



Welcome to Austin Therapy for Girls, we appreciate your confidence in our ability to facilitate growth in your child or adolescent girl. Please fill out the following information and payment information (pink form) and read over the privacy and social media policies (purple form).

#### APPOINTMENTS AND CANCELLATIONS

Austin Therapy for Girls (ATFG) attempts to schedule appointments at the frequency that is best for you and your child's situation. If a scheduled appointment must be changed, please contact the office at least 24 hours in advance, weekends included, at **512-981-5279**. Since your appointment time has been reserved for you and/or your child, ATFG charges for appointments not cancelled at least 24 hours in advance at the full fee. Emergencies excluded. Theranest system will send you an email reminder 24 hours before your appt. Please fill in your best email reminder on next page.

#### EMERGENCIES

Due to the nature of the work at Austin Therapy for Girls, many clients might find themselves in an emergency situation where they need immediate assistance. The first step is to call your primary physician or psychiatrist. Second, please notify Austin Therapy for Girls and we will return your call **ASAP**. If you are in imminent danger please call 911 and ask for the mental health deputy or go to the nearest ER.

#### FEES AND PAYMENT

Payment is due in full at the time of service. The fee for each **50-minute session is \$175** for individuals and families. **Group therapy is \$60 per group session**. Telephone calls over thirty minutes in length will be charged at the hourly rate. We require a credit card on file to insure payment at time of service; however, you may pay with check at time of service. Checks and credit cards (Visa, MasterCard, & Discover) are accepted as payment. Please make checks payable to Austin Therapy for Girls. For our clients loved and shared by more than one household, we ask that all parents/guardians agree to one form of payment. Delinquent accounts will be referred for collection.

#### INSURANCE

ATFG is out of network for insurance plans. We do not file with insurance, but we will provide you with a monthly statement that includes the information you may need to file with your insurance company for reimbursement.

Most insurance plans will pay a portion of the cost of your visits after you or your child has satisfied the deductible. We will be happy to assist you in filling out paperwork to get out-of-network coverage from your insurance company.

Although it is not usually required for out-of-network benefits, occasionally your insurance plan may require a prior authorization for services. You are responsible for obtaining any prior authorizations or pre-certifications that are required by your plan.

#### GROUP THERAPY

ATFG offers group therapy sessions. Payment for group therapy is due at the time of service. Because of the nature of group therapy, it is necessary to maintain each group member's spot on an ongoing basis. Therefore, for group therapy, you are charged usually \$300 the day after the first session, covering the

one time supply fee \$50 and four sessions, you are charged whether or not you or your child are present. The final group payment (usually around \$230) is charged on the last day of each month. Parental communication with therapist is limited during group therapy. However, we do try to email updates every other week and Theranest email reminders will be weekly, should there be any concern regarding your child, you will be contacted directly.

#### CASE EVALUATION

In order to ensure the best treatment possible for each client, ATFG does consult with other professional counselors regarding cases. This is common practice among therapist, and is also referred to as “case conference” or “peer review.”

#### CONFIDENTIALITY

What you tell your therapist will be kept confidential and will not be revealed to other persons or agencies without your written permission, except when mandated by state and federal statutes, court order, or as part of the professional practice of ATFG. For further information, please see our Notice of Privacy. Details over confidentiality will be discussed in depth in the initial assessment.

#### CLIENT LITIGATION

ATFG will not voluntarily participate in any litigation or custody dispute in which the client is involved. This includes communication with the client’s attorney, as well as documentation such as letters, reports, and affidavits. Testimony will not be provided by ATFG. Should ATFG be ordered by a court of law (judge) to appear as a witness in an action involving the client, the client agrees to reimburse ATFG for any time spent out of the office, for preparation, and travel at the rate of \$375.00 per hour.

#### E-MAIL

At ATFG, we realize that email can greatly increase communication, however we cannot guarantee the privacy or security of any messages that are sent over email. While we do everything we can to protect your confidentiality, sending electronic messages poses a potential risk for insecure communication. Also, you should know that any emails that ATFG receives from you, and any responses ATFG sends to you, by law become a part of your medical record. I am well aware of and agree to the terms listed on this form and hereby consent to and authorize the use of e-mail as a form of communication between ATFG and myself.

#### WAIVER OF RIGHT TO FULL DISCLOSURE FOR ADOLESCENTS

As a rule, parents or legal guardians have a right to complete access to all information concerning the adolescent involved in therapy with ATFG. However, experience suggests that in order for most adolescent clients to feel comfortable in therapy, it is beneficial to offer them the opportunity to talk with the therapist and to know that what they tell the therapist will not get back to their parents (except in cases of imminent danger to the client or others, or where the therapist considers the information to be so serious that the parents’ ultimate responsibility for the child’s welfare dictates that the parents be kept informed).

This is your copy of our policies and procedures, please take with you and sign next pink sheet confirming that you have read over policies and procedures.