

**WILLIAM A. GRAMMER Th.M./M.A.**

**Licensed Professional Counselor**

**Licensed Marriage & Family Therapist**

**Certified Sexual Therapist**

12810 Hillcrest Road

Suite B-217

Dallas, Texas 75230

(w) 214-739-4023 Ext. 107

(c) 214-766-8886

**Information and Consent Document**

I am pleased that you have selected me as your counselor. This document is designed to inform you about the nature of my counseling practice and of our professional relationship, as well as obtain your consent for treatment. As my client/patient, I want you to be well informed as to who I am, what kind of counseling it is that I practice, and what is expected of you as you participate in therapy.

Please print this document and read it thoroughly, placing your initials in the top right hand corner of each page, along with the date. Then bring this to your first session. We can at that time talk through any questions or clear up any confusion you might have before we begin therapy together. **Please note that only until you have been given the following information, have read the information, have given your consent to treatment by placing your initials and date on the top of each page and have given the document to me to be placed in your file, are you considered to be my client/patient.**

**Qualifications:**

I am a Licensed Professional Counselor and a Licensed Marriage and Family Therapist in the State of Texas. I have a Master's Degree in Counseling from Grace Theological Seminary and a Master's Degree in Theology from Dallas Theological Seminary. I have been in professional practice since August of 1987. I was also the Director of the Counseling Center at Fellowship Dallas, with a staff of four full-time and three part-time professional counselors and marriage and family therapists, from 1992 – 2009.

I am also a Certified Sexual Therapist. This certification is through the Institute of Sexual Wholeness in Atlanta, GA. Please visit their website: [www.sexualwholeness.com](http://www.sexualwholeness.com) if you desire further information.

**Individual Therapy:**

- Identifying, Interrupting and Improving Self-Defeating Patterns in Personal Relationships.
- Correcting Negative Internal "Attractors" which Contribute to Being Attracted to the "Wrong Kind of Person," resulting in Disappointing Relationships.
- Improvement in Personal Anxiety, Depression, Loss of Confidence and Poor Self-Esteem
- Increased Personal Growth through the Management of Self and Greater Self-Control resulting in Improved Communication Skills for Personal and Business Relationships.
- Perfectionism Tendencies, Shame-Based Personality, Self and Other-Centered Contempt and Anger
- Co-Dependency Issues, Low Differentiation, Poorly Developed Self
- General Psychodynamic, Internal Conflicts Lived out in Personal Relationships

**Marital Therapy:**

- Marriage Preparation for Couples Considering Marriage or Engaged to be Married (Six Week Course)
- Customizing a Marriage to go from "Average to Good" and "Good to Great."
- Improving Marriages that are experiencing Increased Negativity, Reactivity and Breakdowns in Communication and other Manifestations of Emotional Fusion.
- Enhancing Personal Growth in Marriage through Increased Self-Awareness, Management of Personal Anxiety and Greater Self-Control resulting in more "Room-For-Two" in the Marriage.
- Addressing Lack of Sexual Desire, Emotional Connection in the Long-Term Monogamous Marriages/Relationships (Those Married for 15, 20, 25, 30, 35 or more Years)
- Marriages Experiencing an Affair (Emotional, Sexual, or Combined) or Inappropriate Sexual Behaviors
- Post-Affair Recovery and other Issues of Marital Distress (Alcoholism, Financial Irresponsibility, Parenting Conflicts)

**Sexual Therapy:**

- Single Adult Concerns with respect to Thoughtfully and Responsibly Managing Sexuality
- Sexual Preparation for those Soon to be Married or those Newly Married
- Sexual Addictions/Obsessions and Compulsive Sexual Behaviors
- Low Sexual Desire in Long-Term Monogamous Relationships/Marriages
- Extramarital Affairs (Emotional, Sexual or Both) and Extramarital Sexual Experiences
- Help for the Spouses of Sex Addicts; Movement Toward a Healthy Sexual Relationship
- Performance Anxiety and Skill Deficits
- Erectile Dysfunction/Premature Ejaculation
- Sexual Issues in Aging (for those over 50 years old)
- Unconsummated Marriages/Vaginismus/Dyspareunia
- Recovery from Sexual Abuse/Trauma
- Pornography and Masturbation Issues
- Struggles with Same-Sex Attraction

Any and all of the above issues are addressed within the context of acknowledging and encouraging an individual's personal, emotional and spiritual growth.

