the things you tell me without written permission from you. However, I can be forced to reveal our communications if:

- I suspect child or elder abuse.
- I feel that there is a threat that you will harm yourself or others.
- You become unable to take care of yourself and additional help is needed.
- There is a licensure board inquiry
- Legal matters are involved.
- Matters involving insurance.

It is important in the field of psychotherapy to consult with other professionals about difficult cases. Therefore, it is possible that I will discuss your case with other therapists for the purpose of gaining information or insight about your situation. If this occurs, your name will not be revealed during these discussions. Your insurance company will sometimes contact me about the progress of treatment. The release form you sign at the outset of treatment allows me to discuss your case with them. I will respect your privacy within these limitations.

## **COMPLAINTS:**

Any suspected violations of counselor ethics may be reported in writing to the following:

Complaints Management and Investigative Section  
P.O. Box 141369  
Austin, Texas 78714-1369  
1-800-942-5540

## **IMMEDIATE EMERGENCY RESOURCES:**

National Helpline, Mental / Substance Use Disorders: 1-800-662-HELP (4357)  
National Suicide Helpline: 1-800-273-TALK (8255) **Veterans Press 1**  
National Domestic Violence Hotline: 1-800-799-SAFE (7233) – 1-800-787-3224 (TTY)

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**EMERGENCIES:**

During office hours, you can reach me at 817-703-7469. In the event of a genuine emergency, you can contact me at 817-703-7469. I always accept emails at [jjlanninglpc@gmail.com](mailto:jjlanninglpc@gmail.com) . If for some reason you cannot reach me, contact your physician, your local emergency room or the local police department when necessary and appropriate. It is your responsibility to seek the appropriate resources in emergency situations.

If you have any questions regarding your therapy, please feel free to ask.

I have read the preceding information and understand my rights and responsibilities as a client.

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Client signature

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Date

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Therapist signature

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Date