



Art Prennace, LPC, PLLC

Psychotherapist



*New Perspectives
Through Compassionate Listening*
www.artofcounseling.org

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Informed Consent for Assessment and Treatment

Credentials: I am licensed by the State of Texas as a Licensed Professional Counselor (LPC). I have earned a Bachelor of Science Degree in Psychology and a Masters Degree in Community Counseling from Northern Arizona University. I have over 6 years of clinical experience in treating adolescents, adults and families using individual and family therapy. I use cognitive behavioral, insight, interpersonal, and problem-solving orientations for most conditions. Other treatment approaches may also be used depending on the person, family, or situation. I reserve the right to refer a client to another therapist or appropriate resource at any time if their needs in therapy are not a good match for my skills or experience.

Financial: Payment is expected at the time the service is rendered unless other arrangements have been made. By signing this document, you are agreeing to pay for the services rendered and any additional expenses that may be accrued in collecting said fees. Currently, unless other arrangements have been discussed, the standard fee for an initial assessment is \$150, and the fee for a 45-50 minute counseling session is \$100. In addition to the basic session and assessment fees, there may be other fees for additional services such as psychometric testing, telephone counseling, books, workbooks and materials, etc. The basic fees are posted in my office, and fee information for those not listed is available upon request. I reserve the right to change my fees with 30 days notice. You have the right to be informed of all fees that you are required to pay and my refund and collection policies. Please discuss these with me if you have a concern.

Insurance. I am a preferred provider for a number of health plans in this region. If you are using one of these plans to pay for your treatment, the terms that govern the plan will apply (i.e. co-payments, deductibles, insurance filing, etc.). **In all cases, payment for services is ultimately the responsibility of the client, not the insurance company.** Once again, please discuss this with me if you want to use this payment option.

If you **decline** to use your insurance coverage for your counseling services, you agree by signing here that you **WILL NOT** bill them for counseling services rendered through this office and that you are solely responsible for the payment of your counseling services.

Your insurance company or managed care company may limit the number of sessions based on their assessment of medical necessity or other factors. Their determination may or may not match what you want or need in treatment. In the event that they will not authorize additional sessions or you exhaust

the sessions that your insurance will provide, you understand that you will have to pay for the additional services rendered.

Using a third party to pay for counseling implies that some information will be released in order to obtain payment for the services. Please see the *HIPAA NOTICE OF PRIVACY PRACTICES* for more information.

Availability of services: My practice does not have the capability to respond immediately to counseling emergencies. True emergencies should be directed to the community emergency services (911). Established clients with an urgent need to contact me can leave a message on my office telephone, and my telephone will notify me that you called, but an immediate response is not guaranteed. A quick or immediate response in one situation does not constitute a commitment of rapid response in another situation.

Appointments: Appointment availability varies with my client workload at the time. High demand appointments (off hours, late afternoons, Saturdays) are likely to be sporadic in their availability. I reserve the right to limit my commitments of high demand appointment times to any particular client in order to meet the needs of all my clients and balance my workload.

Court Testimony: On occasion, expert testimony is required in a court setting. If you, your attorney, or another attorney request court testimony, you should keep in mind that these proceedings are generally very adversarial and that information that may be painful to you may come up in a court hearing. Court testimony requires that the therapist give an honest statement about legal questions that are asked by either attorney or by a judge.

Costs for court testimony are \$600 per half day or portion of a half day. Charges begin when the therapist leaves his office and continue until the therapist returns to the office. This includes travel time, preparation time and time spent waiting to testify. For court appearances outside of the immediate Round Rock area, a travel charge of \$1.00 per mile each way will be assessed. Meals and overnight expenses will be charged at the actual rate at which they are incurred. Additional administrative fees for copying, preparing of presentation materials, telephone conversations, etc. may also be assessed. These fees are also applicable to depositions given in court cases.

ALL COURT TESTIMONY FEES, INCLUDING ESTIMATED TRAVEL FEES, ARE PAYABLE IN ADVANCE OF THE COURT PROCEEDINGS. IF THE CASE GETS SETTLED WITHOUT THE TESTIMONY ACTUALLY BEING TAKEN, ALL FEES INCURRED TO SHOW UP TO PROVIDE THE TESTIMONY ARE DUE AND PAYABLE AT THE ABOVE LISTED RATE.

