

Client Agreement & Informed Consent

Client Agreement

The purpose of this document is to introduce you to the services, policies, agreements, and limitations of my practice.

Services Offered:

- I offer individual, couples and family therapy. Anyone under the age of 18 must have a parent or guardian sign all needed forms.
- I specialize in substance use therapy, incorporating a harm reduction framework.
- Abstinence is NOT a requirement to participate in therapy. However, I will have honest conversations regarding harm caused by continued use. Collaboratively, we will seek to identify ways to reduce harm associated with continued use.
- Therapy can be a commitment of a few weeks or months or can last a year or more. The timeframe of therapy is influenced by the number of and depth of the issue(s) that you would like to address, as well as how we work together and what your own goals for therapy may be.
- Our work will be a collaboration. My goal will be to assist you in resolving your concerns as efficiently and as thoroughly as possible.
- The therapeutic relationship can foster close bonds between therapist and client. It is also a professional relationship in which appropriate emotional boundaries must be maintained. For the most part, the therapeutic relationship begins and ends in the therapy office. Although it is sometimes difficult to understand, it is necessary to maintain the therapeutic environment.
- Austin can be a small community therefore it is possible we may run into each other outside of the office or even know people in common. We can discuss any concerns you have about these issues.

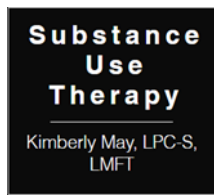
Client Rights

- You are in charge of your therapy. Feel free to let me know if some line of questioning bothers you so that we may discuss my reasons for asking and address your concerns.
- If during the course of work together, you have questions or concerns about your therapy, please raise those questions with me. If you are unhappy with your therapy, you have the right to request a change to our therapeutic process. If needed, I will help you locate another therapist.
- If you wish to file a complaint, you may contact the Texas State Board of Examiners of Professional Counselors and/or the Texas State Board of Examiners of Marriage and Family Therapists.

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

Confidentiality

- Texas state law and the ethics of my profession require that anything you say in the context of our therapeutic relationship remain confidential.
- The privacy notice explains the times and the situations which the law requires me to break some portion of our confidentiality.
- I require written authorization from you, outside of the times required by law, to discuss with anyone or disclose in any way your personal information. This includes speaking with other doctors, such as a psychiatrist, your partner, your family members, lawyers, or any other entity.



Email and Text

- Due to the unprotected format of text messaging and email, both should be used only for the purposes of scheduling logistics, i.e. cancelling, confirming, and rescheduling. Therapist and clients may use email as a means to share articles or documents pertaining to treatment, but such messages should not contain protected health information (PHI). Clients who choose to send PHI via email do so with the understanding that email is not a protected form of communication.

Risks of Therapy

- Most risks when experienced, are the direct consequences of positive therapeutic movement.
- Clients sometimes experience a deterioration in emotional and psychological stability. This often occurs at the beginning of therapy, but may occur at any point, often brought on by new insights/perspectives and making life changes.
- Relationships are often affected as a result of therapy. Significant relationships will often experience varying degrees of tension. This is most prevalent in family relationships, but may extend beyond, into one's social and professional life.

Appointments and Cancellations

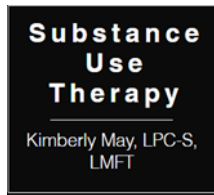
- I offer a 30 minute no charge consultation in person, prior to engaging in the therapeutic relationship.
- Most people attend therapy on a weekly basis. However, for fiscal reasons or time constraints, some people prefer to attend every other week. Either way is fine. It is also not unusual for people to move to monthly or to "as-needed" sessions toward the end of their therapy.
- Appointments are either 50 minutes or 80 minutes in length, depending on what you have requested.
- Appointments may be scheduled via phone, email or in person. Some clients prefer a regular weekly appointment. Others prefer to be able to shift their appointment time from week to week. Both options are available.
- **I require a 24 hour notice to cancel an appointment without incurring a charge.**
- I know that emergencies do arise. Therefore, I allow one emergency no charge cancellation with less than 24-hours notice. When you choose to use this no-charge absence is up to you. If you cancel a session late or do not show up for a session, you will be asked if you would like to use your no-charge cancellation now or if you would rather pay for the missed session.
- I charge my hourly rate, prorated, for any phone call between appointments that lasts longer than 15 minutes.

Fees and Payments

- Sessions are \$150 per 50-minute session and \$225 per 80-minute session.
- You may pay by cash, check, or credit card.
- I am in network with United Healthcare, Oscar and Optum. For other insurances, I can provide a reimbursement statement, called a superbill, after our appointment that you can take to your insurance carrier for out-of-network benefits.

Insurance

I am currently a network provider for United Behavioral Health (UBH)/Optum/OSCAR health insurance plans. To utilize your insurance benefits, please call your insurance company and verify coverage, co-payments, deductibles, and co-insurance fees prior to attending your first appointment.



Some insurance companies may require preauthorization to receive mental health services. It is your responsibility to confirm insurance coverage/benefits before entering treatment. If you are using insurance to pay for your therapy services, please inform me of any changes that may occur to your plan/coverage. If you do not notify me, and that results in your insurance company not covering session(s), please know you are potentially responsible for my full fee (\$150/session).

Please note that if your using insurance benefits to pay for your therapy services, in full or in part, a clinical diagnosis will likely be required. Any diagnosis made will become part of your medical/insurance record. Sometimes I am also required to provide additional client information such as treatment plans, progress notes, and in rare cases a copy of the entire record/chart. Private paying protects your privacy to a greater degree. You may choose to private pay, in which case there is no requirement to report to your insurance company.

I have read the informed consent and client agreement. I understand and agree to abide by this agreement.

Printed Name: _____

Signature: _____ Date: _____