

HCS : Counseling & Guidance, PLLC

Client Information and Office Practices and Policies

I am pleased you have chosen me as your therapist. This document is designed to inform you of my background and to ensure you understand our professional relationship. I am a Licensed Marriage and Family Therapist (LMFT) with technical training and clinical experience working with children, adolescents, adults, couples, families, and groups. I hold a Master's Degree in Family Therapy from the University of Houston-Clear Lake, and I am certified as an Anger Resolution Therapist.

Goals of Therapy. My main focus is to help you achieve your goals for therapy. Although therapy begins with the hope that your life and relationship(s) improve, there is no guarantee that this will occur. I do not take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about our progress. I believe that as people become more accepting of themselves, they are more capable of finding purpose and peace in their lives. However, self-awareness and self-acceptance are goals that may take a while to achieve. Some clients need only a few counseling sessions to achieve these goals, while others may require months or even years of counseling. Therapy is a joint effort between the psychotherapist and the client. As with any powerful treatment, there are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions. Emotional experiences are to be expected when people are making important changes in their lives. Progress depends on many factors including motivation, effort, and other life circumstances such as interactions with family, friends, and other associates. We can discuss all of these things together.

Risks of Treatment. Medicines often have side effects related to their use; in a similar manner, there are risks associated with seeking psychological services. For example, as you begin treatment, you may become more anxious. Initially, you may feel reluctant to talk about personal problems with someone you have just met, but this feeling tends to decrease as you become more familiar with your therapist. Although a majority of people report benefits from psychotherapy, a minority feel their condition worsened in the process or conclusion of therapy, especially if the process was terminated before therapeutic goals were met.

Appointment Times. After the initial visit, appointment times are limited to 50 minutes unless special arrangements are made. There may be times of discomfort and vulnerability outside our scheduled time in which you may want to reach me. Please know that conversations on the phone must be limited to crisis situations, and any consultation time beyond 15 minutes will be billed accordingly to the client. I do not have support staff, therefore, remembering appointment times, and understanding that expedient call backs are sometimes not a possibility is greatly appreciated.

Fees. The standard fee for a 50 minute psychotherapy session is **\$80** for individual therapy sessions, **\$100** for couple or family sessions, with an initial consultation/evaluation session fee of **\$70** for individual sessions and **\$90** for couple or family sessions; longer sessions will be pro-rated accordingly. I do not currently accept insurance, so all payments are billed directly to the client. I accept cash, personal checks, and all major credit/debit cards. I do provide discounted rates for

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certain eligible clients. Payment for services is expected at the time services are rendered. If you require special payment arrangements, you may consult with me. There is a \$25 service charge for returned checks.

Cancellations & Missed Appointments. When an appointment is scheduled, the therapeutic hour is reserved for you, therefore, you are *financially responsible for the session missed unless a 24-hour notice is given*. You will be sent an invoice for the missed session within 1 business day. If you miss two consecutive appointments without notification, I will assume you wish to terminate.

Confidentiality. The information you provide to me is confidential and will generally be released to others only with your written consent. It is your legal right that our sessions and my records about you be kept private. In general, I will tell no one what you tell me. I cannot and will not even reveal that you are receiving treatment from me. However, law requires me to disclose confidential information, even without your consent, in certain circumstances involving harm to self or others. We will discuss these.

Additional Information. There are situations in which I might talk about part of your case with another professional. I ask now for your understanding and agreement to let me do so in certain situations. Like most mental health providers, I occasionally consult with other therapists or mental health professionals about my clients. This assists me in providing high quality treatment. These persons are also required by law to keep your information private. Your name will never be given to them, and they will be told only as much as they need to know to understand your situation.

Minors. If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they give up access to my records regarding your treatment details. If they agree, I will provide them **only** with general information they should know about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete if requested. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

Your **initials** here acknowledging this agreement _____

Acknowledgement. I have read and understand this document. I recognize that I have the opportunity now, and in the future, to discuss any questions I may have with Ms. Hensley. I agree to the practices listed in the above document.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____