

Beth Block, LMFT
Licensed Marriage and Family Therapist
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OFFICE POLICIES AND PSYCHOLOGICAL TREATMENT CONTRACT

The Initial Consultation

An initial consultation allows us to talk about your reasons for seeking psychotherapy, and to discuss what treatment options might best help you. If scheduling does not allow us to work together, or if either you or I believe you will be better assisted by working with another therapist, I will be happy to offer you referrals.

Limits of Confidentiality

In accordance with Texas law and ethical standards for Marriage and Family Therapists, information you share with me is confidential, *with the exception of a few specific situations that include:*

- A. Situations required by state law: Instances of actual or suspected child or elder abuse, abuse of the infirm, or neglect must be reported to the Protective Services division of the Department of Human Services. In cases of abuse that have already been reported, I may request a copy of the case dispensation from the caseworker. I must report patient abuse or neglect in any psychiatric hospital or chemical dependency treatment program for which I am an Allied Professional Staff member.
- B. Psychiatric or medical emergencies: If I believe someone is in imminent danger of suicide or homicide, I am required to take protective actions. This may include notifying the appropriate medical or law enforcement personnel and seeking hospitalization for the client.
- C. Court orders: These may occur in child custody or divorce litigation.
- D. Criminal investigations: If you are involved in a criminal investigation your records may be subject to possession by investigating law enforcement agents.
- E. If you are filing a complaint or are a plaintiff in a lawsuit: Where you bring up the question of your mental health, you will have already automatically waived your right to the confidentiality of your records in the context of the complaint or lawsuit. In spite of that, I will not release information without your signed consent or a court order. You may also discuss with your attorney obtaining a protective order to help maintain confidentiality of your records.
- F. Sexual exploitation by a health care provider: If you have been sexually abused or exploited by a physician, therapist, spiritual counselor, or other health care professional, I must report this to the appropriate licensing agency and to the District Attorney's office. You may request that your name be kept anonymous in such a reporting situation.
- G. When you sign a release of information of your records: This directs me to share that information with another party.
- H. Nonpayment for services: This would require that I give your name to a collection agency to seek payment for monies due.

Appointments

Individual therapy sessions are generally scheduled on a weekly basis and last 50/55 minutes. Successful therapy depends upon both your presence and promptness. Because your session time is reserved for you, I charge for missed sessions if not given 24 hours' notice of cancellation. *To avoid being charged for broken or missed appointments, please give at least 24 hours' notice for cancellation.*

Professional Fees

To avoid misunderstandings, please understand that responsibility for payment of professional services is yours. My fee is \$225.00 per 50/55-minute session. I charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than five minutes, attendance at meetings with other professionals that you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be charged for my professional time. Because of the difficulty of legal involvement, my fee for preparation and attendance at any meeting related to your legal proceeding is \$450.00 per hour.

Billing and Payments

I request payment at the time a session is held, unless we agree otherwise or unless you have insurance coverage, which requires another arrangement. In circumstances of unusual financial hardship, I may be willing to negotiate a temporary fee adjustment or payment installment plan. Cash, checks or credit cards are accepted for payment.

Insurance Reimbursement

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. Health insurance usually provides some coverage for mental health treatment. I will fill out billing forms and provide you with whatever assistance I can to help you receive the benefits to which you are entitled; however, you, not your insurance company, are responsible for full payment of my fees.

Maintaining Professional Service

In the interest of continued professional development and integrity of treatment, I engage in supervision and consultation as I see a need to; if I see a need to do so with your case, please know that I will change identifying details *to assure that your identity will stay confidential*.

Continued Sessions

I generally do not schedule appointments following the third session in which payment is not received, unless prior arrangements have been made. This policy is maintained so that I may remain fiscally sound and therefore able to provide consistent quality service, and to assist you in avoiding a burden of financial debt.

Ending Therapy Sessions

Either the therapist or the client has the right to stop ongoing therapy. Most of the time therapy ends by mutual agreement when the client's goals are sufficiently reached and/or their symptoms have been sufficiently addressed. If I believe that the therapy is either not helping you or is harmful to you I will speak with you about ending the work and/or transferring your case to another therapist. If you ever feel that the therapy is not helping you I urge you to speak directly with me about this. If you stop coming in without giving notice of your intention I will close your file *30 days after our last appointment* and will send you a letter informing you of this. Closing your file means that I am not readily available to assist you during crisis or with ongoing sessions. If you would like to re-enter therapy with me after your file is closed, treatment may restart after meeting to discuss and understand the reasons you stopped and if I have an opening in my schedule.

Emergencies

If you are an active client you may reach me in case of an emergency by calling 512/217-3523. I will return your call as soon as possible. If during an emergency you are unable to reach me quickly enough, you may call the mental health hotline (472-HELP) which provides around-the-clock telephone crisis counseling and information. If your situation is life threatening you should call 911, your family physician, or go to the nearest emergency room.

Your signature below indicates that you have read the information in this document and that you give informed consent to its terms during our professional relationship.

Signature of Client

Date

Signature of Therapist or Witness

Date

Form updated: 9/2018