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OFFICE POLICIES

Welcome to my practice. I am pleased to have the opportunity to serve you and hope that this handout will provide information helpful in making an informed decision concerning my services. If you have any questions or concerns about these policies or any other aspect of my practice, please feel free to discuss them with me at any time.

FEES: My basic fee is $125 per 50-minute outpatient session. Longer or shorter sessions are prorated from this basic fee.

PAYMENT FOR SERVICE: Clients are expected to pay for services at the time they are provided unless other arrangements have been made. Payment may be made by check or cash. Clients are responsible for payment of all fees even if planning to bill an insurance company for reimbursement.

CANCELLATIONS: Your time is reserved for you. 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 such notification. Please note that many insurance companies will not provide payment for missed sessions.

ANSWERING SERVICE: You may leave a message with the answering service 24 hours a day, seven days a week at (512) 914-6635. Messages left with the answering service after regular business hours will generally be returned on the next business day.

EMERGENCIES: In the event of an emergency, please contact me at 914-6635. When I am unavailable, emergencies may be handled by one of my colleagues. If, you need to speak with someone immediately, please make use of the emergency services listed below:

24-hour Crisis Hotline	472-4357
Seton Shoal Creek Psychiatric Hospital	324-2000
General Emergency Number	911

INDEPENDENT PRACTICE: I am practicing as a Licensed Professional Counselor – LPC # 18906 and as a Licensed Clinical Social Worker #37749. I am an independent practitioner and have no professional affiliation with any of the other therapists who practice in this office.

CONFIDENTIALITY: The privacy and confidentiality of our sessions are extremely important to me. To the degree allowed by law, information about your contact with me and my office will not be disclosed to any person or organization unless you give me a specific, written release to do so. While you are free to discuss anything that occurs in our sessions with anyone, I am required not to discuss such matters without your written authorization. In all aspects of my practice, communication between my clients and me (or between me and those whom my clients have authorized me to contact) are protected by confidentiality regulations as stipulated by federal and state laws, and by professional standards and ethics.

There are, however, some situations written into law that deny me complete control over confidentiality of communication as follows:

1. I am legally required to report any situation of suspected child abuse or neglect to the proper authorities. I am also legally required to report suspected abuse, neglect, or exploitation of an elderly or disabled person.

2. In some circumstances, my records may be subject to a subpoena issued by the court. In particular, confidentiality may be waived with regard to any suit affecting the parent-child relationship.

3. If I believe a client may harm her/himself or another individual, I am permitted by law to break confidentiality by contacting law enforcement officials and/or medical authorities who may then take protective actions.

4. If I am contacted by an insurance company or an auditor, I may be required to release client information as dictated by law. The law also permits me to release information to a collection agency in order to collect on an overdue account.

5. 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, state law requires me to report that professional to the appropriate district attorney. In this situation, I am not permitted to disclose the identity of the client if he or she does not wish to be identified.

6. Confidentiality does not extend to criminal proceedings in Texas.

This list is not exhaustive, but these are the most common circumstances which may occur. The situations outlined above are out of the ordinary and have no impact on the large majority of people seeking professional mental health services. I share this information with you so that you can be fully informed and your questions and concerns can be addressed.

PSYCHOLOGICAL SERVICES: Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and the client, and the particular problems you bring forward. Psychotherapy is not like a medical doctor visit. Instead, it 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 at home.

There are many different methods that I use to deal with the problems that you hope to address. The techniques that I use often include dialogue, interpretation, cognitive reframing, exploration of thoughts and feelings, awareness exercises, self-monitoring, journal-keeping, and reading. I may recommend that you consult with another health care provider, or suggest other approaches as an adjunct to our therapy (e.g., group therapy, psychiatric consultation). You have the right to refuse anything that I suggest without being penalized in any way.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Making changes in your beliefs or behaviors can be difficult, and can sometimes be disruptive to the relationships you already have. You may find your relationship with me to be a source of strong feelings. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. 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. But, there are no guarantees of what you will experience or the outcome.

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, if 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 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 mental health professional for a second opinion.

The duration of therapy is something that is very difficult to predict in advance. Some clients may get the help they need in only a few sessions, while others may choose to continue therapy for several months or years. Please feel free to discuss this with me if you have any questions or concerns.

AGREEMENT: I hereby grant my permission for any counseling, testing, or diagnostic evaluation that may be deemed necessary by my therapist. I understand that therapy is a joint effort between the clinician 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 the payment of all professional fees. I know that I can end therapy at any time I wish and that I can refuse any requests or suggestions made by my therapist. I have read, understand, and agree to the Office Policies described above.

Client signature _____ Date _____

Full Name (please print) _____

PLEASE SIGN IF YOU ARE USING INSURANCE: I authorize Mr. Laves-Webb, LCSW, LPC to release any medical or other information necessary to process any insurance or managed care claims. I authorize payment of medical benefits to Mr. Laves-Webb, LCSW, LPC for all mental health services provided.

Client signature _____ Date_____