**Flexible Counseling**

**Improve Everyday, PLLC**

San Antonio, Tx

210-485-9608

Welcome to Flexible Counseling, a company of the Professional Limited Liability Company (PLLC) Improve Everyday. This document contains important information regarding your treatment at this practice. Please read this document carefully as there is information that will apply prior to and throughout treatment. Please do not hesitate to ask any questions this document raises.

**Confidentiality-** Your privacy is extremely important and is a sensitive aspect of counseling. You will be given a copy of the privacy practices to review. All protected health information (PHI) will be kept confidential, **with exceptions noted below and under the EAP section:**

Initial Each

***\_\_\_\_\_\_\_\_*** Physical, Sexual, Emotional abuse or neglect of minors or the elderly, or abuse by a former therapist which must be reported by law

***\_\_\_\_\_\_\_\_*** If there is a danger to yourself or to others

***\_\_\_\_\_\_\_\_*** In certain legal proceedings, the courts may subpoena information regarding your treatment

***\_\_\_\_\_\_\_\_*** Limited information may be released to insurance companies to obtain payment

***\_\_\_\_\_\_\_\_ I have been provided a copy of the privacy policy & understand that my treatment is protected by HIPAA***

**Technology Privacy**- Please note that Flexible Counseling email addresses are equipped with an add-on provided by Virtru for encryption in both sending and receiving. Once an email is initiated with Virtru, the email chain remains encrypted, but only when Virtru has been activated. If you would like to communicate with your therapist via email, please send an initial email requesting a reply with Virtru so that your privacy can be protected. We also utilize Microsoft Office 365 products which have been designed to meet HIPAA compliance standards. We also text our clients about appointments and other general updates if you consent to that. We also use a web system for communication about healthcare information called Klara, which is also HIPAA compliant.

During session, please keep your phone under wraps!! Many people have apps and programs on their phones which are voice activated. This means that your phone could inadvertently become a breech in confidentiality. Under no circumstances should a client record any part of the session without the therapist’s knowledge.

**Out and About**- San Antonio is a big small town. If we were to run into each other outside of the counseling environment, your therapist is going to respectfully “snub” you. This is in order to best protect your privacy. If you would like to speak to the therapist, be the first to say hi and the therapist will be happy to acknowledge your presence as someone who is familiar. ☺

**Emergency/On Call Service:**  If you are feeling as though you need immediate intervention to prevent harming yourself or others, you must dial 911 or go to the nearest hospital emergency room. It is not possible for the practice to provide 24 hour on call service and your safety is our number one concern.

**Treatment of Minors:** Treatment of children under the age of 18 years old will be provided with the consent of the parents or legal guardians. If you consent to treatment of a minor, you are acknowledging that you have legal authority to do so. . In cases of divorce, a copy of the custody agreement must be provided before the first session. You should know that most custody decrees entitle the non-custodial parent to access the health record of the minor without consent from the custodial parent. Both custodial parents must be present at the first counseling session.

Minors have privacy rights as well. In the treatment of minors, it is extremely important that the relationship between client and therapist is one based on trust. In optimal situations, the parent(s) or guardian(s) and child are initially seen together for all or part of the first session. It is important that the parent’s perspective on the problem is heard, but the session is reserved for the minor if s/he is the identified patient. In the initial session, the minor will state preference for how to deliver non-safety related information about the session to the parent(s). This may be a summary with therapist guidance, it may be left to discuss outside of the session, or the client may withhold information until a comfort level is reached with guardian. It is important to note that treatment is most successful when these boundaries are accepted. Parents can be assured that if the minor client presents with severe symptoms, or in the case of a clear threat of harm to self or to others, confidentiality will be broken and the therapist will inform the parent(s)/guardian(s) to keep the child safe.

**Session Times/Duration:**

Insurance sessions-Most insurance companies limit covered counseling services to only one 50 minute session per day up to a certain covered number of sessions per calendar year. The first session is dedicated to gathering data about your history and symptoms so that the therapist can provide a diagnosis. You should know that insurance only covers disorders, it does not cover problem solving necessarily. This means that if you are opposed to your insurance company having a diagnosis for you on file, or if you are opposed to giving your insurance company access to your mental health charts with our practice, you should consider self-payment as a way of receiving mental health treatment. You can still use your flexible spending account for this purpose. Any therapeutic time not covered by the insurance is the responsibility of the client and you agree to these terms when you request that we submit bills to your insurance company.

