

Heather R. Roberts, MA, LMFT, LPC

Licensed Marriage and Family Therapist

Licensed Professional Counselor

26113 Oak Ridge Drive Suite C

The Woodlands, TX 77380

Phone: 281.475.5957

Email: hrr004@gmail.com

STATEMENT OF POLICIES

Please keep this for your records

This sheet may answer any questions that most clients have regarding psychotherapy and my services. Please read it carefully and ask for any clarification before signing the Informed Consent statement at the bottom of the form.

The modalities of outpatient psychotherapy utilized in my office are widely accepted forms of psychological treatment. As with all forms of clinical treatment however, there are risks to be considered in the process of making an informed decision. This form is designed to inform you of these risks as well as the potential benefits of outpatient therapy, and to discuss the general policies and procedures of my office.

OVERVIEW OF CLINICAL SERVICES

DURATION OF THERAPY:

How long a person remains in therapy varies from client to client. The full spectrum is possible: it ranges from “brief” interventions (3-8) sessions to long term therapy (6 months – 3 years). Brief interventions are often crisis oriented with specific, limited goals. Long term therapy often begins with specific limited goals which expand to a larger focus where clients engage in more personal growth work and preventative treatment.

TYPE OF THERAPY:

During treatment, I often use a variety of outpatient treatment modalities which include Individual, Family, Couples, and Group psychotherapy.

My treatment approach is based upon each client’s specific clinical needs as identified during the initial session(s). The client’s therapy options are then discussed and a plan for treatment is determined. A client’s needs sometimes change over the course of their outpatient therapy, which may necessitate a reevaluation of their treatment plan. When this occurs, treatment options are once again discussed and determined by the client and therapist. If, at any time, the client and/or therapist believe the client’s clinical issues require alternative or additional resources, every effort will be made to assist the client in locating these resources.

While therapy should end through mutual agreement once desired goals have been reached, you have the right to end therapy at any time. Please feel you always have the right to ask questions of me. Therapy only works if you have trust and confidence in me and feel my respect and concern for you.

BENEFITS AND RISKS OF TREATMENT:

The risks or potential side effects of participating in psychotherapy may include increased levels of stress and anxiety, relationship disruption, and emotional reactivity as sensitive areas are explored. Another risk is that psychotherapy may not resolve your problem or concern. I will assess progress on a session by session basis. Ongoing lack of progress may be reason for referral.

The benefits of outpatient psychotherapy may include improved functioning in your personal and professional relationships, improved communication skills, and a reduction in the symptoms which led you to seek therapy in the first place.

FEE STRUCTURE AND CANCELLATION POLICY:

My fee for individual, couples or family therapy is \$125.00 per 55 minute session. Sessions longer than 55 minutes will be prorated based on the per session rate.

1. Payment in the form of check, cash, or credit card is due at the end of each appointment.
2. I do accept insurance plans and will file in-network insurance claims for you. I will honor any contractual agreements with managed health care companies that have specific reimbursement restrictions and claim requirements. Please note that you are responsible to immediately notify me of any changes in your insurance plan. If your insurance carrier fails to make payment for any reason, you will be held responsible for the full payment of fees for services rendered. If you are not using an in-network managed care/PPO/HMO insurance plan and wish to file your own claims, full payment is expected at the time of service; I will provide you with a statement for services rendered.
3. Cancellation of an appointment for Individual, Marital, or Family therapy requires 24 hours advanced notice. Otherwise, **the client will be charged \$65.00 for the missed session**. Emergency circumstances (i.e., hospitalization, accident, a death in the family) will be addressed on an individual basis.
4. There will be a \$25 charge for all returned checks.
5. If fees are not paid within the above terms, the client's account may be turned over to a collection agency.
6. If you need to reach me prior to scheduled therapy sessions, you can leave me a message at 281.475.5957. I will return your call as promptly as possible. If at any time, you are unable to get a response and your need is life threatening, please contact your physician or go to the nearest emergency room or call 911.

ILLNESS POLICY

Therapy is a very effective tool in overcoming stressors and improving important areas of your life. Therapy is the most successful when we are feeling physically well. In order to ensure the safety and health of all individuals in this building, please do not attend therapy when you are ill. Please do not come to the office if you have had a fever in the last 48 hours, have flu-related symptoms, or have excessive coughing. If you are ill and cannot attend your appointment, please notify me as soon as possible. **I may be able to waive the no show/late cancellation fee of \$65 under these circumstances.** In addition, I will not see clients if I am not feeling well, have had a fever in the last 48 hours, have had flu-related symptoms, or have had excessive coughing as I do not want to get anyone else sick. If this happens, I will notify you as soon as possible and offer to reschedule you at a later time.

LITIGATION LIMITATIONS

By signing the Informed Consent, you agree that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc), neither you nor your attorney, nor anyone else acting on your behalf, will request me to testify in court or at any other proceedings, nor will a disclosure of psychotherapy records be requested.

COURT-RELATED FEES:

I do not perform court consultations or serve as an expert witness in court case involving child custody, divorce or criminal or civil actions. If subpoenaed by a court judge, court ordered, or asked to testify, my professional fee is \$300 per hour including travel time, preparation for court, consultation with other professionals in preparing for court, and court time. There is a 4-hour minimum charge if I must appear in court. The fees are to be paid in full at least 48 hours before the court appearance. Any additional fees incurred after payment will be due within 48 hours after my court appearance. You also agree to pay a \$2.00 per page fee for copies of any records you request, and to pay any associated fees such as notary, postage, etc.

CONFIDENTIALITY:

Please understand that all records, written information, or any electronic data are marked CONFIDENTIAL and are kept under lock and key. No one inside or outside the office will have access to your case except for me. This applies as well to the other therapists in the office.

Information shared with a therapist is held in confidence. A signed and dated Release of Information (which clearly defines the nature of information to be shared, to whom and for how long) is required as consent to disclose confidential information. If the client is a minor, the release must be completed, signed, and dated by a parent or legal guardian.

In counseling children or adolescents, confidentiality is a necessity; as much as possible, in order for the therapeutic process to work. While you as parent or guardian have a legal right to information, I will speak with you in a general way unless there is a danger to the child's life. This is conveyed to the child as well. Usually I ask the child and parent to meet with me together so that the parent can voice concerns or ask questions.

COMMUNICATION AND YOUR PRIVACY:

Please know that despite security efforts, all electronic communication, including email and cell phone (voice or text) carry an inherent risk of being accessed by unauthorized people, which can compromise your privacy. Even communication about scheduling carries a risk to your confidentiality because it conveys the fact that you are in counseling.

LIMITATIONS TO CONFIDENTIALITY:

1. Texas State Law requires any therapist to notify the legal authorities if you provide information indicating that you are abusing children, the elderly, or if you express intent to harm yourself or another person(s).
2. If a client reveals to the therapist any evidence of professional misconduct (e.g., sexual involvement) perpetrated by a previous clinical provider, the current therapist is required to report this information to the state licensing board.
3. If your records are court ordered to be released by a judge, I am required by law to release the records to that judge for review.

Failure of the treating therapist to report in circumstances 1 or 2 mentioned above is a breach of legal and ethical standards which can lead to prosecution and/or loss of licensure.

PROBLEM RESOLUTION:

If you have a concern or problem regarding therapy that you and your therapist are unable to work out, you may wish to contact:

Texas State Board of Examiners of Marriage and Family Therapists
1100 W. 49th St., Austin, Texas 78756
512-834-6657

Or

Texas State Board of Examiners of Licensed Professional Counselors
1100 W. 49th St., Austin, Texas 78756
512-834-6658.