5870 Highway 6 North, Suite 320. Houston, TX 77084. Phone: 713-588-0410 MG@Lifecyclescounseling. com Fax: 713-955-0275

# life Cycles Counseling

## **Informed Consent**

Thank you for choosing Life Cycles Counseling, with therapist Marcel Gamboa. 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). I have a Master's degree in Clinical Psychology from Sam Houston

State University and I have been an LPC since 2004. I am an active member of American Counseling Association (ACA). Business hours are: Monday – Friday 8 am - 7 pm and Saturdays 9 am – 1 pm.

Services are provided to adults, adolescents and preteens. Families and couples are also welcome, while small children are seen on a case-by-case basis. Sessions last 45-55 minutes and are usually conducted weekly or bi-weekly. Groups are also periodically available.

With over 14 years of experience in the public sector, my theoretic approach has mainly been cognitive-behavioral therapy. In short, it's the idea that our thoughts affect our feelings, which in turn affect our behavior. By working on the connection of these components – and being able to adapt more reasonable and accurate thoughts – we can often resolve many of the issues that make us unhappy. It should be noted that I also use an eclectic approach, often combining techniques to fit the client. For example, for some people it's necessary to discuss and resolve some childhood issues; for others, we may deal primarily with the problems here and now. I sometimes take an educational approach, teaching clients about stress management, coping skills, relaxation techniques and so on. In terms of goals and what to accomplish for therapy, it is always a collaboration between the counselor and the client. The counselor will often identify a client's unmet needs, work through the difficulties in life, and establish goals for the sessions.

# **Financial Issues and Payment**

**Services** 

Payments must be made at the time of the session. There are no refunds for payments	made. Please do
not ask to be seen by counselor if all payments have not been made at the beginning of the sessi	on. Gifts,
bartering or trading services are not appropriate.	
If you chose to use your insurance, you should provide insurance information to Life Cus	

\_\_\_\_\_\_ 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 prior to 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.

an insurance that I do not cu provide with you with a recei reimbursed. NOTE: If you ch	is credentialed with several health insurance companies. In the event that you have rrently accept, you have the option of paying "out-of network". The counselor will ipt that you can submit to your insurance company to attempt to get the fee lose this option, you do it at your own risk. Life Cycles Counseling, including owner insible for any portion of the payment not being reimbursed by your insurance
or E-mail (MG@Lifecyclescon Counseling adheres to a 24 h reschedule less than 24 hour late, you may give me a cour arrive more than 20 minutes cancellation notice has not be fee within 5 days, or by your credit card on file may be ch services. If you cancel or resc pay the \$60 cancellation fee	cellation policy carefully. Please contact Marcel Gamboa via phone (713-588-0410) unseling.com) if you need to cancel or reschedule your appointment. Life Cycles nour cancellation policy. If you no-show to your appointment, or you cancel or its before the appointment, you will be charged a \$60 cancellation fee. If you run resy call; however, your appointment time will be shortened accordingly. If you is late, you will most likely not be seen due to subsequent appointments. If proper been given, an invoice will be sent to your E-mail, and you are expected to pay this in next appointment, whichever comes first. If payment has not been made, your arged the \$60 cancellation fee. Multiple cancellations may result in termination of chedule three or more sessions within a short time frame, you may be asked to prebefore your next appointment. This fee will not be refunded if you cancel another re than 24 hours in advance. There is a \$25 charge for returned checks, or charges.
If there is a 45 day la be considered a new client.	pse in services, your file will be closed. If you later chose to resume services, you will
session (75 minutes), and \$99 Counseling to verify your insu	e is \$135. If you chose "Private Pay", the current discounted rate is \$125 for the initian for all subsequent sessions (50-55 minutes). This will not require Life Cycles for all subsequent sessions (50-55 minutes). This will not require Life Cycles for all subsequently and/or file with standard rate applies from that point forward.
maintained in accordance wirepisode as the basis of file de Witness court testimony. If I to 25 pages and a cost of \$1	rds are the property of Life Cycles Counseling. Client files and records will be th current State and Federal laws and will consider the end date of the treatment estruction. Life Cycles counseling does not provide Custody Evaluations or Expert 'm asked to produce a copy of client records, there is a minimum charge of \$50 for up per page thereafter. Copy fees are due prior to release of record. If Life Cycles are is supposed by a judge to testify, the minimum charge is \$750 due prior to the

# **SUMMARY OF FEES**

court date, for any time up to three hours (this includes preparation time, travel, and testifying). Additional time is

charged at \$250 per hour.

