

Passage Counseling

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Informed Consent – Teletherapy- Privacy Policy - Financial Agreement -Therapy Agreement

Welcome! This document answers many questions clients often ask about therapy. It explains procedures, expectations, financial policy, and cost, and lastly privacy policy. After reading and fully understanding its contents, you will be asked to sign the agreement. If you would like a copy for your records/reference please, ask your therapist.

ABOUT THERAPY

Seeking help through counseling/therapy is a wonderful way to gain new clarity as well as obtain practical tools to support you in your daily living and in navigating life transitions. Because you will be investing time, energy, and money, it is important to choose a therapist with whom you are comfortable.

Our work together will focus on wellness and increasing overall life satisfaction. Utilizing a problem-solving/skill building approach, we will work together to identify developmental and/or life issues and concerns with which you may be dealing with. We will work to identify useful skills to help you address your problems. We will devise a plan to help you incorporate your new skills into your daily living. Homework may be assigned which you will be asked to complete as a means of moving toward the achievement of your goals.

Although no counselor/therapist can ethically guarantee achievement of goals, it has been our experience that the more you put into the process, the better the chance for positive, lasting results. Because the work that we do is a process and often has accumulative effect, it can be helpful to commit to a minimum of at least six sessions.

While you most likely will experience gains in as little as one session, it takes longer for deeper work. You and your therapist have the right to terminate this agreement at any time. At least one session's notice is helpful for all involved, should the decision to terminate, by you or the therapist, occur. This allows for closure. If needed, you will be provided with the names and phone numbers of other qualified counselors/therapists.

What to expect from our relationship: Services are best provided in an atmosphere of trust. You expect us to be honest with you about your problems and progress, and we expect you to be honest with us about your expectations for services, your compliance with advice from your therapist and any other treatment issues. As a Licensed Professional Counselor (LPC), Licensed Professional Counselor Associate (LPC-Associate) or a Master's Level Practicum Student, we will use our best knowledge and skills to help you achieve your goals. Our duty is to care for you and our other clients, but only in the professional role of counselor/therapist. Ethically, we are bound to avoid "dual relationships". We are not able to advise you from other professional viewpoints such as law, medicine, finances, etc. We must honor confidentiality (excluding the areas mentioned in the confidentiality exceptions). To maintain privacy, we do not reveal the identities of our clients without their consent. Therefore, if we meet on the street, we may not say hello or talk to you very much. This would not be a personal reaction to you, but rather an effort to maintain the confidentiality of our relationship. Lastly, we cannot socialize or have a romantic relationship with any of our clients and cannot provide counseling/therapy to any family members or friends.

The benefits and risks of counseling/therapy: There may be some risks as well as many benefits with counseling/therapy. You should think about both the benefits and risks when making any treatment decisions. For example, there is a risk that you will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other such feelings. You may recall unpleasant memories which may bother you in settings outside of our sessions. You may receive feedback from some people who mistakenly suggest participating in this process is a sign of weakness. (By the way, we believe investing in your personal growth is a sign of courage and strength!)

Also, this process has the potential to impact your relationships with people who are important to you such as members of your family. You may experience a temporary worsening of problems after beginning, although this passes as you learn new skills and increase your self-confidence in applying them. Most of these risks are to be expected when making important changes in your life. Finally, even with our best efforts, there is a risk that counseling/therapy may not work out well for you.

While you consider these risks, you should also know the benefits of counseling/therapy have been scientifically researched and validated. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. Through this work, you will have a chance to talk things out fully until your feelings are relieved or your problems are solved. Your relationships and coping skills may improve greatly, increasing your overall satisfaction. Your personal goals and values may become clearer. You may find yourself growing in many directions and experience an increased ability to live authentically and fully enjoy your life.

CONFIDENTIALITY

All information shared in a session is held in the strictest confidence according to state board regulations.

The following are exceptions:

- 1) Legal obligation such as child or elder abuse, court subpoena, cooperating with law enforcement officers, etc.,
- 2) Suspected personal danger to yourself or an identifiable victim
- 3) Information required by insurance companies for payments (for which you consented)
- 4) Information provided to parents if the client is a minor
- 5) Valid collection of a debit
- 6) Consultation with other professionals to aid in the counseling/therapy process (identifying information will be withheld unless written permission is given). Release of information to other individuals, agencies, or professionals may only be done with your written consent.

TELETHERAPY

Teletherapy may be used at Passage Counseling of Cypress, PLLC as part of my psychotherapy/counseling. Teletherapy refers to diagnosis, consultation, treatment, and client education using interactive audio, video, or data communication via electronic technology.