### Nature of Counseling:

As your therapist, I am here to help you adequately understand, accept, take responsibility for and respond to your current problem, personal challenge, or discomforting situation that you may be currently facing. As my client, it is good for you to keep in mind that you have chosen me to assist you in responding to a problem that is important to you. The fact that you have called and made an appointment with me indicates you are motivated to address your challenging situation and achieve goals that are important to you.

I use an approach to counseling which takes into account the personal, psychological, spiritual, social and biological dimensions of each person. Simply put, I take into account the full personhood of each individual, couples, and families I work with in therapy. As we work together, the following thoughts and perspectives will be helpful for you to keep in mind:

1. I **value, respect, appreciate** and **enjoy** every person/couple/family that I have the opportunity to work with. It is good for you to remember that I, as your therapist/counselor, "work for you." You are my client, paying me a fee to help you achieve goals or outcomes that are important for you to achieve.
2. Our work together has a **specific focus**; our collaboration is **positive in nature**; the goals that you identify are **achievable**; your progress is **measurable**; and all the while, we will keep the desired **outcome** in mind.
3. The development of your **personhood** is one of my highest values as we work together. Therapy has everything to do with the **growth** and **empowerment** of you as a person so that as you move forward, achieving the goals that are meaningful to you, I assist you in developing a solid foundation needed to reach your goals and sustain the progress you've worked so hard to achieve.
4. I believe in **process first, outcome second**. In other words, I do not believe in fitting individuals, couples, or families into a pre-conceived formula or outcome. Rather, I assist you as you work toward the results that are achievable and sustainable by you. **Therapy/counseling is customized to match your abilities, keeping your goals and aspirations in mind**. This approach helps facilitate an understanding of the difference between "fantasy" and "reality." As I often say to my clients/patients: "Reality is your friend."
5. Our time together will be **dynamic** and **interactive**. Therapy/counseling is not simply a process where I, as your therapist, tell you "what to do." Rather, I will assist you as you explore your own values and options available to you.
6. The focus of our time together will be the **immediate present events and circumstances** of your life, taking into consideration any **past events** that have significantly shaped or influenced your life. Past events are relevant only if your present progress in becoming who you wish to become, is being significantly hindered.
7. My theoretical approach to **individual** therapy/counseling is very much **psychodynamic**. By "psychodynamic," I simply mean that life change must concern itself with issues in our lives that are "below-the-waterline," (picture an iceberg in the ocean) beyond our immediate awareness and not simply above the waterline where we have conscious awareness of our actions, behaviors, and motivations.

Books that may be helpful in understanding this perspective are: *Inside Out*, by Larry Crabb; *Encouragement: The Key to Caring*, by Larry Crabb and Dan Allender; *The Emotionally Healthy Church*, and *Emotionally Healthy Spirituality*, by Peter Scazzero; *Psychotherapy in a New Key*, by Hans Strupp and Jeffrey Binder; *Individual Psychotherapy and the Science of Psychodynamics*, by David Malan.

8. My theoretical approach to **couples** and **relationship** therapy/counseling is very much **systemic**. Systems theory simply means that important dynamics are going on **between** individuals in a relationship (marriage, family, significant friendships, work relationships) as well as **within** those individuals.

Books that may be helpful in understanding this perspective are: *Extraordinary Relationships* and *The Eight Concepts of Bowen Theory*, by Roberta Gilbert; *Family Evaluation*, by Murray Bowen and Michael Kerr; *Passionate Marriage* and *Intimacy and Desire*, by David Schnarch

The relationship we establish and maintain will be characterized by mutual respect and cooperation. Together, our hope and expectation will be that you will grow and mature, coming within a reasonable time to a place of competence where you can resolve your problems and/or live with manageable discomfort without my assistance or intervention. I will offer you vehicles, principles, and methods you can utilize in the achievement of this goal.

Although our sessions may be intense psychologically (you may experience some emotions that are pleasant or unpleasant), it is important that we acknowledge that we have a professional relationship rather than a social one. Our contact will basically be limited to the sessions you arrange with me. You may learn some information about me personally as we work together during your counseling experience. However, it is important for you to remember that you are experiencing me largely in my professional role.

