

# **Austin Counseling Specialists LLC**

4131 Spicewood Springs Rd. Suite M-1

Austin, TX 78759

Phone: (512) 814-6027 or Fax: (512) 666-3792

## **INFORMED CONSENT FOR SERVICES**

Welcome to Austin Counseling Specialists. This document contains important information about our professional services and business policies. Please read it carefully and let us know of any questions you might have so that we can discuss them. When you sign this document, it will represent an agreement between you and your therapist.

### **PSYCHOLOGICAL SERVICES**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the particular issues/challenges you wish to work on. In order for the therapy to be the most successful, you will need to have a commitment to work on things discussed with your therapist both during your sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, we will be able to offer you some first impressions of what our work will include and a treatment plan to follow. You should evaluate this information along with your own opinions of whether you feel comfortable working with your therapist. Therapy involves a large commitment, so you should be very careful about the therapist you select. If you have questions about our procedures, we should discuss them whenever they arise. If your doubts persist, we will be happy to refer you to another mental health professional for a second opinion.

### **MEETINGS**

Your therapist normally conducts an evaluation that will last from 2 to 4 sessions. During this time, you can both decide if the therapist is the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, we will usually schedule one 55-minute session per week at a time we agree on, although some sessions may be longer or more frequent.

Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation (unless we both agree that you were unable to attend due to circumstances beyond your control). There is a **\$70 no-show/cancellation fee (without a 24 hour notice) for broken appointments**. If it is possible, your therapist will try to find another time to reschedule the appointment that week. Please understand that if there are two no-shows or late cancellations (without a 24 hour notice) in a row, we will have to cancel future appointments until you can discuss progress and goals with your therapist. This same rule applies to session payments.

## **PROFESSIONAL FEES**

Our fees for Associate level clinicians are **\$125 for a standard 55-minute therapy session**, and **\$187.50 for a standard 85 minute session**. In addition to weekly appointments, we charge this amount for other professional services you may need, though we will break down the hourly cost if we work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of your therapist. If you are utilizing sliding scale services, your agreed upon session rate will be decided between you and your therapist. **We DO NOT participate in court cases.** If you become involved in legal proceedings that require our participation, you will be expected to pay for the therapist's professional time even if he/she is called to testify by another party. (Because of the difficulty and complexity of legal involvement, we charge **\$350 per hour for preparation and attendance at any legal proceeding.**)

## **BILLING, PAYMENTS, AND INSURANCE**

You will be expected to pay for each session at the time it is held, unless you and your therapist agree otherwise. Payment schedules for other professional services will be agreed to when they are requested.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information we release regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

Clients utilizing their insurance benefits are expected to pay their copay at the time of each session. Please note that mental health benefits are based on medical necessity, and are limited by the exclusions of the health care policy. This means that payment is not always guaranteed for each client. We will submit claims for client sessions with whom we are in-network with their insurance company, and provide superbill receipts for those with whom we are out-of-network. If an insurance company denies a claim due to any reason other than a claim submission error, the client will be responsible for the total amount due for the allowed provider rate for that session. We recommend that you contact your insurance company prior to beginning sessions with us in order to obtain and understand the benefit details for your specific mental health plan.

## **CONTACTING YOUR THERAPIST**

Your therapist may not always be immediately available by telephone. Your therapist will not answer the phone when we are with a client unless there is an extenuating circumstance. When your therapist is unavailable, you may leave him/her a voicemail. He/she will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform your therapist of some times when you will be available.

If you are unable to reach your therapist and feel that you can't wait for a returned call, contact your family physician or the nearest emergency room and ask for the psychologist/psychiatrist on call. You may also call 512-472-HELP (4357) for immediate assistance. If your therapist will be unavailable for an extended time, he/she will provide you with the name of a colleague to contact, if necessary.

## **PROFESSIONAL RECORDS**

The laws and standards of this profession require that we keep treatment records. You are entitled to receive a copy of your records, or we can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, we recommend that you review them in the presence of your therapist so that he/she can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

Due to the nature of these records containing information that can be misunderstood by someone who is not a mental health professional, it is our general policy that clients do not review them; however, at your request we will provide a treatment summary unless we believe that to do so would be emotionally damaging. If that is the case, we will be happy to send the summary to another mental health professional who is working with you.

## **MINORS**

If you are under eighteen years of age, please be aware that the law may provide your parents/legal guardians the right to examine your treatment records. It is our policy to request an agreement from parents that they agree to give up such access to your records in order to promote confidentiality. If they agree, your therapist will provide them only with general information about your work together, unless your therapist believes there is a high risk that you will seriously harm yourself or someone else. In this case, your therapist will notify them of any concerns. He/she will also provide them with a summary of your treatment when it is complete. Before giving them any information, your therapist will discuss the matter with you, if possible, and do his/her best to handle any objections you may have with what is to be discussed.

## **SUPERVISION**

As a Licensed Professional Counselor Associate or Licensed Marriage and Family Therapist Associate, your therapist will be supervised by Brittany Neece, LPC-S, LMFT-S. She is a Texas state board certified supervisor for both LMFT-Associates and LPC-Associates. Your therapist receives clinical supervision during the time that he/she is accruing state requirements to advance in licensure. Often, cases are discussed with Brittany Neece as well as colleagues for the purposes of professional consultation. This is an established practice in the field of psychotherapy and is helpful to your treatment in that it allows you to benefit from the expertise of other mental health professionals as well. Your therapist makes every effort to keep identifying information private, and the supervisor and colleagues are bound to the same standards of confidentiality as the therapist.

You may contact Mrs. Neece via phone or email if you have any questions about this process:

Brittany Neece, LPC-S, LMFT-S

4131 Spicewood Springs Rd. Suite M-1

Austin, TX 78759

512-814-6027

[brittany@atxcounselors.com](mailto:brittany@atxcounselors.com)

## **CONFIDENTIALITY**

In general, the privacy of all communications between a client and a therapist is protected by law, and we can only release information about the therapy to others with your written permission. But there are a few exceptions you need to know about.

In most legal proceedings, you have the right to prevent your therapist from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order the therapist's testimony.

There are some situations in which your therapist is legally obligated to take action to protect others from harm, even if he/she has to reveal some information about a client's treatment. For example, if the therapist believes that a child, elderly person, or disabled person is being abused, a report with the appropriate state agency must be filed. This is an absolute requirement.

If the therapist believes a client is threatening serious bodily harm to another, he/she may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, the therapist may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. The therapist will insist that this client sign a no-harm contract that they will review together. If a similar situation occurs, your therapist will make every effort to fully discuss it with you before taking any action.

Therapists may occasionally find it helpful to consult other professionals about a case. During a consultation, the therapist makes every effort to avoid revealing the identity of any client. The consultant is also legally bound to keep the information confidential. If you don't object, we will not tell you about these consultations unless we feel that it is important to the therapeutic work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you discuss any questions or concerns that you may have with your therapist at your next meeting. The therapist will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and we are not attorneys. If you request, we will provide you with relevant portions or summaries of the state laws regarding these issues.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during the professional relationship with your therapist, and with the practice.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date