- The HIPAA-compliant platform we use is Sessions. I send you a link to our Sessions Virtual Waiting Room. You will need to log in at the time of your appointment. Once I am ready for your session, I will invite you into the session. The sessions are not recorded nor saved.
- However, if technical issues arise, we may use other platforms like a phone call, text, Facetime, Zoom, etc. These are NOT HIPPA compliant. I will ask for verbal consent at that time and it will be documented.
- I understand I will need access to good broadband Internet connection or a smart phone device with solid cellular connection for these services. I am solely responsible for any cost to obtain necessary equipment, accessories, or software to take part in Teletherapy services.
- I understand that in the case of technology failure, I will attempt to re-establish connection with my therapist within my allotted appointment time. If I am unable to establish the connection, I will contact my therapist to reschedule my appointment or to coordinate alternative methods for treatment.

TELETHERAPY RISKS TO CONFIDENTIALITY

I am expected to participate in my Teletherapy sessions from a safe, confidential location that will ensure privacy and minimize noise/ distractions. I will provide my location at each session and announce any/all other individuals who are present or within ear shot of sessions. I further understand that my sessions may be deemed inappropriate to continue by the therapist due to any distractions or issues with confidentiality that are present. I understand the risks unique and specific to Teletherapy services, despite reasonable efforts by your therapist, which may include potential of therapy sessions and communication becoming distorted, disrupted by technology failures; or sessions becoming accessible to unauthorized persons.

LEGAL MATTERS

Should you ever become involved in a divorce or custody dispute, we will not provide evaluations (written or otherwise) or, per Texas state board rules, expert testimony in court. You should hire a different/neutral mental health professional for any evaluation or testimony you require. This position is based on two main reasons. 1. Our statements will be seen as biased in your favor because we have a counseling/therapy relationship, and 2. The testimony may affect the counseling/therapy relationship, and we must put this relationship first. This applies to all clients regardless of age. All time requested from you, in writing, to speak with your legal counsel will be billed at after hour rates and will need to be paid in full, by you as the client, prior to the scheduled time unless previously negotiated with your therapist.

If, as part of your session work you create/provide to us records, notes, artworks or any other documents or materials, we will return the originals to you at your written request but will retain copies. You have the right to review or get copies of your personal health information with limited exceptions. You must submit a written request and allow

a reasonable time frame (maximum of 30 days) for compliance. If you are concerned that we have violated your privacy rights or disagree with a decision we have made regarding access to your personal health records, please inform us immediately. You also may submit a written complaint to the US Department of Health and Human Services.

Violations: in our practice we follow the professional code of ethics of the American Counseling Association. Any violations of the Licensed Professional Counselor Act should be reported to: Texas State Board of Examiners of Professional Counselors, 1100 West 49th Street, Austin, Texas 78756-3183, 512-834-6658.

OFFICE HOURS/APPOINTMENTS

Contact your individual therapist for office hours, days, and times. You may ask to have the same time each week for your appointment. We will do our best to accommodate your request, as certain time slots are in demand and fill quickly.

When in session with a client, we will not be able to take phone calls. Please leave a message with our office staff or via voicemail. Since a typical session is 45 minutes in length, we use the remaining 15 minutes of the hour to return phone calls, complete paperwork, and address any self-care needs. We make every attempt to return calls daily. Emergency calls may be taken after hours and charged the "after hour" rate. As we honor and value our personal self-care time and time with family, we ask that you limit after hour calls to emergencies only.

PAYMENTS

Payment in full for all professional services is due at the time of the service. You (or parent/guardian) are directly responsible for payment. Fees may be adjusted individually, based on the needs of the client when agreed upon by the provider. Please consult with your individual therapist for payment options. Credit cards and cash are also accepted as is HSA (health saving account) cards and checks. Checks should be made payable to your individual therapist. It is helpful to have checks made out before the session begins. Returned checks are subject to a \$35 service fee which must be paid prior to the next appointment, and future payments will be required to be made with credit card, cash, or money order. Because payment is due when services are rendered, we usually do not send bills. If, however, a situation necessitates that you be billed, please remit payment within five days of receiving the invoice. Should payment problems arise, they must be worked out openly and quickly. Such problems can greatly interfere with counseling/therapy progress and our working relationship.

