



Professional Service Agreement

An important part of any therapeutic relationship is to have a clear and professional understanding between us. The following is a description of the policies and procedures, which should clarify our mutual obligations and expectations. Please do not hesitate to ask questions or for clarification about any of the following items.

PROFESSIONAL RESPONSIBILITY AND ETHICS

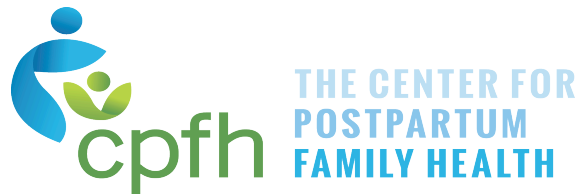
The Center for Postpartum Family Health utilizes therapists licensed by the state of Texas as: Licensed Professional Counselors, Licensed Professional Counselor Interns, Licensed Marriage and Family Therapists, Licensed Marriage and Family Therapy Associates and Licensed Master of Social Work. These clinicians have completed all the necessary requirements to be fully educated, trained and licensed as a mental health care professional, and interns and associates are working towards full licensure by completing the necessary hours under the guidance of a Texas state board certified supervisor for their respective licenses. Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. It is your legal right that your records are kept private, and you have been provided with a copy of our Client Records and Confidentiality Policy under HIPAA.

As Licensed Professional Counselors, Licensed Marriage and Family Therapists and Licensed Masters of Social Work in the State of Texas, we are bound by the ethical standards of the state licensing boards, and by the laws of the State of Texas, to act always in your best interest, according to good professional judgment. You deserve and will receive our continuing respect and best efforts in our work together. There are risks involved in undergoing counseling or psychotherapy. Your presenting problem may get worse, and/or other issues may arise. If for any reason our work together is mutually agreed to be unhelpful, we will provide you with referrals to other practitioners.

CONFIDENTIALITY

Information obtained in this office, through evaluations and therapy sessions, will not be disclosed to any outside person(s) or agency without your written permission. *Exceptions to this rule of confidentiality include situations in which you or someone else is in danger of physical harm. We are bound by state law to report any suspicion of suicide or homicide threat, or of any type of child abuse.* I ask that you provide the name of a trusted person to act as an emergency contact, should there be an incident requiring emergency services. Please provide this person's name and contact information in the space at the end of this document.

Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. It is your legal right that your records are kept private. If your therapist is a pre-licensed professional, he or she is under the direct supervision of a Board Approved Supervisor. Your therapist meets with his or her Supervisor each week that he or she is working with clients to review cases, receive feedback and consultation to ensure that you are receiving the best care. Part of your therapist's supervised experience may include group supervision, in which case he or she meets with other interns who are also under the same



supervision to consult about your case. Each intern is bound by the same ethical guidelines for confidentiality. The name and contact information for your therapist's Supervisor is listed at the end of this document.

RECORDS

It is our practice to keep a brief, HIPAA-compliant electronic record of our work together. This includes any relevant information regarding the content of registration and intake consent forms, progress notes, and a log of payment transactions. If you have any special concerns or requests regarding record keeping, please let us know at any time. All efforts will be made to protect your privacy and the confidentiality of your records.

SUPERVISION AND CONSULTATION

As a matter of good professional practice, we will consult with a colleague or our supervisor, in a confidential manner, when deemed appropriate. A requirement for interns and associates under clinical supervision includes the practice of confidential case discussion and treatment planning within an individual or group setting. This practice is a regular part of the work at CPFH.

PROFESSIONAL LIMITS

As therapists in the State of Texas, we are qualified to provide counseling, support and therapeutic services. Your decision to undergo therapy is yours to make and does involve some risk to you. Some problems will resolve easily in therapy, while others may not. Some problems may even get worse before they get better, or not better at all. We do not provide prescription medical treatment. If we feel it is necessary or appropriate, we will refer you to a medical facility for consultation. If your condition results in thoughts, feelings or behaviors which may prove to be a danger to yourself or others, medical intervention may be required before counseling services are provided.

We are not available for court testimony, and do not provide legal services. We do not provide psychological testing, or forensic evaluations. In the case that you need medical or legal services we will encourage you to seek the appropriate professional. We also will attempt to provide you with appropriate referrals, when possible.

APPOINTMENTS AND CANCELLATIONS

All appointments are for 50 minutes, unless arranged otherwise. If you need to cancel or reschedule your appointment you must do so with at least 24 hours notice. You will be billed for any appointments for which you fail to show, or you cancel without 24 hours notice.

TELEPHONE CALLS

Telephone calls are returned as soon as possible. Telephone calls received after hours or on weekends or holidays may be returned on the next working day. In case of emergency, you should dial 911 or go to the nearest emergency room. Your therapist may provide a secondary point of contact for you during after hours.



DIGITAL COMMUNICATIONS

Digital communication such as the use of cell phones, text messaging and email carries some risk of your confidentiality being compromised. Your therapist may be willing to communicate with you via these means to make or change your appointments, if you wish. Please indicate your preferred method of digital communication, and initial here if you are willing to assume the risk.

Check One or more:

email _____ cell phone _____ text message _____

Initials: _____

VACATIONS AND OTHER ABSENCES

When your therapist is out of town or otherwise unavailable for an extended period, a CPFH colleague will respond to phone calls or provide appropriate services and will assume all the privileges and responsibilities of their professional relationship with you.

FEES

The fee for service is \$130 per session, with a sliding scale available for those who need it. Sliding scale fees are based on household income and number of family members. Acceptable forms of income verification are a copy of your current tax return, or check stub from an employer. **Payment of all fees is due at the time of service by check or cash, or a credit, debit or healthcare flex account card. In case of a missed appointment without 24 hours notice, you will be responsible for payment in full.**

Your fee: _____ per 50-minute session.

AUTHORIZATION TO PROVIDE THERAPEUTIC SERVICES

I have read, understood, and received a copy of this agreement.

Client name

Date

Therapist name

Date

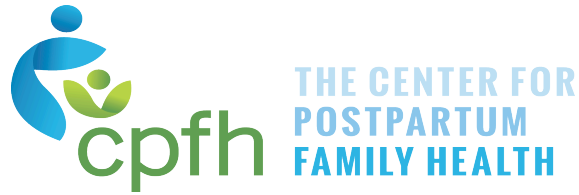
Supervised by:

Rebecca Whitson LCSW-S

4203 Montrose #310

Houston, TX 77006

Phone number: (832) 984-0129



EMERGENCY CONTACT:

Name

Phone numbers

Relationship to you

COMPLAINTS

If you would like to file a complaint about services you have received from a Licensed Professional Counselor please contact:

Texas State Board of Examiners of Professional Counselors
Texas Department of State Health Services
1100 West 49th Street
Austin, Texas 78756-3183, USA
Email: lpc@dshs.state.tx.us
Telephone: (512) 834-6658
Fax: (512) 834-6789

For Marriage and Family Therapy services contact:
Texas State Board of Examiners of Marriage and Family Therapists
Texas Department of State Health Services
Mail Code 1982
P.O. Box 149347
Austin , Texas 78714-9347

E-mail: mft@dshs.state.tx.us
Telephone: (512) 834-6657
Fax: (512) 834-6789

For Licensed Social Worker:

Complaints Management and Investigative Section
P.O. Box 141369
Austin, Texas 78714-1369

Telephone: 1-800-942-5540

