**LivingWell Psychotherapy Inc.**

**Client Agreement and Informed Consent Form**

Welcome to LivingWell Psychotherapy Inc. I am glad you have decided to begin or continue your journey of therapy and emotional recovery. I appreciate the opportunity to work with you and hope to help you meet your goals of personal healing and development. This document is intended to provide you with basic information about my qualifications, treatment approach, services offered and hopefully answer any questions you may have about what to expect from the counseling process.

I am a Licensed Professional Counselor (LPC) with the state of Texas. I received my Bachelor's degree in Psychology and my Master’s in counseling from the University of Houston. I completed my practicum at the VA Hospital and Interned with the VA under the direction of Baylor College of Medicine. The treatment approach I primarily use is Cognitive Behavior Therapy (CBT) to assist individuals in recognizing how their thoughts and feelings can influence their behavior. I also teach a self-parenting approach that I learned studying under Pia Mellody where clients learn to self-nurture and to develop into successful functional adults.

Therapy is a place to identify and build on current strengths, learn problem solving strategies, develop or enhance coping skills, learn more effective ways to communicate with others and receive support and feedback. The counseling relationship is designed to be one that will facilitate change and growth.

During our first session (intake session), I will gather information about your history, current strengths, struggles/areas of concern and your goals for treatment. This will be a time for you to ask any questions that you may have and to determine if you wish to proceed with ongoing therapy. I strongly believe that individuals should feel comfortable with the therapist that they choose and hopefully, about therapy. In the next several sessions you will have the opportunity to share your thoughts, feelings and perceptions and to request assistance about certain situations/issues.

The length and frequency of our therapy together will be determined by your specific needs and goals. We will periodically evaluate your satisfaction and progress. If at any time you have questions or concerns regarding fees, services, or the direction of our sessions, please do not hesitate to address them with me. I welcome any questions and feedback. In the later stage of therapy, we will meet less frequently in preparation for termination. Although you may terminate your therapy whenever you wish, it is very helpful to have at least one session together to summarize your progress, define the work that remains and to say good-bye.

Counseling can have benefits and risks and it is important to consider both when making any treatment decisions. Since therapy involves discussing unpleasant aspects of your life, there is a risk that you may experience temporary uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. Counseling has also been shown to have many benefits including improved relationships, a significant reduction in feelings of distress and resolutions of specific problems. I am unable to make any guarantees about how the therapy process will be for you, specifically.

**Minor clients:**

If you are the parent or guardian and are requesting services for your child/adolescent under the age of 18, I will need your permission to provide counseling services to him/her. Keep in mind while you have the right to question and understand the nature of your child/adolescent’s sessions, treatment is usually more effective if your child/adolescent has some privacy. It is therapeutically important that your child/adolescent develops a level of trust with me so if you agree, I will only provide you with a general overview of each session along with your child’s level of participation and progress. However, there are limits to confidentiality (provided on a separate sheet).

**Office Policies, Procedures and Fees**

**Fees/Payment:**

* The fee for each therapy appointment is **$120** and due at the time of service.
* Our office will file with your insurance company as a courtesy to you.
* If our office is “in network” the fee is reduced based on our contract with your insurance company. In such cases, your insurance company will pay a portion of the cost of your therapy per session and the remainder (co-pay) will be due and collected at the time of service.
* Agreed upon payment is due at the time of service. Your insurance company will be billed for the services; however, you are ultimately responsible for the full payment of our fees.
* Accepted forms of payment include cash, check, and credit cards.
* There will be a **$35** charge for any returned checks.
* Sessions will be 50 minutes long.
* Phone Calls – Fees: A phone call that requires more than 10 minutes will be billed as follows; 15 minutes = **$25**, 30 minutes = **$50**, 45 minutes = **$75**, 60 minutes = **$100**. These are not paid by insurance and you will need to arrange payment with our office directly to accommodate your needs.
* There is a fee for additional paperwork such as letters or forms. Simple letters and forms (one page) = **$35**. Documentation requiring supporting clinical review (letter of diagnosis with symptomology) = **$ 75**. Court letters or forms = **$125**.
* Court appearances = **$125** an hour beginning the time listed on the court document for reporting and concluding when dismissed by the judge and/or lawyer from the court house. A three hour base fee well need to be paid in advance prior to the court date and any difference will be settled afterwards (**$375)**.
* Court prepared records – Documentation prepared for court appearances are as follows; copy of the clinical record = **$75**. Standard administration fee to prepare for court = **$35**. All court fees charged by the court to submit records will be assumed by the client.

**Cancellation Policy:**

If you need to reschedule or cancel an appointment, please contact the office as soon as possible. Not doing so takes away the opportunity to give that appointment to another client. Insurance companies do not pay for missed appointments; therefore this fee will be solely your responsibility. We understand that emergencies happen and will be happy to work with you in those situations if you communicate with us.

* Appointments cancelled/rescheduled with **less than 24 hours’** notice will be charged **$30**.
* No-shows/ No-calls will be charged **$30**.

One paid no-show may be allowed; however, after the second occurrence the office of LivingWell Psychotherapy Inc. may choose to refuse the scheduling of future appointments.

* Appointments cancelled/rescheduled **at least 24 hours prior** to the session time will not be charged.

**Limitations**:

* If you are in family counseling, We cannot guarantee confidentiality will be maintained by other family members.
* If you are a child (under 18 years of age) or unable to voluntarily consent, a

guardian must give written consent and can access your records.

* If you choose to file insurance or work with a managed care company,

information regarding your treatment, diagnosis, prognosis, and the specific issue for which you have come to treatment are available to the insurance or managed care company. We make every effort to release only the minimum information necessary for the purpose requested. Once this information is given to the insurance or managed care company, however, we have no control over how the information is used.

* You will be asked to sign a release of information if records are requested from

us. You have the right to deny the release of information.

* If there is payment owed to LivingWell Psychotherapy, Inc. you will receive a letter. If payment is not made within two weeks of the letter, your name, address and amount owed will be released to a third party for collections.

I am a Licensed Professional Counselor with the State of Texas and services provided will be in accordance with the Code of Conduct for LPC’s as set forth by the LPC Licensing Board. If you have concerns about our counseling relationship, I encourage you to address them with me directly. For licensure and compliance information, you may call: (512)837-6658, or write to Texas State Board of Examiners of Professional Counselors, 1100 W. 49th Street, Austin, TX 78756-3183.

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I have read and fully understand this document. All questions that I had have been answered to my satisfaction and I recognize that I have the opportunity now and in the future to discuss any question I may have with my counselor. I agree to the policies, procedures and fees explained herein. I agree to accept counseling from you and am voluntarily signing this form.

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Printed Name

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Client Signature Date

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**If the client is a MINOR list the name of the minor child here:**

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Name of Child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian and/or managing conservator (Printed Name)

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Guardian and/or managing conservator (Signature) Date

I declare that I am the legal guardian and/or managing conservator of the above

named child and grant permission for his/her psychological treatment.

PLEASE NOTE: IF YOUR CHILD HAS BEEN INVOLVED IN A COURT RELATED CUSTODY HEARING RESULTING IN LEGAL DOCUMENTS, ALL RELAVANT DOCUMENTS MUST BE SUBMITTED TO OUR OFFICE PRIOR TO TREATMENT. (I.E., DIVORCE DECREE, CUSTODY AGREEMENTS, STANDARD VISITATION ORDERS, CPS SAFETY PLAN, OR ADOPTION CONTRACT).