Insurance: Our therapists are considered out of network practitioners. You may be eligible for out of network benefits, but you will need to research the extent of your coverage to make this determination. Insurance benefits may only apply to the counseling/therapy services which we provide as a Licensed Professional Counselor. You are responsible for completing and filing the necessary paperwork for insurance reimbursement. We will provide you a receipt, called a superbill, for services rendered upon request. Please let us know if you intend to access your insurance benefits as additional information, such as a specific diagnosis, if determined to be present, is usually required. You are also responsible for keeping track of your benefit requirements/limitations such as the number of sessions allowed per calendar year, authorized time periods, and so on. Please be aware we have no control or responsibility for confidentiality procedures employed by your insurance company. Should you choose insurance as an option, we may be required to provide the company with your personal health information, which includes history as well as your current status, for you to be reimbursed. You must give written permission for the release of your personal health information.

EMERGENCIES

As a rule, our practice is not crisis oriented in nature. If you feel you will need more intensive after hours support on a regular basis, please inform us during our first session. We will be happy to help you locate a provider whose practice is more suited to on-going crisis intervention.

For an emergency, please attempt to contact your individual therapist. If we cannot be reached immediately by phone, you, your family member, or friend should call the

**HOUSTON CRISIS HOTLINE at 713-468-5463, DIAL 911, or
GO/BE TAKEN TO THE NEAREST HOSPITAL EMERGENCY ROOM.**

TELE THERAPY CRISIS MANAGEMENT PLAN

Furthermore, I understand if deemed necessary, my therapist may request a Welfare Check to be completed by contacting local authorities and/or 911. My therapist may also make recommendations for in person appointment. I understand that in the event of an emergency/crisis, or if the therapist is unable to clearly determine factors to ensure my own safety or that of someone else in the middle of my session, my therapist has the right to contact the individuals listed on my In Case of Emergency Contact Information form.

FEES

The practitioners at Passage Counseling of Cypress, PLLC are independent contractors, and each set their own session rate. We do offer services for individuals, families, couples, play therapy, art therapy, and group therapy sessions. Each type of session is different in length ranging from 45 minutes to 120 minutes. Please check with your therapist for your specific session length and fee.

Your session length is 50-55 minutes and the fee for this session is \$130.00.

All professional time will be billed for the rate of \$2 per minute. This includes writing or reading reports or letters on your behalf, scoring of rating scales/evaluations, consultation/phone calls, email communication, extended sessions, copying/ mailing of records, off-site observations (including traveling time), etc. While there is no charge for calls to schedule/change appointments, inquire about services, etc., after hours consultation calls are charged 150% of the usual rate.

Your session time is for you and is taken seriously. You are contracting for the time you have scheduled. Please arrive at your scheduled time, as appointment times do not allow for time extension beyond your originally scheduled appointment. Please make every attempt to attend your scheduled sessions. Twenty-four (24) hours’ notice is required to cancel an appointment. To maintain consistency from one client to another and to maintain flexibility to be able to meet with clients in a timely manner, exceptions (excluding unavoidable emergencies) will not be made. If an appointment is not canceled 24 hours in advance, you will be charged the FULL AMOUNT for the session. This helps to eliminate “no shows” and insures maximum appointment availability for you.

AGREEMENT

I, _____, confirm that I have read, or have had read to me, in its entirety, this document. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the policies and procedures listed in this document. I understand that no specific promises have been made to me by the therapists at Passage Counseling of Cypress, PLLC about the results of treatment, the effectiveness of the procedures used by them, or the number of sessions necessary for therapy to be effective. I understand that after therapy begins, I have the right to withdraw my consent at any time, for any reason. I will make every effort to discuss my concerns about my progress with my therapist before making the decision to end therapy.

I, _____, consent to participate in Teletherapy services with Passage Counseling of Cypress, PLLC and agree to policies listed in this document. I read and understand the risks associated with Teletherapy. I understand that not all platforms we may use are HIPPA Compliant. I have discussed the policies with my therapist and have had the opportunity to ask any questions I may have regarding about Teletherapy services prior to participation.

I hereby agree to enter in a professional working relationship, as detailed above, with a Passage Counseling of Cypress, PLLC therapist, (or have my minor child enter), and to cooperate fully to the best of my ability, as shown by my signature here.

Signature of Client (Parent/Guardian)

Date

Having met and discussed with this client (and/or client’s parent/guardian) the policies and procedures outlined in this document and having responded to all questions posed; we believe this person fully understands the information presented. We find no reason to believe this person is not fully competent and capable, legally, or otherwise, to give informed consent. Therefore, I, Passage Counseling of Cypress, PLLC therapist, agree to enter in a professional working relationship, as detailed above, with this client as shown by our signature here.

Signature of Therapist

Date