



Client Informed Consent

The decision to seek therapy is an important and personal one. This information sheet has been designed to give you an idea of what it will be like to work with us.

We provide both short and long-term psychotherapy with individuals, couples, and groups. Our approach to the therapy process is a collaborative one in which you are encouraged to be an active participant and take responsibility for setting goals, attending sessions, and working. Progress depends on many things, such as motivation, honesty, and effort. Our clinicians work from various theoretical orientations, but we are known for combining an understanding of neurobiology and mindfulness with the belief that our experiences in past and present relationships, and the things we learn from them about others and ourselves, play a central role in causing and maintaining the issues brought to therapy. We need help creating new experiences and perspectives to unlock our natural resilience and growth potential. Your time in therapy is your time to explore your feelings, your thoughts, your past experiences and current circumstances—and the interplay between these. We encourage you to speak freely with your therapist about any concerns or questions you have about treatment.

CONFIDENTIALITY

We regard the information you share with us with the greatest respect, so we want to be as clear as possible about how it will be handled. In general, everything that you share in therapy is confidential. Texas state law mandates these additional exceptions to our confidentiality: 1) If you are a danger to yourself or someone else; 2) If you are a minor, or an elderly or disabled person, and you divulge information indicating that you have been a victim of abuse, or you divulge information about another such person who is the victim of abuse; 3) If my records are subpoenaed by the courts, such as in child abuse or a child custody suit; 4) If you divulge a history of having been sexually abused by a previous therapist; and 5) If you file a suit or complaint against us, we may disclose relevant information from our records in our defense.

Austin Professional Counseling, PLLC, is a team of clinicians who coordinate and consult with one another in order to provide the best care possible to our clients. If your clinician is a postdoctoral fellow or masters-level intern, he or she is required to share your case with his or her clinical supervisor, under whose license your therapy is occurring. If your therapist is under formal supervision, the supervisor's name and contact information is on your therapist's business card so that you can contact him or her with any concerns that arise related to the therapy you are receiving.

APPOINTMENTS, FEES, & PAYMENTS

Generally, appointments are scheduled on a weekly basis. However, they may be scheduled more or less frequently depending on your preferences and your therapist's recommendation. **If you decide to change a scheduled appointment, contact us at least two days in advance so that we will have the opportunity to fill that slot with someone else. You will be charged for appointments that are not canceled at least 48 hours in advance, as that time has been reserved for you. We cannot bill insurance for these missed sessions so you will be billed at the regular, non-insurance rate.** The fee for a 45-minute session will depend on your clinician's degree, license and years of experience. For specific information about your clinician's fees please contact our billing department at (512) 469-0889.

Payment by cash, check or credit card is due at the time of service, unless prior arrangements have been made. When a longer or shorter session is required, the base session fee is prorated. Couples, for instance, sometimes prefer hour-long sessions, as do some individual clients. If other services, such as report writing, telephone conversations, consulting with other professionals with your permission, and preparation of records or treatment summaries, take an unusual amount of time, there will be a charge for them as well. Accounts are considered delinquent after 30 days of non-payment. Late payment will be discussed in therapy, and, if it continues to be a problem, will result in the discontinuation of treatment until the balance is paid.

EMERGENCIES

In the case of an emergency, please call the 24-hour Emergency Hot Line at 512-472-HELP or 911.

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) provides clients with several new or expanded rights with regard to your clinical record and disclosures of protected health information. Signing below indicates that you have been offered a copy of the "Notice of Privacy Practices" which explains the policies used and your rights related to your protected health information, and that you agree to the terms it delineates during our professional relationship.

Your signature below indicates that you have read and understood the information presented in this document and are consenting to these policies.

Client's Printed Name

Client's Signature

Date