

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

Licensed Professional Counselor

Licensed Marriage & Family Therapist

Certified Sexual Therapist

The Gild South Tower

Southwest Clinic & Forensics

8150 N. Central Expressway, Suite 1450, Dallas, TX 75206.

(c) 214-766-8886

Information and Consent to Treatment 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 specifically designated places and also the top right-hand corner of each page, with the date. Then bring this to your first session or scan and email it to me before our 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 if you desire further information regarding this certification.

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

Couples Therapy & Marriage 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)

Affair Recovery & Sexual Indiscretion/Betrayal Recovery Therapy

- 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)
- Relationships in which some form of Sexual Infidelity has been discovered: Pornography, Massage Parlors, Strip Clubs, Social Media.

Family Therapy:

- Therapy for Relationships between parents/teenagers.
- Therapy for Relationships between parents/adult children.
- Therapy for Relationships between siblings.
- Therapy for Relationships between extended family members.

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 Sexual Identity Issues.

Any and all of the above issues are addressed within the context of acknowledging and encouraging an individual's personal, emotional and spiritual (your personal spirituality/faith) 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 consideration 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. Together, we will **Identify your Goal** (where you are trying to get to, i.e. what you want), what the **Problem** is (what's holding you back, what's impeding you) and come up with a **Treatment Plan** (a path of personal growth) to move you forward in a positive manner.
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. I am Solution-Focused.** 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/ fantasy is not."
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. You will be responsible for your own decisions and choices.
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 approach to **marriage, 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. My approach is very much personal growth oriented versus cooperation and reciprocity. **In other words, I will help you learn how to confront and make changes within yourself rather than find the solution to your relationship problems by blaming your spouse or partner, being negative toward spouse or partner or justifying your bad behavior toward your spouse or partner.**

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. You may also consider reading, *Mistakes Were Made, but Not by Me* and *Leadership and Self Deception*, both of which focus on taking responsibility for one's decisions and actions versus blame-shifting them onto others.

9. I would also encourage you to access the Links & Resources tab on my website: www.billygrammerdallas.com to listen to any and all of the podcasts and power point presentations that are posted so as to get an understanding of who I am and how I approach personal growth and therapy.

The relationship we establish and maintain will be characterized by mutual respect and cooperation. Please remember: I work for you. You are hiring me to help you for something important to you! Together, my 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 materials, principles, and methods you can utilize in the achievement of this goal.

Although our sessions may, at times, 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 disconcerting 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. This is not a preferred outcome of therapy. However, sometimes one or both individuals may decide to end their marriage as a result of seeking therapy.

Please be aware that therapy/counseling is not always easy. You may find yourself having to discuss personal information and as a result, you find these conversations difficult and somewhat embarrassing. You may feel some anxiety during and after such conversations. And, as you

learn about yourself, you may encounter some form of increased challenges with family, friends and co-workers. You may experience many new emotions.

While therapy/counseling is designed to alleviate these issues, sometime in the process of healing and getting better, you may experience and feel many emotions more acutely than you have experienced them in the past.

Counseling and therapy, by nature, are designed to enhance personal growth by identifying old patterns of thinking and behaving and establishing new ones. In the course of therapy, it may be suggested that try new patterns. New patterns may understandably seem foreign and paradoxical (upside down and backwards), precisely because they are new to you. Understandably, you may experience some confusion and uncomfortableness with trying new ways to approach your life. You will always be free to move at your own pace, however. Together, we will achieve the very best outcome for you – while working with your real-life options and personal growth factors.

Privilege, Privacy, and 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. Our conversations, your therapy records and any information that you disclose, is protected by *legal privilege*. This means that, in most cases, the law protects you from having information about you given to anyone without your knowledge and permission.

Privacy and 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. I respect your privacy and also the principle of confidentiality, however, the law makes some important exceptions to this:

Please note: Privacy and 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 or to release my records to you personally, (**please note: if you enter therapy as a married couple, both signatures will be required in order to release confidential information in therapy sessions that you both attended**). Regarding your individual sessions as a married couple, I am able to release these sessions with the signature of the person who attended the session.

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 (ex: a child custody dispute, a lawsuit in which your mental health is an issue).

Confidentiality with Respect to Emails and Texting

You may use email to communicate with me. However, please remember that email communications are not a 100% secure form of communication. Emails may pass through a variety of email servers and thus are subject to interception by unknown parties and/or can be accessed by others unwittingly. Therefore, email communication with me should be limited to administrative and logistical matters. As your therapist, I may email you some homework items such as articles or selected chapters from books to read, a podcast to listen to or a TED talk to watch, that may be helpful. However, I will not use emails to discuss important personal, counseling issues, preferring to instead discuss these within our therapy sessions.

This policy also applies to texting. While it is permissible to text me, texting should be limited to administrative and logistical matters.

Confidentiality & Relationship and Marital Therapy (If You are Seeking Individual Therapy, this Section Does not Apply to You)

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 Couple and Marital Therapy

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(If You are Seeking Individual Therapy, this Section Does not Apply to You)

If you begin therapy as a married couple or as a couple in a committed relationship, 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 between you and your spouse or partner, we will together consider all possible options for going forward and decide if a referral is necessary.

Office Policies

I schedule appointment to begin at the top of each hour. Therapy sessions are 50 minutes in duration and we will generally end each session promptly. I am very generous with my time and so, at times, we may use a full 60 minutes for our session. You will not be charged for this time if we do so.