<p>_____</p> <p>Initials</p>	<p>I have read and I accept my financial responsibilities regarding requested court testimony on my behalf from my therapist.</p>
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Privacy, confidentiality, and records: Ordinarily, all communications and records created in the process of counseling are held in the strictest confidence. However, there are exceptions to confidentiality defined in the state and federal statutes. The most common of these **exceptions to confidentiality are when there is a real or potential life or death emergency, when the court issues a subpoena, or when child/elder abuse or neglect is involved.** I also participate in a process where selected cases are discussed with other professional colleagues to facilitate my continued professional growth and to get you the benefit of a variety of professional experts. While no identifying information is revealed in this peer consultation process, the dynamics of the problems and the people are discussed along with the treatment approaches and methods.

There are also other circumstances when information may be released including when disclosure is required by the Texas State Board of Behavioral Health Examiners, when a lawsuit is filed against me, to comply with worker compensation laws, to comply with the USA Patriot Act and to comply with other federal, state or local laws. The rules and laws regarding confidentiality, privacy, and records are complex. The *HIPAA NOTICE OF PRIVACY PRACTICES*, included in this packet of information, details the considerations regarding confidentiality, privacy, and your records. This packet also contains information about your right to access your records and the details of the procedures to obtain them, should you choose to do so. Periodically, the *HIPAA NOTICE OF PRIVACY PRACTICES* may be revised. Any changes to these privacy practices will be posted in my office, but you will not receive an individual notification of the updates. ***It is imperative that you read and understand the limits of privacy and confidentiality before you start treatment.***

_____ Initials	I have read the <i>HIPAA NOTICE OF PRIVACY PRACTICES</i>, and have had my questions about privacy and confidentiality answered to my satisfaction. I understand that the <i>HIPAA NOTICE OF PRIVACY PRACTICES</i> is incorporated by reference into this agreement.
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Purpose, limitations, and risks of treatment: Counseling, like most endeavors in the helping professions, is not an exact science. While the ultimate purpose of counseling is to reduce your distress through a process of personal change, there are no guarantees that the treatment provided will be effective or useful. Moreover, the process of counseling usually involves working through tough personal issues that can result in some emotional or psychological pain for the client. Attempting to resolve issues that brought you to therapy in the first place may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, relationships, or virtually any other aspect of your life. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but, more often, it can be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. In the case of marriage and family counseling, interpersonal conflict can increase as we discuss family issues. Of course, the potential for a divorce is always a risk in marital counseling as is the potential for harmonious relationship progress.

Treatment process and rights: Your counseling will begin with one or more sessions devoted to an initial assessment so that I can get a good understanding of the issues, your background, and any other

Client Name _____

Date _____

factors that may be relevant. When the initial assessment process is complete, we will discuss ways to treat the problem(s) that have brought you into counseling and develop a treatment plan. You have the right and the obligation to participate in treatment decisions and in the development and periodic review and revision of your treatment plan. You also have the right to refuse any recommended treatment or to withdraw consent to treat and to be advised of the consequences or such refusal or withdrawal.

Our relationship: The client/counselor relationship is unique in that it is exclusively therapeutic. In other words, it is inappropriate for a client and a counselor to spend time together socially, to bestow gifts, or to attend family or religious functions. The purpose of these boundaries is to ensure that you and I are clear in our roles for your treatment and that your confidentiality is maintained.

If there is ever a time when you believe that you have been treated unfairly or disrespectfully, please talk with me about it. It is never my intention to cause this to happen to my clients, but sometimes misunderstandings can inadvertently result in hurt feelings. I want to address any issues that might get in the way of the therapy as soon as possible. This includes administrative or financial issues as well.

Consent for evaluation and treatment: Consent is hereby given for evaluation and treatment under the terms described in this consent document and the *HIPAA NOTICE OF PRIVACY PRACTICES*. It is agreed that either of us may discontinue the evaluation and treatment at any time and that you are free to accept or reject the treatment provided. In the case of a minor child, I hereby affirm that I am a custodial parent or legal guardian of the child and that I authorize services for the child under the terms of this agreement.

Signature: _____ Date: _____

In the case of a minor child, please specify the following:

Full name of minor : _____ DOB _____ Relationship: _____

Full name of minor : _____ DOB _____ Relationship: _____

For office use only - verification that client has read or has been read and understands informed consent document

Authorized Representative: _____ Date: _____