

Informed Consent and Practice Policies

Welcome to my practice and thank you for choosing to enter into a counseling relationship with Melany Morrison, Spring Marriage and Family Therapy. This document contains important information about the professional services and business policies. When you sign this document, it will represent an agreement.

Counseling Process: Counseling is a collaborative and interactive process between the client and therapist. Being an active participant in the counseling process is strongly encouraged. I treat each client as an individual with unique characteristics that makes that person who they are.

Initially, counseling often results in the client experiencing uncomfortable feelings or thoughts. Because some issues are painful to deal with, there may be instances in which things seem to be more difficult before they get better. On the other hand, counseling often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Together, we will develop the goals of your counseling sessions centered around your self-awareness, self-esteem, mental health, and independence. Client needs are unique; therefore, some clients need only a few counseling sessions to achieve their desired goals while other clients require months of counseling. As a client, you maintain control of yourself and you may end the counseling relationship **at any point**. When you are ready to terminate therapy, please allow at least one session so we can have closure. I also like to give you positive feedback about our time together.

Contact, other than chance meetings, will be limited to appointments you arrange with me. I will not attend your social gatherings or relate to you in any other way than in the professional context of our counseling sessions. You will be best served if our relationship remains strictly professional and our sessions concentrate exclusively on your concerns. Although you may learn about me as we work together, it is important for you to know that you are experiencing my professional role. Please know that if I see you outside of the office, I'm not trying to be rude, but simply protecting your confidentiality. Feel free to say hello, or not, and if you do, I'll know you are giving me consent to speak outside of the therapy office. Rest assured, your privacy is my main concern outside of the office.

Facebook: You may follow my professional page. I do not accept requests for my personal page. (It's a confidentiality thing). Melany Morrison Marriage and Family Therapy.

Fees: The initial session fee is \$150. For couples, a 1-1/2 hour session is \$225. Follow up visits of 45-50 minutes are \$150.00 and may be covered by insurance or EAP benefits. If you choose to utilize insurance, you will be responsible for any deductibles, copayments, coinsurance or any variation thereof dictated and/or mandated by your insurance carrier. If you choose to use EAP benefits, I NEED to know which one and will need an authorization # before I can take it.

I will be happy to file for you if I am in-network, or you have out-of-network benefits.

Professional services include, but are not limited to, office appointments, therapeutic phone calls, third party consultations, written and verbal correspondence, and reports. (Cont.)

*Phone consultations lasting 10 minutes or more will result in a reduced session fee, based on minutes.

*Assessments may not be a covered treatment/procedure under your individual insurance plan; therefore, the entire cost will be due at the time of service. Assessments needed (rare) will be explained and voluntary before any payment is received.

*Premarital assessment is \$35 for both. This is done at home separately.

*Payment by cash, check, credit card, venmo, zelle, or paypal is due at the time of service. All checks are to be made out to Melany Morrison or Spring Marriage and Family Therapy. *Returned checks will be charged an additional \$25.00.

Request for Records: Requests for Records must be submitted in writing. Once the written request is received, acknowledgment will be given within 15 business days. The first 20 pages will incur a charge of \$25.00. Each additional page is \$.50. Documents requiring a Notary will incur an additional charge of \$15.00.

CANCELLATION POLICY: Please provide 24-hour notice for cancellation and/or rescheduling of an appointment. If you fail to cancel a scheduled appointment, I cannot use this time for another client and you will be billed for the entire cost of your missed appointment. A full session fee is charged for missed appointments or cancellations with less than a 24-hour notice unless it is due to illness or an emergency. Your credit or debit card on file will be charged or a bill will be mailed directly to all clients who do not show up for, or cancel an appointment. Thank you for your consideration regarding this important matter.

Additional Fees: A fee shall be charged for the completion of the following forms: Disability, FMLA, Social Security or Insurance Forms (HRA or HSA), preexisting conditions for insurance approval, return to work forms or attendance verification required by employer. All fees are due before the paperwork is begun. Charges are as follows: \$25 per request, and \$25 for each additional hour. I understand these fees and agree to abide by them. Please note, a release of information will be required and this form can be accessed via website or in office.

Court Fees: In the case of court testimony, I will attend if and only if I am served a subpoena by a judge. I do not want to go to court, and do not feel my testimony will help you. If I am called in, I must take off the entire day. Because of this, court costs require an initial payment of \$500.

My fee is \$250 per hour with a minimum of 4 hours. I must also hire an attorney and spend time gathering, redacting, and studying material relevant to your case. This will also be calculated into the cost of the court time I am asked to serve. Failure to report court postponements or cancellations will result in a no show fee of \$200.

Insurance: You are responsible for all fees not covered or reimbursed by your insurance benefits, including but not limited to: deductibles, co-payments, co-insurance, missed appointments, late cancellations, correspondence/reports or services not approved by your plan. Any non-covered fees will be charged to the credit card on file. If the provider is not a provider for your insurance plan, you may have out-of-network benefits through your insurance company. If you have such benefits, I can provide you with a receipt that you may submit to your insurance so you can request reimbursement. You may also use Flex spending and HSA accounts.

Contacting your clinician: Although therapists are not often immediately available by telephone, we make every effort to promptly respond to messages. Please leave an evening number since calls are often returned after hours (usually between 8:30-9:30pm). Because technical difficulties do sometimes

occur, please call again if you have not received a return call by the end of the next business day. You may also send a text to 281-433-6267. Also, I check my email once a day if that, at end of day.

Emergency care: If you are experiencing an emergency and need to talk to someone immediately, call 911, a telephone crisis line or go to the nearest emergency room.

Privacy rights: Professional ethics and legal standards require that our conversation and my records (even the fact that you are a client) be kept confidential. However, under the following circumstances, I am legally and ethically obligated to breach confidentiality: (a) if you present a serious imminent danger to yourself or others (b) in cases of apparent neglect of a child, an elderly person, or a disabled person (c) when required by legal proceedings. If I must breach confidentiality, the minimum amount of information will be revealed – only enough to protect you or others.

Teens: If your teen is participating in therapy, please understand that the specific content of the sessions will remain confidential. General reports of your child’s progress will be made to you and any information regarding danger to your child will be reported to you immediately. I like the parent to be present occasionally, once a month or two months is fine. **Please**, if you must leave, be sure to be back before end of session (45 minutes). If it’s raining and I have another client, I have no where for them to sit. I also can’t be responsible for them after session.

Finally, if I want to consult with someone about the specifics of your case in order to better coordinate services (i.e. a doctor, school, attorney, or spouse); I will request that you sign a release of information. The signed release of information will be in effect for one year from the signature date unless otherwise noted.

Please review the *Policies and Practices to Protect the Privacy of Your Health Information* for a more extensive explanation of your privacy rights.

Complaints: If you have concerns or complaints regarding your treatment, please talk with me first or contact me by email melanyjmorrison@gmail.com. If there is not a resolution, you may contact: Texas State Board of Examiners of Marriage and Family Therapists, 1100 West 49th Street Austin, Texas 78756-7111 or 512.458.7111.

By signing these policies I,

1. Acknowledge receipt of the *Policies and Practices to Protect the Privacy of Your Health Information*.
2. Understand and agree to the stated practice policies as listed above and
3. Give full consent for myself or my minor teen, to participate in psychotherapy. I certify that I have the legal right to seek and authorize treatment for myself or my minor teen. I agree to inform the therapist of any changes in custody and inform any other guardians of the teen’s involvement in therapy.

_____ **Client/Guardian Signed**

_____ **Print Name**