I must charge you're a full fee even if you are late, or you cannot make your scheduled appointment and you do not cancel the appointment at least 24 hours in advance.

If I am running over in my session previous to yours (which sometimes happens), you will still receive your full 50 minute session, unless otherwise agreed upon. If our session is abbreviated, you will be charged a rate commensurate to the time spent.

Also, please note that in the event of my unfortunate disability or death, by your initials on the top of this page, you authorize me to designate an appropriate professional to serve as custodian or your therapy record and who will assume possession of and responsibility for your treatment record. In that event, a notice will be posted, as necessary, on my webpage or telephone voice mail.

As into regards to your therapy records, it is the policy of my office to keep records for the required 7 years prior to our last session. It is also my policy to expunge all records beyond the 7 years prior to our last session.

Fee Agreement and Cancellation Policy

My standard fee for a single counseling session at this time is \$225.00 per session hour (please refer to my "Services" listed in my on-line schedule), unless otherwise agreed upon.

Due to the nature of therapy in dealing with challenging issues, sometimes it is necessary to extend the session beyond the normally scheduled time – simply to reach a good stopping point. 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.*

While a normally scheduled appointment is 50 minutes in duration, I agree and give my consent to be charged an additional fee if my therapy session goes beyond 60 minutes. (the hourly rate in 10 minute increments).

Initials: _____

You have the option of being charged for any extra time spent by me as your therapist in consultation outside our designated session (beyond a routine 10 minute follow up) via phone, limited email, or time spent reviewing your case and creating materials that will aid your growth progress as pertaining to your specific life situation for which you are seeking therapy. I simply want to ask your permission, if and when your case might benefit from me spending extra time outside of our session. I will notify you before I spend any extra time – getting your permission to do so. Your agreement to this is completely optional and is not required.

I agree and give my consent to be charged an additional fee for time spent outside of our designated therapy session via phone, limited email, or time spent reviewing my case and creating materials that will aid my personal growth that extends beyond a routine 10 minute follow up. ((the hourly rate in 10 minute increments)).

Initials: _____

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.

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

I agree and give my consent for my credit card to be on file and charged for my normally scheduled sessions and for no-show appointments or cancellations within 24 hours.

Initials: _____

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

Legal Fees: Documents, Depositions, Court-Ordered Appearances

By its very nature, counseling and therapy – especially for marriage, sexual therapy, affair recovery therapy, family therapy and relationship therapy – involves the sharing of personal, private and confidential information. **It is my policy as a therapist that all information shared within our therapy sessions remain within the confines of our therapy, with no threat of litigation, one against the other. This insures freedom of expression and dialogue to achieve our maximum results in therapy.**

As you enter into counseling and therapy, you will agree not to use any information shared in therapy for the purpose of litigation, one against the other, as well as both against the other.

You will also agree to not subpoena counseling and therapy records for litigation purposes.

I agree that all information shared within our therapy sessions remain within the confines of our therapy. I agree to not subpoena counseling and therapy records for litigation purposes. I also 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.

Initials: _____

Unfortunately, despite the above agreement, it sometimes happens that clients change their minds and initiate a litigation process and then request their records for litigation purposes.

If this happens and my involvement is required for litigation purposes, the fee that will be charged will be *\$250.00 per hour*. This includes any and all time spent in preparation, photocopying documents, as well as travel time to and from attorney's offices, depositions or court-appearances.

I understand the above fee agreement of \$250.00 per hour in the event of any litigation that is initiated and where the cooperation of Billy Grammer, LPC/LMFT/CST is required.

**I agree and give my consent for my credit card to be on file and charged for this purpose.
If not by credit card, I agree to provide payment by another means.**

Initials: _____

Also, please remember that if you begin therapy as a couple, either married or unmarried, your file will require both signatures in order to release any confidential information. This includes to each other as well as any third party.

Insurance Matters

Please keep in mind that I am not on any insurance plans, so I would be considered an out-of-network provider. This means that I do not accept co-pay, nor do I bill the insurance company for services provided. All of my clients pay my full fee at the time of our session and I provide a receipt complete with all the information needed for them to send to their insurance company.

Because I am an out-of-network provider, most plans require that the client meet a certain deductible before the insurance will pay for a percentage of their sessions. What percentage will be paid usually depends upon each company.

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.

I authorize my counselor to give out psychological information (a DSM-V/ICDM-9 Diagnosis, plus Procedure Codes) that is needed by my insurance company to file a claim for reimbursement for counseling services. 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 record.

Initials: _____

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

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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 for your continued treatment.

Termination of Therapy

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

Even though days, weeks, months or years may go by between our sessions, you may always contact me and resume your therapy process.

If in the course of therapy, you wish to choose another therapist or discontinue therapy, a simple communication to that effect would be greatly appreciated. Good communication is essential to a positive therapy process and to personal growth.

If several days or weeks pass between our sessions and I reach out to you via email or phone, a simple response such as, "Thanks for reaching out to me. I'm doing well and will see you at a later time when necessary," or, "Thanks for reaching out to me and thanks for your help. However, at this time I/we have decided to postpone therapy or seek another therapist," is greatly appreciated! This simple communication helps me to know where we stand in the therapy process!

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 my cell phone. 214.766.8886

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.

I do realize that this Information & Consent to Treatment is lengthy and somewhat comprehensive. Thank you so much for taking time to read it and give your consent to treatment! It is a privilege for me to work with you and be of help to you in your journey of personal growth!

b.g.

2025 Information and Consent to Treatment Today's Date: _____ Your Initials: _____ 1

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