Self Payment- Flexible Counseling’s intent is to provide caring counseling with flexible appointment times, frequency and duration of sessions. This is best accomplished with self-payment. We specialize in longer sessions because we see better outcomes with clients and find that overall, they have to dedicate less time for counseling. We offer sessions as long as 3 hours to accommodate rapid healing.

**Payment:** Payment for full service or copays is expected at the time of treatment or at the time of scheduling the treatment. Visa, Master Card, American Express, and cash are acceptable forms of payment. We require that a credit card be kept on file to cover copays and possible cancellations.

I give my permission to bill my credit card on file for sessions and for any cancellation fees that may apply during the course of my treatment.

Insurance payments- You are responsible for any services not covered by your insurance company. We use a clearinghouse to obtain your benefits, and although insurance companies direct providers to use this online tool, it is always with the caveat that the information may not be correct. We strongly encourage you to also call your insurance company and obtain your mental health coverage benefits.

**Current Rates for Treatment:** Our current rates are as follows: $30 per 15 min increment and any portion thereof with a minimum appointment consisting of 30 mins. For interns, there is a 40% discount when receiving treatment from an intern. Our rates may change, however, without notice. Please refer to our website [www.flexiblecounseling.com](http://www.flexiblecounseling.com) for the most up to date pricing.

**Couples Sessions:** In this practice, couples are treated as a unit. We do not provide individual sessions concurrent with couples counseling by the same therapist. If you are entering into couples counseling at this practice, please know that all of your sessions will be scheduled for both persons in the unit. We will not conduct an individual session but will instead refer the individuals to therapy with a different therapist when appropriate. Cancellation fees will apply in cases in which only one person in the unit attends counseling.

**Cancellation of Appointments:** We understand that it is sometimes very difficult to make it to appointments when you are not feeling well. However, because treatment is designed to help you feel better, it is very important that you attend sessions to which you have committed. There is a 24 hour courtesy policy for cancellations and if you do not notify our office within 24 hrs that you do plan on attending a session that has been scheduled for you, you will be charged the full amount of the appointment (see website for current rates). This includes cases in which only one person appears for an appointment and the session was reserved for multiple clients.

**Court Appearances:** If your therapist is required to attend court for any case involving you; you will be responsible for the cost at a rate of $30/15 mins.

**Letters and Paperwork Fees:** There will be a $25 charge per occurrence for any letter or forms requested to be filled out by the office.

I have received a copy of the informed consent policy from Flexible Counseling. I am aware that these standards may change and that the website [www.flexiblecounseling.com](http://www.flexiblecounseling.com) will reflect most current policies and updates. We do take responsibility for letting our clients know if the policies change during their treatment.

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 Printed Name Signature Date

**Questions or Concerns:** If you have questions or concerns, please feel free to raise them at any time, during the session, by email, or by phone. Our hope is to build an open and collaborative relationship between clients and therapists and one which supports questions and concerns in productive discussion. However, if there is an issue that has not been resolved satisfactorily, there is a **formal complaint** process in situations in which you feel there has been a breach in our ethical duty. We are governed by two Boards and complaints about serious concerns in treatment practice or about a failure to provide ethical treatment may be addressed to:

Texas State Board of Examiners of Licensed Professional Counselors

Texas State Board of Examiners of Licensed Marriage & Family Therapists

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

1-800-942-5540

Consent for Minor Child(ren) Being Treated, if Applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name D.O.B.

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 Printed Name D.O.B.

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 Printed Name D.O.B.

I attest that I am the custodial parent or legal guardian or sole conservator of the minor receiving counseling services and that I have the legal authority to consent for treatment of this child without limitations, as defined by Texas State Statutes. If there is any custodial agreement in place for a child who is scheduled to be treated in our office, that custodial agreement must be presented prior to treatment.

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 Printed Adult Name Adult Client Signature Relationship to Minor(s) Date