



## Client Agreement & General Consent to Treatment

**Welcome!** It is important for you to be informed about the policies and procedures governing the services you will receive here, the fees charged for services, and your rights as a client. At the end of this statement there is a place for you to sign, indicating your general consent and agreement to treatment.

The treatment approach I primarily use is Cognitive Behavior Therapy (CBT) in order to assist individuals in recognizing how their thoughts and feelings and behavior influence each other. Through the use of CBT, individuals learn how to identify and change destructive or disturbing thought patterns that have a negative influence on behavior enabling them to feel more satisfied with their lives.

**YOUR RIGHTS AS A CLIENT:** You have all of the rights established by the State of Texas governing clinical practices. These include the rights of consent to treatment, of seeking disclosure from your clinician about his/her qualifications, of requesting a different clinician or therapist, of ending treatment at any time, of accessing the client grievance procedures, and of having your clinical record kept private (see “Confidentiality” below). You also have the right to have any tests, procedures, and recommendations explained to you in simple terms, and you have the right to refuse such tests, procedures, or recommendations. I am a Licensed Professional Counselor with the State of Texas and services provided will be in accordance with the Code of Conduct for LPCs 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.

**CONFIDENTIALITY:** As a mental health professional, I am responsible for protecting the confidentiality of information concerning your treatment. Confidential information will not be revealed to other persons or agencies without your written permission, except when mandated or permitted by state and federal statutes. For complete information regarding the privacy practices of my practice, including those instances in which I am required by law to disclose information, please refer to the *Notice of Privacy Practices*. By federal law, you must review and sign the *Notice of Privacy Practices* before treatment can begin.

**MINORS & PARENTS/GUARDIANS:** Clients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child’s treatment records. However, if the treatment is for suicide prevention, chemical addiction or dependency, or sexual, physical or emotional abuse, the law does not guarantee parents access to their child’s records. For older teenagers (e.g., between 16 and 18) it is recommended that parents agree to waive their right to access their child’s records because privacy in therapy is often crucial to successful progress. If parents agree to waive their right of access, a child’s clinician can provide the parents with general information about the progress of the child’s treatment and attendance at sessions. However, if there is a threat to self or others, I am obligated to inform the parent or guardian. If you need further information, please do not hesitate to ask.

Prior to the commencement of counseling services to a minor client who is named in a custody agreement or court order, I am required to obtain and review a current copy of the custody agreement or court order, as well as any applicable divorce decree. A copy of these documents will be maintained in the client’s record.

If a client is 18 years or older I cannot legally release information to a parent or guardian without the permission of the client, even if the parent or guardian is paying for treatment.

**FEES AND PAYMENT:** Payment is due at the time of your appointment unless prior arrangements have been made. Therapy fees are based on an hourly rate of \$125. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment. You may pay by cash, check or credit card. There is a 3% fee added to

all credit card transactions to help defray the costs of providing this convenience to clients. A \$30 fee is charged for all returned checks. Please make checks payable to: Nancy K. Brown Therapy, PLLC.

**THIRD PARTY PAYORS:** I do accept third-party reimbursement from some behavioral health insurance plans. Your deductibles and co-payments are based on the mental health policy selected by your employer or purchased by you. In addition, the co-pay may be different for the first visit than for subsequent visits. You are responsible for and shall pay your portion of charges for services at the time the services are provided unless otherwise arranged.

Managed care behavioral health services are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions.

Insurance companies require you to authorize me to provide them with a clinical diagnosis, dates, types of service, and sometimes a treatment plan or summary. If you request it, I will provide you with a copy of any report which I submit. This information will become part of the insurance company files and will probably be stored in a computer. In some cases, they may share the information with a national medical information databank. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands.

I accept third-party reimbursement from the Department of Assistive and Rehabilitative Services (DARS). A Purchase Order from your counselor must be received prior to services being rendered.

**APPOINTMENTS:** Appointments are generally scheduled for one hour, which consists of a 50-minute face-to-face session with 10 minutes for record keeping and administrative tasks. Longer sessions may need to be scheduled for intake or couples sessions. Telephone calls or e-mail responses that exceed 15 minutes will be charged at a percentage of my hourly rate. Reminders of your appointments are provided as a courtesy.

**CANCELLATIONS:** Please cancel all appointments by phone or by email. Cancellations should be made during business hours whenever possible. You are responsible for cancelling appointments in a timely manner (minimum of 24 hours) whenever possible to avoid a late cancellation charge. If an appointment is missed or canceled with less than **24 hours notice**, you will be charged for that session. Please be aware that your insurance company will not reimburse such charges.

**LEGAL PROCEEDINGS:** I do not provide testimony in legal proceedings; however, if you choose to subpoena either me or my records, you agree to pay for any required preparation time, for time out of the office, and for travel at a charge equal to my standard hourly rate.

**HANDGUNS & WEAPONS:** Please do not bring any type of weapon into the office.

**ELECTRONIC COMMUNICATIONS:** Many of my clients communicate with me via email or telephone. I utilize a cell phone for business purposes and forward my voice mail to my computer for email transcription. My cell phone and computer are password protected. It is unlikely, however, possible, that my cell phone and/or computer could be intercepted by unauthorized individuals. It is important to understand that there are risks inherent with communicating by email. Email that you receive from me will be sent utilizing an encryption program.

You may only have access to e-mail at work, which means that your employer or co-workers may have access to your messages. If you have e-mail at home, other family members may also be able to access it. E-mail can also be altered or forwarded to unintended recipients.

If you choose to communicate confidential or private information with me via email, I will assume that you have made an informed decision about the risks of your email being intercepted or your confidentiality being compromised.

