



CONSENT FOR THERAPY SERVICES AND OFFICE POLICIES

THERAPIST-CLIENT SERVICE AGREEMENT

Welcome to The TNC Psychotherapy Group, PLLC. This document contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and Client rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. You and your therapist can discuss any questions you have when you sign them or at any time in the future.

PSYCHOTHERAPY SERVICES

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. We, as your service provider, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. We expect you to benefit from counseling; however, we cannot guarantee any specific results.

Therapy is a personal exploration that may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. You may feel troubled, usually only temporarily, by some of the things you learn about yourself or some of the changes you make. Although the exact nature of changes resulting from therapy cannot be predicted, we intend to work with you to achieve the best possible results for you. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions. We use a variety of techniques in therapy and will try to find what will work best for you and your family. We may suggest that you get involved in a therapy support group as part of your work. We may request to meet with the parents of minors separately for parent meetings, or the entire family, depending on family dynamics. You have the right to refuse anything that we suggest.



The first 1 to 3 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, we will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with us. If you have questions about your therapist's procedures, please discuss them whenever they arise.

THE COUNSELING RELATIONSHIP

Although your sessions may be very personal psychologically, it is a professional relationship rather than a social one. Therefore, please do not invite your therapist to social events, bring gifts valued at more than \$50.00, ask to barter or exchange services, ask to write references for you, or ask them to relate to you in any way other than the professional context of the counseling relationship. Additionally, please note that we will not engage or interact with any client through internet-based social media at any time. You will benefit the most if interactions address your concerns exclusively.

CONDITIONS OF ON-GOING COUNSELING

If you have been in counseling or psychotherapy during the past seven years, The TNC Psychotherapy Group requires you to sign a release so we may communicate with and/or receive copies of records from the professional(s) from whom you received mental health services, if we deem it important to do so. While you are in counseling with us at The TNC Psychotherapy Group, you agree not to maintain or establish a professional relationship with another mental health professional unless you first discuss it with your therapist and sign a release that enables them to communicate with the other mental health professional(s). If you decide to maintain or establish a professional relationship with another mental health professional against my advice, we may consider this your decision to change counselors, and The TNC Psychotherapy Group reserves the right to terminate your counseling.

CLIENT RESPONSIBILITIES AND SCHEDULING

Appointments will ordinarily be 50 minutes in duration (commonly referred to as an "hour"), at a frequency and time we agree on, although some sessions may be slightly longer, or more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, please provide your therapist with 24 hours notice. If you miss a session without canceling, or cancel with less than 24 hour notice, our policy is to collect the amount of the full session [unless we both agree that you were unable to attend due to circumstances beyond your control]. If it is possible, we will try to find another time to reschedule the appointment. If you "no show" for two consecutive appointments, it is possible that no further appointments may be made. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.



YOUTH IN THE OFFICE

Youth are not allowed to be in the office waiting area unsupervised. If, after getting to know your youth, we believe they are mature enough to wait by themselves, then we will approve that on a case-by-case basis. We reserve the right to reverse that decision at any time.

DOXY APPOINTMENTS

From time-to-time, clients may meet with us using Doxy.me. Doxy.me is an online application that is similar to FaceTime and Skype, but it is HIPAA compliant. Doxy appointments will be considered on a case-by-case basis and are offered by the therapist at the therapist's discretion, as meeting online is not appropriate for every client's needs. Only clients who have access to a working webcam and microphone can participate in online consultations. You must be able to be in a quiet place where you can speak freely during our appointment. If the therapist determines that the setting is inappropriate (i.e., your cell phone, in a public place, or while driving), the therapist reserves the right to terminate the appointment immediately. In such a situation, this would be treated as a late cancellation, and charged a full fee accordingly.

PROFESSIONAL FEES

The standard fee for an individual (private pay) initial intake is \$150.00. Initial intake is a 90 minute session. Each subsequent session is \$120.00. The standard rate for Couple/Family session is \$175.00. Fees for other counseling or therapy related services (such as support groups) will vary with the service provided. Clients will be notified of the fees and when payment is to be made in advance of the services provided. You are responsible for paying at the time of your session. Payment must be made by charge or cash. Cash payments must be exact, as we do not keep change in the office for safety reasons. If you refuse to pay your debt, we reserve the right to use an attorney or collection agency to secure payment. If there is a failure to pay within 60-days of services rendered, we reserve the right to charge your card on file for any outstanding fees due. **Note: If fees should increase, your therapist will give you a one month notice to accommodate the change.*

In addition to your appointments, it is the practice of The TNC Psychotherapy Group to charge this amount on a prorated basis for other professional services that you may require such as report writing, telephone conversations that last longer than 15 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request of your therapist. This includes phone conversations with other providers (i.e., previous therapists, doctors, psychiatrists, attorneys, etc.). If you anticipate becoming involved in a court case, we recommend that we discuss this fully before you waive your right to confidentiality. If your case requires your therapist's participation, you will be expected to pay for the professional time required, even if another party compels your therapist to testify.



SPECIAL FEES

For court or legal activities:

- Fees for court appearances by any of The TNC Psychotherapy Group counselors or staff will be assessed at \$120 per hour (one hour minimum will be charged). This includes the counselor's court preparation and transportation time to and from the appearance in court, legal hearing and/or activity. A statement of charges will be sent to the person(s) requesting the counselor's time and appearance.
- Fees will be charged for the preparation of requested counseling records and documents appropriate to cover the costs of photocopying, emailing, faxing and office staff time involved. A statement of charges will be sent to the person(s) requesting the counseling records and documents.

