Welcome!

This letter will provide you with logistical information about my policies and procedures.

Potential Benefits of Therapy:
Benefits of therapy may include increasing mindfulness and self-awareness, overcoming specific problematic symptoms/behaviors, identifying your values and your direction in life, and finding resolution to the concerns that brought you to therapy. These benefits are best achieved when you assume an active role and apply what is learned to your life.

Potential Risks of Therapy:
Before we begin, you should understand that there is a possibility that you will experience uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other difficult feelings as part of the healing process. You may recall traumatic and difficult memories. Relationships can be impacted, and problems may temporarily worsen after the beginning of treatment. This is a natural and expected part of the healing process.

_____ (initial)

Scheduling and Appointment Policies
Attendance Policy: As the therapeutic process requires regular attendance, to hold your regular appointment you are expected to attend consistently. If you miss 40% or more of your appointments over a 2-month window you will forfeit your regular appointment timeslot.

Late Policy: If you are going to be late, please notify me as soon as possible. If you are more than 20 minutes late, you will be subject to the cancellation policy and forfeit your appointment.

Cancelation Policy: If you need to cancel and reschedule an appointment, please provide 24-hour notice prior to your appointment (By Friday for Monday appointments). **If you cancel after that time, it will result in a $60 canceled appointment fee.** If you are sick or there is an emergency, this fee may be waived.

No Call/No Show Policy**: If you do not cancel your appointment prior and do not attend your scheduled appointment, you will be charged $120.** If you do not contact me within 24 hours, all future appointments will be cancelled, and you will forfeit your regular timeslot. If this happens more than once, you are subject to discharge from care.

_____ (initial)

Confidentiality:
I will keep confidential anything you disclose to me, with the following exceptions:

a) You direct me to tell someone.
b) When there is risk of imminent danger to you, me or to another person.
c) When there is suspicion that a child or vulnerable adult is being abused or at risk.
d) When a valid court order is issued for medical records.

_____ (initial)

Insurance & Billing
Out-of-Pocket rates: My out-of-pocket fee is $150 per hour (53-55 minutes) session. You are entitled to a Good Faith Estimate before starting services.

Insurance: I am an in-network provider for Aetna, Optum, Cigna, and insurance providers under those umbrella companies, but all individual plans are different, and your plan may not be covered. If you are planning on using your insurance for coverage, please make sure you are aware of your mental health benefits and contact your insurance provider directly. Alma or Headway will handle billing and collect your co-pay. Notify me as soon as possible if you have made any changes to your policy to avoid billing problems or claim denials. **You are responsible for all payments**. **If insurance rejects your claims, you are responsible for the out-of-pocket rate.**

Out of Network: If you are going to submit your claims out of network to your insurance for reimbursement, I will provide regular invoices or superbills, no charge.

Outside consultation with doctors, schools, agencies, courts, etc. will be charged $40 per 15 minutes including any time required to collaborate with your provider and/or prepare any necessary documentation. This is not covered by insurance.

Medical Records Request: A medical records request to another provider (i.e.: doctor, lawyer, etc.) is a flat rate charge of $20. An authorized release of information is required.

Outstanding Balances: Services will be paused if you have more than one outstanding copay or if the balance owed exceeds the cost of one session.

You agree to pay costs incurred, including your co-payment, and expenses not covered by your insurance. You agree to have a valid credit card on file for payments. You will be terminated as a client if you fail to make payment for services.

_____ (initial)

Therapeutic Relationship
Our relationship is strictly professional and therapeutic and is the only type of relationship we may have. Any gifts, bartering, and/or trading for services are not considered appropriate. If I should see you outside of our scheduled sessions, I will not approach you, but you may approach me and say hello.

Therapist Limitations
To protect our therapeutic relationship, I will not serve as a witness in any disputed civil or family court cases such as divorce or child custody. I will not communicate through social media due to confidentiality concerns. I will not accept any friend requests or engage with you on these sites.

_____ (initial)
Contact Outside of Sessions

I will contact you by email or text message to make any appointment or scheduling changes. Messaging, phone calls, and email are confidential and meet standards of HIPAA compliance.

As I am in session with other clients, I will not be able to respond immediately. Emergency phone calls less than 10 minutes are free. Longer phone calls will be billed at the prorated hourly rate per 15 minutes.

I do not respond to phone calls, texts, or emails before 8am and after 4:30pm until the next business day, Monday through Friday. I am not available on weekends or holidays. I will return all messages when I am back in the office during regular business hours.

_____ (initial)

Termination of Care
I agree to make reasonable efforts to ensure proper continuation of care. In the event termination occurs prior to the completion of client-stated goals, I will provide at least 3 referrals to other counseling providers if requested. If I am unable to reach you, I may attempt to make contact by phone, e-mail, or mail. After 30 days without contact, I will officially close your therapy file. If clinically appropriate, your file can be reopened, and you can resume care when you are ready.

_____ (initial)

Complaints:
To file a formal complaint against a licensed professional you may contact the licensing board:
Texas Behavioral Health Executive Council - Texas State Board of Examiners of Social Workers
Complaints Management and Investigative Section
https://www.bhec.texas.gov/discipline-and-complaints/index.html
1801 Congress Ave, Ste 7.300 Austin, TX 78701
Investigations/Complains 24-hour, toll-free system: 1-800-821-3205

Emergency/After Hours: If you have a life-threatening crisis, please call 911. Help is also available 24 hours at the Integral Care Crisis Hotline (512-472-4357), Suicide Crisis Hotline (988), or Domestic Violence Hotline (800-799-7233),

By signing below, I confirm that I have read and understand the above, and I agree to the policies and procedures.

_____ _____
Signature Date

_____
Print Name