I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards. Sessions are 50 minutes in duration. Please note that it is impossible to guarantee any specific results regarding your counseling goals. However, together we will work to achieve the best possible results for you.

### **Potential Effects of Treatment:**

While together we will strive to attain the very best results from therapy/counseling, please note that discomforting and distressing events *may* occur. These include, but are not limited to the following:

1. In the course of individual therapy, past issues of hurt, disappointment or abuse may surface and cause discomfort or distress. Your current ability to function, as normal, may be disrupted temporarily. This is not an uncommon occurrence.
2. In the course of individual therapy, you may experience some emotional and psychological discomfort as you come in touch with or become aware of the dissonance between the person that you have always pictured yourself to be, as opposed to the person that you actually are. The experience of personal "shame" is often the result.
3. In the course of marriage therapy, your marriage may temporarily become "worse" and not "better," (information is disclosed).

4. In the course of marriage therapy, your marriage may dissolve as the result of you or your partner making a unilateral decision to end your/their participation in the relationship.

### **Confidentiality:**

Everything that is communicated within our session is confidential information and cannot and will not be communicated to any other person or organization without your expressed written consent. This confidentiality applies to any and all records of your identity, diagnosis, session or progress notes, evaluation, treatment or treatment plan, as well as any information communicated by phone, fax, or email.

**Please note: confidentiality will not be observed with respect to the following conditions:**

- 1) You direct me by means of a signed and dated written consent form to disclose information to a person or organization of your choice, (please note: if you enter therapy as a married couple, **both signatures** will be required in order to release confidential information),
- 2) I determine you are a danger to yourself or others, in which case I am required to inform a medical or a law enforcement agency,
- 3) I become aware of abusive or neglectful behavior toward a minor,
- 4) I become aware of abusive, neglectful, or exploitive behavior toward the elderly or disabled persons, or
- 5) I am ordered by a court to disclose information.

### **Confidentiality & Marital Therapy:**

If you enter into therapy as a married couple, it is important for you to understand that you, as a couple, are my client. Because you, as a couple, are my client, it is my standard practice to see you both together in my office as much as possible so that any and all issues, concerns, personal information, and behavioral patterns may be disclosed (or have the opportunity to be disclosed) in the presence of each other, as well as within my presence as your therapist.

If, in the course of marital therapy, either of you request an individual session with me, I will agree to this under the following conditions:

- 1) your spouse be fully informed of your desire to have such a session and have the opportunity to express their approval, disapproval, thoughts and/or concerns about such a session;
- 2) you have the opportunity to understand the potential consequences of having such a session and thus be in a position to take complete responsibility for your own decision,
- 3) individual sessions be balanced and do not become the "norm" for our therapy, replacing your time as a couple.
- 4) individual sessions, even though beneficial to you on one level, do not become a hindrance to your overall ability to embrace, organize, and manage your own personal growth while you are in the presence of your spouse.

## **The Limits of Confidentiality as Applied to Marital Therapy:**

If you begin therapy as a married couple and yet, as an individual choose to disclose secret, personal information (such as an affair, some pattern of sexual acting out, or an issue of mismanagement of personal finances) in an individual session with me, that information will be held in confidence between the two of us. *It will not be my duty or personal or professional responsibility to disclose that information to your spouse. Whatever information you choose to disclose will be held in confidence between the two of us.* However, because of your decision to enter into marital therapy, my professional responsibility will be to help you:

- 1) examine the ramifications of your secret behavior,
- 2) examine the ramifications of the potential disclosure of that information to your spouse,
- 3) help you to clarify your personal options as to what to do with your life in light of the above potential ramifications of your behavior and the information you have not disclosed to your spouse,
- 4) help you to live a life of integrity by making courageous choices with respect to your personal values and convictions, and
- 5) encourage you to take personal responsibility for your own life around these convictions.

If any undisclosed information puts me in an untenable position as a third party, we will together consider all possible options for going forward and decide if a referral is necessary.

## **Referral Policy**

The process of helping you address specific areas of your life is unique in that it inevitably is the catalyst for one or several personal issues to arise that may at first cause a certain amount of personal discomfort. The fact that this happens is a normal and natural part of the relational process occurring between us. It is my privilege, as the person chosen by you to be involved in this process, to help you work through the specific areas of discomfort. To this end, I anticipate and desire a good and productive professional relationship with you.