INSURANCE

At this time, The TNC Psychotherapy Group is not in network with any insurance companies.

REDUCED FEES

If you are a military member, veteran, first responder, or in full-time ministry, we offer a discounted session rate for all therapy services. Additionally, we reserve a limited number of reduced fee sessions to assist clients in need. In the event that these rates are not affordable for an individual or we do not have current reduced fee spots available, we will do our best to refer you to other low-cost services in our area.

PROFESSIONAL RECORDS

We are required to keep appropriate records of the psychological services that we provide and these records will be kept at 407 N. Cedar Ridge Dr., Suite 235, Duncanville, Texas, 75116. Your records are maintained in a secure location in the office. We keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records we receive from other providers, copies of records we send to others (as applicable), and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and / or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. If your therapist refuses your request for access to your records, you have a right to have their decision reviewed by another mental health professional, which your therapist will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.



CONFIDENTIALITY

The TNC Psychotherapy Group counselors have an ethical and moral obligation to keep information revealed in counseling sessions confidential. Our policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled HIPPA Notice of Privacy Practices. Clients of The TNC Psychotherapy Group are required to sign a consent required by all healthcare providers which is compliant with HIPAA concerning their privacy rights. You have been provided with a copy of that document and we have discussed those issues. Additionally, all email will be encrypted, and we cannot give out clinical advice over email. Please remember that you may reopen the conversation at any time during our work together.

Therapists at The TNC Psychotherapy Group work as a treatment team and can at times consult with one another in an effort to develop the best possible treatment plan for the client. Although your case may be discussed with additional counselor(s), please be assured that your anonymity and confidentiality will be preserved.

All information in counseling sessions is a private matter between the client and the counselor so far as allowed by the laws of the State of Texas. Under certain conditions, the right to confidentiality is necessarily violated:

1. If any individual or member of the family expresses intent to physically harm themselves, it will be reported to appropriate family members, medical officials, and local law enforcement or, with the client's written permission, a friend or relative.
2. If any individual or member of the family expresses intent to physically harm someone else, it will be reported to local law enforcement officials.
3. If any individual or member of the family mentions any child neglect or abuse, elder neglect or abuse, or neglect or abuse to the disabled, by law, it must be reported to the appropriate official authorities.
4. If any individual or member of the family mentions any abuse or sexual exploitation by a mental health provider, according to state board ethical and professional requirements, it must be reported to the appropriate official authorities.
5. If an adult individual or member of the family gives written authorization to the counselor for the release of information to specified person, that information may be released.
6. If a counselor is ordered by a court of law to release records or information concerning counseling session(s), the information must be shared.



PARENTS & MINORS

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is our policy not to provide treatment to a child under age 13 unless s/he agrees that we can share whatever information we consider necessary with a parent. For children 14 and older, we request an agreement between the client and the parents allowing us to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other communication will require the child's agreement, unless we feel there is a safety concern (see also above section on Confidentiality for exceptions), in which case your therapist will make every effort to notify the child of their intention to disclose information ahead of time and make every effort to handle any objections that are raised. Please be aware we may request or recommend that the parents meet with me privately, separately, at any time.

CONTACTING YOUR THERAPIST & CRISIS INFORMATION

Therapists are often not immediately available by telephone. We do not answer our phone when we are with clients or otherwise unavailable. At these times, you may leave a message on our confidential voice mail at 469.868.6595 and your call will be returned as soon as possible. For non-urgent matters, your phone call will be returned with 48 hours. You can also reach your therapist at [firstname]@thetncgroup.com. If, for any number of unforeseen reasons, you do not hear from them or they are unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe/are considering harming yourself, you can 1) go to your Local Hospital Emergency Room, or 2) call 911 and ask to speak to the mental health worker on call, or 3) call the National Suicide Prevention Hotline at 800-273-8255, or 4) contact the National Crisis Text Line by texting CONNECT to 741741. ***It is important that you understand that your therapist is not a first responder. If you are actively contemplating hurting yourself and do not believe you can control that desire, do not wait for your therapist to contact you. Go directly to your nearest emergency room or call 911.***

OTHER RIGHTS

The TNC Psychotherapy Group renders counseling services in a professional manner consistent with accepted ethical standards. If at any time you are unhappy with what is happening in therapy, we hope you will talk with us so that we can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that we refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender/gender identity, sexual orientation, age, religion, national origin, other minority status identifiers, or source of payment. You have the right to ask questions about any aspects of therapy and about your therapist's specific training and experience. You have the right to expect that your therapist will not have social or sexual relationships with clients or with former clients. If we encounter each other outside of our offices, your therapist will not acknowledge you unless you approach them first, and it is your decision whether to share with people how we know each other, if at all.



If we are not able to resolve your concerns, you may report your complaints to: Texas State Board of Professional Counselors. Complaints Management and Investigative Section. PO Box 141369. Austin, TX 78714-1369. 1-800-942-5540. https://dshs.texas.gov/counselor/lpc_complaint.shtm.

CONSENT TO PSYCHOTHERAPY

I have read The TNC Psychotherapy Group Policies and Guidelines. By signing below, I acknowledge that I understand and fully accept the tenets of the policies and guidelines and my rights and responsibilities in entering a counseling relationship.

Name of Client

Signature of Client/Representative/Guardian

Name of Client

Signature of Client/Representative/Guardian

Relationship of Representative to Client

Date

Signature of Therapist

Print Name of Therapist