Service type	Description	Service fee
Standard billable rate	Individual session (45-55 minutes)	\$135
Discount rate Intake	Initial session (75 minutes)	\$125
Discount rate Individual sessions	Individual sessions (55-55 minutes)	\$95
Phone/E-mail rate	Over 10 minutes billed at	\$1.50/minute
Appointment no show fee	No show/cancellation less than 24h	\$60
Letters for court/work/school	72 hour notice must be given. Does	\$35
	not include school/work excuse	
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

_	I understand that if my ing know about the ter	₹	chose to terminate it, I am obl	igated to
order for Licensed Pro and faxes the form 'Ph form to your first visit Tricare has received th Tricare rate. This amo	fessional Counselors to nysician Referral and Or . By initialing, I understa nis form, or you do not	be reimbursed for services. ngoing Communication" to Tr and and acknowledge that if have a copy of this form sign (less any copay) only if Trica	rral form to be signed by a doct Hence, it is imperative that a M icare. Please bring a signed co the counselor is not able to ver ed by a MD, you will be charged re later verifies the receipt of the	ID signs py of this ify that d the full
that I must provide Lift charge my credit card any additional fees ind charges, please contact	e Cycles Counseling wit for all late-cancellation curred by Marcel Gamb ct me to discuss the cha	th my credit card information and/or no-show balances du oa for any disputed credit ca	mber on file. By initialing, I und and I authorize Marcel Gambo ie. I understand that I am resp rd charges. Prior to disputing conderstand that this form is valid	oa to onsible for redit card
TYPE OF CARD:	VISA DISCOVE	R MASTER CARD	OTHER	
NAME ON CREDIT CAF	RD:			
BILLING STREET ADDR	ESS:			
BILLING STATE AND ZI	PCODE:			
CREDIT CARD #:				
EXPIRATION DATE:	(MONTH)	(YEAR)		
CIC:	(3 or more digits on the	e back of the card)		
Cardholder/Person Fir	nancially Responsible Sig	gnature		
Date:	<del></del>			
Potential risks and be	nefits of counseling			
quickly as a few session involved). You may lead that may seem overwhim/her get better. Cois almost always need many factors, included	ons, while others may no arn some things that yo helming. For most clien hange is rarely easy for ed, either in the enviror d (but not limited to): th	eed longer time (usually whe u don't like about yourself, o ts, this is a temporary experi anyone, and in order for thir ment or within oneself. The client's readiness for chan	the same. Some clients improven lifelong problems or mental in you may experience painful elence that in the long run, will hags to move in the right direction progress of your treatment dege, the compatibility of client and explore various sides of onese	Ilness is motions elp on, change epends on nd

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.

insurance company, including, but not limited to copay, deductible, co-insurance and non-approved

Emergencies:			
	vith no opportu	unity to check for messages	hin a few hours. However, as I am frequently , Life Cycles Counseling should not be relied unty you live in.
Harris County: 713-970-7000 Ft. Bend and Waller County:		6-970-4660	
Confidentiality			
	nics of the coun		eleases information in accordance with State explanation is provided to the client in
Communication with client			
How do you wish that I remin	nd you of your	appointments?	
Automated text message	Yes	No	
Phone call	Yes	No	
E-mail	Yes	No	
If necessary (for example to	reschedule an a	appointment), can I leave a	voicemail for you? Yes No
Will anybody else make appo	ointments for y	ou (including cancellations,	rescheduling)? Yes No
			to erstand that any appointments made in my
name are subject to Life Cycl			
I acknowledge that I have re	ad this docum	ent in its entirety and und	erstand the policies outlined.
Print name			_
Address			_
City, Zip			_
Cell			_
E-mail			_
Signature of client		Date	_
Signature of Marcel Gamb	oa, LPC-S	Date	_