

Amy Person L.P.C.
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PRIVATE PRACTICE POLICIES

My name is Amy Person and I am a Licensed Professional counselor (L.P.C.). It is important to me that you ask any questions you have about my training and experience. Take a moment to review my office policies so that our agreement does not present any confusion.

FEES: My fee for Individual Therapy is 150.00 per 60-minute for an individual session. The fee for Family therapy & Couples therapy is 180.00 per hour and 45.00 per 15 minute additions. E.M.D.R. is generally scheduled at 75 - 90 minutes billed at 150.00 per hour. Adjustments to session length can be made dependent upon recommendations.

PAYMENT OF FEES: Clients are expected to pay for services at the time they are provided unless other arrangements have been made. I accept Cash, all credit cards, health care spending accounts, or checks made out to "Amy Person, LPC".

INSURANCE REIMBURSEMENT: It is important for you to determine whether or not you would like to utilize your health insurance to assist in paying for therapy. I suggest that you find out exactly what mental health services your insurance policy covers by calling them directly to have your company's procedures explained.

Most insurance companies require a clinical diagnosis of your presenting problem. Sometimes I must provide additional information such as treatment plans or summaries. This information will become part of the insurance company files and should remain confidential.

UNPAID ACCOUNTS: If you experience difficulty in meeting your payments, please contact me so we can establish a reasonable payment plan. Overdue accounts, unpaid for 90 days, may be turned over to a collection agency as a final resort for non-payment. Overdue accounts may also be subject to interest charges and collection fees.

EMERGENCIES: In the event of an emergency, you may contact me at my on my mobile phone 512-431-6379. If for any reason, you cannot reach me through my voice mail, you should contact the recommended emergency service.

CANCELLATIONS: A minimum of 24 hours notice is required for rescheduling or cancellation of an appointment. The full fee will be charged for missed sessions without notification. Most important to your success in therapy is your commitment to the process and the regularity of your appointments. Regularly changing appointment times disrupts the healing process.

MESSAGES & ELECTRONIC COMMUNICATION: You may leave a message on my office voice mail, 512 494-9977, 24 hours a day, seven days a week. Messages left after regular business hours will generally be returned the next business day. You may also send me an email to amy@persontherapy.com, and I will do my best to respond within one business day. Please keep in mind that email is not a secure form of communication, and therefore I cannot guarantee confidentiality. You can also reach me on my cell phone at 512-431-6379. I am comfortable with text messages to communicate about appointment times and changes in the schedule but prefer long conversations are done by phone.

CONFIDENTIALITY: The privacy of our sessions is extremely important to our therapeutic relationship. Your privacy is protected by regulations in state laws and by my professional ethics and standards. There are some situations written into law that deny me complete control over confidentiality of communication as follow:

- When there is reasonable suspicion of child abuse or abuse to a dependent or Elderly person.
- In some circumstances, my records may be subject to a subpoena issued by the court.
- If I believe a client may harm her/himself or another individual.
- Insurance companies or an auditor may require that I release client information as dictated by law. The law also permits me to release the information to a collection agency in order to collect on an overdue account.
- If a client discloses to me the identity of a mental health professional who engaged in sexual contact with him or her during the process of treatment.
- Confidentiality does not extend to criminal proceedings in Texas.

This is not an exhaustive list, but these are the most common circumstances that may occur.

PROFESSIONAL BOUNDARIES: Counseling requires the development of a therapeutic relationship between my client and myself. I will make sure to maintain my professional boundaries during and after our work together. Extensive experience shows that blurred boundaries reduce the effectiveness of the therapeutic relationship.

THERAPEUTIC SERVICES: The process depends on the personalities of the client and therapist, and the presenting issues. My therapeutic orientation is dynamic. Dynamic therapy calls for very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and outside the session. The techniques I use may include dialogue, interpretation, exploration of thoughts and feelings, cognitive reframing, mindfulness, self-monitoring, reading, and journal keeping. I may recommend that you consult with another health care provider, or suggest other approaches as an adjunct to our therapy.

Therapy can have benefits and risks. The process involves discussing difficult aspects of your life and experiencing uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. Making changes in your beliefs or behaviors can be difficult. You may find your relationship with me to be a source of strong feelings. On the other hand, therapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Most people who take these risks find that therapy is helpful, and I will do what I can to help you minimize risks and maximize positive outcomes.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, should you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have any questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another therapist to gain a second opinion.

AGREEMENT

I hereby grant my permission for any counseling or diagnostic evaluation that may be deemed necessary by my therapist. I understand that therapy is a joint effort between the therapist and client, the results of which cannot be guaranteed. Progress depends on many factors including motivation, effort, and other life circumstances. I agree that I will be responsible for payment of all professional fees as well as to scheduled appointments. I know that I can end therapy at any time I wish and I can refuse any requests or suggestions made by my therapist. I have reviewed the Health Insurance Portability and Accountability Act of 1996 (HIPPA). I have read, understand, and agree to the office policies listed above.

Client Signature: _____ Date: _____