



Life Cycles Counseling

Informed Consent

Thank you for choosing Life Cycles Counseling. This document is intended to describe different policies and procedures, State and Federal laws, and client's rights. If you have other questions or concerns, please don't hesitate to ask.

Please read the following information and initial each section where indicated. By initialing, you acknowledge that you have read and understood the information provided and that you agree to abide by the procedures indicated by Life Cycles Counseling.

Overview

_____ Life Cycles Counseling is an independent center, owned and operated by Marcel Gamboa, Licensed Professional Counselor (license number: 18855). Business hours are: Monday – Friday 9 am – 5:30 pm.

Services

_____ Services are provided to adults, adolescents and children. Families and couples are also welcome. Services are conducted in person and virtually. Sessions last 45-60 minutes and are usually conducted weekly or bi-weekly. Groups are also periodically available.

_____ If there is a 45 day lapse in services, your file will be closed. If you later chose to resume services, you will be considered a new client.

Potential risks and benefits of counseling

_____ Counseling is a dynamic process in which no two people respond the same. Some clients improve as quickly as a few sessions, while others may need longer time (usually when lifelong problems or mental illness is involved). You may learn some new things about yourself, or you may experience difficult emotions that may seem overwhelming. For most clients, this is a temporary experience that in the long run, will help him/her get better. The progress of your treatment depends on many factors, included (but not limited to): the client's readiness for change, the compatibility of client and counselor, the dedication and completion of homework, and willingness to explore various sides of oneself. While the vast majority of clients experience improvement, you should be aware that there is a possibility you will not benefit from therapy, or in extremely rare cases, potentially feel worse.

Emergencies:

_____ The counselor will make every effort to return phone calls within a few hours. However, counselors are frequently seeing clients back-to-back with no opportunity to check for messages, Life Cycles Counseling should not be relied on for emergency situations. Please call 911 or the crisis line in the county you live in.

Harris County: 713-970-7000 or toll free 866-970-4660

Ft. Bend and Waller County: 800-633-5686

National: 1-800-273-8255

In Spanish: 1-888-628-9454

Confidentiality

_____ Life Cycles takes confidentiality extremely seriously and only releases information in accordance with State and Federal laws and the ethics of the counseling profession. The full explanation is provided in 'Texas Notice Form (HIPAA)', which is available at www.Lifecyclescounseling.com A physical copy is available upon request.

Cancellation policy:

_____ Please contact Life Cycles Counseling at 281-299-8607 (calls only, it is a landline), by E-mail (MG@Lifecyclescounseling.com), or replying '2' to the automated text reminder if you need to cancel or reschedule your appointment. (If you are seeing a Claudia Calero, call 281-806-5413). Life Cycles Counseling adheres to a 24 hour cancellation policy. If you no-show to your appointment, or you cancel or reschedule less than 24 hours before the appointment, you will be charged a \$80 cancellation fee to the credit card on file. Multiple cancellations may result in pre-payment request for services or termination.

Financial Issues and Payment

_____ Payments must be made at the time of the session. There are no refunds for payments made. Gifts, bartering or trading services are not appropriate. If you chose to use your insurance, you should provide insurance information to Life Cycles Counseling at least one business day prior to your appointment to allow time for verification. If you have a co-pay, you are expected to pay your co-pay at the time of the appointment. In the event that you have not met your deductible, the full insurance rate is due at each session until the deductible is satisfied. If you have a secondary insurance, you are obligated to disclose this information to counselor.

_____ Standard billable rate is \$130. Current discounted rate for private pay clients is \$120 for a 55-60 minute session with a fully Licensed Counselor, and \$80 with a LPC Associate. This will not require Life Cycles Counseling to verify your insurance. If at any time you chose to have Life Cycles Counseling verify and/or file with your insurance, the current, standard rate applies from that point forward.

_____ Client files and records are the property of Life Cycles Counseling. Client files and records will be maintained in accordance with current State and Federal laws and will consider the end date of the treatment episode as the basis of file destruction. **Life Cycles counseling does not provide Custody Evaluations or Expert Witness court testimony.** If I'm asked to produce a copy of client records, there is a minimum charge of **\$50 for up to 25 pages** and a cost of **\$1 per page** thereafter. Copy fees are due prior to release of record. If Life Cycles Counseling or Marcel Gamboa is subpoenaed by a judge to testify, the minimum charge is **\$750**, due prior to the court date, for any time up to three hours (this includes preparation time, travel, and testifying). Additional time is charged at **\$250 per hour**.

SUMMARY OF FEES

Service type	Description	Service fee
Standard billable rate	Individual session (45-55 minutes)	\$130
Individual sessions	Individual sessions (55-60 minutes)	\$120
Individual sessions LPC Associate	Individual sessions (55-60 minutes)	\$80
Group	Group sessions (60-90 minutes)	\$45
Phone/E-mail rate	Over 10 minutes billed at	\$1.50/minute
Appointment no show fee	No show/cancellation less than 24h	\$80
Letters for court/work/school	72 hour notice must be given. Does not include school/work excuse	\$35 for brief a letter. If over 30 min, \$35 additionally for each 30 min
Request/Copy of records	\$50 for first 25 pages	\$1/page thereafter

_____ If using my health insurance, I give Life Cycles Counseling permission to verify and bill services under my insurance. By initialing, I also understand that I am responsible for any portion that is not covered or paid by the insurance company, including, but not limited to copay, deductible, co-insurance and non-approved diagnoses/conditions. I understand that if my insurance is terminated or I chose to terminate it, I am obligated to let Life Cycles Counseling know about the termination.

_____ Life Cycles Counseling requires all clients to have a credit card number on file. By initialing, I understand that I must provide my credit card information and I authorize Life Cycles Counseling to charge my credit card for session fees, all late-cancellation and/or no-show balances due. I understand that I am responsible for any additional fees incurred by Marcel Gamboa for any disputed credit card charges. Prior to disputing credit card charges, please contact me to discuss the charges to avoid these fees. I understand that this form is valid unless I cancel the authorization through written notice to Marcel Gamboa, LPC.

TYPE OF CARD: _____ VISA _____ DISCOVER _____ MASTER CARD _____ OTHER

NAME ON CREDIT CARD: _____

BILLING STREET ADDRESS: _____

BILLING STATE AND ZIPCODE: _____

CREDIT CARD #: _____

EXPIRATION DATE: _____ (MONTH) _____ (YEAR)

CIC: _____ (3 or more digits on the back of the card)

Cardholder/Person Financially Responsible Signature _____

Date: _____

Communication with client

How do you wish that I remind you of your appointments?

Automated text message Yes No

E-mail Yes No

If necessary (for example to reschedule an appointment), can I leave a voicemail for you? Yes ___ No ___

Will anybody else make appointments for you (including cancellations, rescheduling)? Yes ___ No ___

(If applicable) I _____ give permission for _____ to make, cancel or reschedule appointments on my behalf. NOTE: I understand that any appointments made in my name are subject to Life Cycles Counseling's cancellation/no-show policy.

I acknowledge that I have read this document in its entirety and understand the policies outlined.

Print name and date of birth

Address

City, Zip

Cell

E-mail

Signature of client

Date

Signature of Marcel Gamboa, LPC-S

Date