In the event that a particular dissatisfaction with my services should arise, I will be very willing to discuss the nature of your dissatisfaction and make a concerted attempt to move toward a reasonable solution acceptable to both of us. If for some reason we are unable to arrive at an acceptable solution, I will be willing to provide you with several referral sources.

If it happens that within the course of therapy, an issue arises that lies outside the realm of my professional competency, I will discuss this with you and provide you with several referrals.

## **Fee Agreement and Cancellation Policy**

My standard fee for a single counseling session is \$175.00 per session hour, *unless otherwise agreed upon. Please know that I am willing to discuss and negotiate a lesser fee if circumstances warrant doing so.*

If the session extends beyond the normal one-hour time, you will be charged additional fees for that time. *As your therapist, it will be my responsibility to keep track of the time and notify you during the session of when our time is nearing the end, and if possible within my schedule, give you the option of extending the session.*

You will also be charged for any time spent in consultation via email, phone, or text regarding your specific life situation for which you are seeking therapy. The fee will be the hourly rate in increments of 10 minutes.

It is also my policy that you pay the **full fee at the time of each counseling session**, unless otherwise agreed upon. **In the event that you will not be able to keep an appointment, 24-hour advance notification is required. A notification of cancellation less than 24 hours in advance will be charged the full amount of the session.**

**If no notification is given and a session is missed entirely, the full fee for the session will be charged.**

An administrative fee of \$25.00 will be charged for checks returned due to insufficient funds.

Two consecutively missed sessions with no attempts made to contact me- the therapist - constitutes a termination of our therapeutic relationship.

I do require a credit card to be on file to insure payment for no-show appointments or cancellations within 24 hours.

### **Insurance**

If you wish to seek reimbursement from your health insurance company, I will be happy to provide you with all the information needed to submit a claim. Please keep in mind that health insurance companies require that I diagnosis and disclose your mental health condition to them. I will inform you of the diagnosis I plan to render before I submit it to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

### **Legal Fees: Documents, Depositions, Court-Ordered Appearances**

Despite the disclaimer on the last page of this document agreeing not to involve me in any litigation process that may occur, if my involvement is required, the fee that will be charged will be *\$250.00 per hour*. This includes any and all time spent in preparation, photo-copying documents, as well as travel time to and from attorney's offices, depositions or court-appearances.

If my involvement in any legal process is required or if I agree to accept any subpoena, my fee to accept the subpoena will *be \$750.00*.

With respect to marital therapy, because you, as a couple are my client, please note that in the unfortunate event of a divorce, I as your therapist will not agree (unless ordered by the court) to testify or serve as a witness for either one of you against the other.

**Also, please note that if you begin therapy as a couple, your file will require both signatures in order to release any confidential information.**

A fee will be charged in accordance with the hourly rate agreed upon for therapy for any time spent in preparation on your file for its release to an authorized party.

### **In The Event of a Crisis or Emergency**

During weekdays between the hours of 8:00 AM-5:00 PM, you may reach me by calling the Counseling office number at 214-739-4023 ext 107 and leaving a message on the voice mail.

In the event of a crisis or an emergency in which immediate assistance is required, please call my personal cell phone at 214-766-8886.

### **CANCELLATION POLICY**

I understand and agree to the following:

- (1) Fees for all services are due at the time of my appointment by cash or by check, unless other arrangements have been previously agreed upon.
- (2) Cancellation on the same day as the appointment results in paying the full amount of the session.
- (3) Two consecutively missed sessions with no attempt to make contact with me, your therapist, constitutes a termination of our therapeutic relationship.

### **AGREEMENT REGARDING LITIGATION**

I agree to not request or subpoena therapy records or information disclosed in therapy to be used for litigation purposes. I agree to not call as a witness nor serve a subpoena to William A. Grammer to serve as a witness in any process of litigation.

### **INSURANCE RELEASE**

I authorize my counselor to give out psychological information that is needed by my insurance company. This authorization for release is valid for the duration of the therapeutic relationship. I understand and agree that a diagnosis must be given and that diagnosis will become a permanent part of my records.



**HAVE RECEIVED A COPY FOR MY FILES**

A copy of this **Inform and Consent** may be found on my website:  
[www.billygrammerdallas.com](http://www.billygrammerdallas.com). Refer to the tab labeled, "Helpful Forms"