

Main Location:  
9540 Hwy. 377 S.  
Pilot Point, Texas 76258

*CROSSROADS Affordable Counseling  
of North Texas  
(940) 231-4480*

Mailing Address:  
P. O. Box 1218  
Pilot Point, Texas 76258

Welcome to the pastoral counseling and psychotherapeutic services of CROSSROADS Affordable Counseling of North Texas (CRACNT). We have served the North Texas area since 2007 and are glad that you have chosen us to work with you.

Your relationship with the CRACNT is important and confidential. Information cannot be released regarding your counseling without your written permission unless disclosure is required by state law. Some examples are: 1) suspected child or elder abuse; 2) for third party payments such as insurance; 3) if you are involved in a legal case, your therapist or CRACNT may be required by law to release your records to attorneys or judges; 4) if you are dangerously close to harming yourself or others your counselor may notify medical or law enforcement personnel.

To provide the best possible care, your counselor's work is open to the scrutiny of professional supervision and peer review. CRACNT follows state and federal laws regarding the electronic transmission of records.

Sessions are generally scheduled for 45-50 minutes. The appointment you schedule is reserved for you. You will be billed for missed appointments and cancellations of less than 24 hours notice. Unforeseen emergency situations may be taken into account.

Fees are discussed during your first session. We ask you to pay at the time service is rendered. This enables us to remain fiscally sound, and therefore provide consistent quality service. Insurance issues can also be discussed with your counselor.

If you have concerns or problems with your counseling relationship, or if you have questions about CRACNT policies, we hope that you will talk directly with your counselor. The consumer complaint hot line for most Texas licensed/certified counseling professionals is 1-800-942-5540.

Your initials here indicate you have received a copy of CROSSROADS Affordable Counseling of North Texas Notice of Privacy Policies \_\_\_\_\_

Your initials here indicate you have discussed and have agreed upon the counseling fees \_\_\_\_\_

Your signature here indicates you have read, understand and accept the above policies. Thank you.

Print name \_\_\_\_\_ Fee \_\_\_\_\_

Client Signature, Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Counselor Signature \_\_\_\_\_