



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 may 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.

Cancellation Policy: If you need to cancel and reschedule an appointment, please provide notice by 3pm the business day prior to your appointment (Friday by 3pm 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 is waived. If you reschedule the same week, the fee is 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.** After the first instance, all future appointments will be cancelled, you forfeit your regular timeslot, and will need to contact me to reschedule. 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 60-minute session and \$210 per 90-minute session. You are entitled to a Good Faith Estimate before starting services.

Insurance: I am an in-network provider for Aetna, Optum, Cigna, BCBS of TX, and insurance providers under those umbrella companies. 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, but **you are responsible for all payments**. Notify me as soon as possible if you have any changes.

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 at \$40 per 15 minutes including any time required to collaborate with your provider and/or prepare any necessary documentation. This is not typically covered by insurance.

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 is 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 do not provide letters for emotional support animals as that is out of my scope of practice.

_____ (initial)

Contact Outside of Sessions

You can call, text message, or email me if you need to reach me. 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 a prorated hourly rate.

I do not respond to phone calls, texts, or emails before 8am and after 5:30pm 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.



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)

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 agree to make reasonable efforts to 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 two weeks without contact, I will officially close your therapy file. Your file can be reopened, and you can resume care when you are ready to return.

_____ (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.

TRISHA CUPERO, LCSW

Signature

Date

Print Name