



Austin Therapy for Girls

ATFG Informed Consent and Policies for Minors

Welcome to Austin Therapy for Girls, we appreciate your confidence in our ability to facilitate growth and healing within you and/or your family member. We know how challenging reaching out for help can be and appreciate your business. The following document contains important information about our therapy practice and business policies. When you or your caregiver signs this document, it will represent an agreement between you and Austin Therapy for Girls (ATFG). All initials and signatures are required before our initial assessment, if you are a parent/ guardian we will need all consents before treating any minors.

Psychotherapy Services

We believe in a team approach when it comes to therapeutic services, you and/or your caregiver is an important part of the therapeutic relationship. Our work together will consist of an initial assessment for the first two or three sessions in which we come up with our goals for treatment. As with any goals, they can shift over time and your therapist will discuss any additional goals needed throughout the therapeutic process. We will also inform you of treatment modalities during your initial assessment or you may learn about those on our web site.

Scheduling Appointments

Austin Therapy for Girls (ATFG) attempts to schedule appointments at the frequency that is best for you and your child/adolescent 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/text reminder 24 hours before your appointment, if you do not receive a reminder please call the office.

Parents

If you are a parent your participation in your child's counseling is important for long-term gains. You may need to learn a different way of dealing with your child to facilitate and maintain gains. ATFG will ask for your feedback and views on your (your child's) therapy, progress and other aspects of the therapy and will expect you to respond openly and honestly. Please always feel free to reach out to our office or your therapist about questions and concerns about treatment.

Minors

When working with minor clients (under 13 years old) ATFG will initially meet with all involved parents or caregivers before meeting with the client. How frequently caregivers attend is something that can be negotiated at the outset of treatment and can be adjusted as needed.

As a rule, parents or legal guardians have a right to complete access to all information concerning the adolescent (13-17) 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).

Additionally, if you are a parent or guardian who is consenting to treatment for a minor, by signing this Agreement, you affirm that you are the parent or legal guardian of the child; that you have the legal right to consent to psychological treatment for the child; that there has not been a Divorce Decree or any other Court Order that limits your ability to consent to the child's treatment. If the child's parents are divorced or never married, it is my practice to require BOTH parents to consent to treatment, in compliance with any Divorce Decree or Court Order that may be in place.

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.

In the event of an emergency with your therapist, you will be notified as quickly as possible of the emergency. If a long term disability or death happens, we have made arrangements for another psychotherapist in our practice to, assume control of my records, meet with clients, make appropriate referrals to other providers, if necessary, and take all reasonable steps to manage the practice for the benefit of my clients. By your signature below, you authorize my designee to contact you directly, and use and disclose your confidential mental health information and records for the stated purposes.

Fees and Payments

Payment is due in full at the time of service. The fee for each 50-minute session is \$150-\$250 for individuals and families depending on therapist years of experience and specialization. Group therapy is \$100 per group session. We require a credit card on file to insure payment at time of service and you will need to enter that information before the session via the Theranest link.

For our clients who reside in more than one household, we ask that all parents/guardians agree to one form of payment usually the parent who covers health insurance. ATFG is out of network for insurance plans. We do not file with insurance, however, you can request a statement and help filling out the 1500 form at the end of the month from our admin at admin@austintherapyforgirls.com. Most insurance plans will pay a portion of the cost of your visits after you or your child has satisfied the deductible.

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 so you are charged the full fee regardless of attendance. The structure for the group fees charges are usually \$500 to \$300 the day after the first session, covering four sessions, you are charged whether or not you or your child are present. The final group payment (usually around \$500-\$300 for an 8 /10 week group) is charged on the 4th /5th session.

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.

Client Litigation

We do not want to be involved in your litigation. ATFG does not want to deal with subpoenas or lawyers or having to disclose your confidential information in court. We do not enjoy going to court and we do not want to deal with the negative feelings that can result from court or deposition testimony. The nature of the therapeutic process often involves making a full disclosure with regard to many matters which maybe extremely private, upsetting or embarrassing. If you become involved in any legal proceeding during your therapy with ATFG, including but not limited to divorce and custody disputes, you agree that neither you, nor your attorneys, nor anyone acting on your

behalf will subpoena records from ATFG, or subpoena us to testify in court, in a deposition or in any legal proceeding. By your signature below, you acknowledge ATFG's position and agree to abide by our litigation policy. If you involve ATFG in your litigation, or if you or your attorneys subpoena any of our therapists to provide our records, testify in court or give a deposition in violation of this agreement and against ATFG stated wishes, I will comply with lawfully issued subpoenas. ATFG's hourly charge for all time related to court cases or litigation is \$500 per hour.

You also agree by your signature below to execute and sign a Credit Card Authorization and provide a valid credit card to ensure payment for the time ATFG must spend dealing with your litigation.

If ATFG is subpoenaed to provide records or testimony in violation of this agreement and Against our stated wishes, you also acknowledge and agree that you will pay for all of ATFG professional time, including but not limited to preparation, record review, transportation charges (door-to-door), waiting time, and time spent testifying in court or deposition regardless of which party issues the subpoena or requires me to testify. Finally, If you choose to involve the legal system in our work together by issuing a subpoena for my treatment records or our testimony in court, this will represent a conflict of interest for me, and ATFG will most likely terminate our therapeutic relationship and provide referrals to other providers.

Email

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. We do appreciate a quick update/check-in before session to know any major activities and progress towards goals in treatment however that is at the client/parent disclosure.

Professional Records

Documentation of sessions consists of a summary of each meeting and may include general issues addressed, possible symptom presentation or change, level of functioning, mental status, diagnosis and treatment plans. Texas law requires that we maintain appropriate treatment records for at least 5 years from the last date of service. If the client is a minor child, we must maintain treatment records for 5 years from the date the child turns 18.

As a client, you have the right to obtain a copy of your records upon submission of a written authorization. The records of your treatment will contain confidential information about you. Texas law requires that all requests to review or obtain copies of your records must be made in writing.

Records of therapy can be misinterpreted and/or can be upsetting to lay readers. If you request a copy of your records, I will provide them to you within 15 days of receiving the request unless I believe that to do so would endanger your life or the life of another person. If I believe that I must withhold the records due to a situation involving life endangerment, I will write you a letter to explain my reasons for withholding the records and your options.

Caregivers must sign a document before receiving confidential documents.

Limits on Confidentiality

In general, the privacy of all communications between you and a therapist is protected by law, and we can only release information about our work to others outside your relationship with your written permission. But there are a few exceptions outlined below:

1. If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the therapist-client privilege law. I cannot provide any information without your written authorization. However, if your records are subpoenaed or if a judge issues a court order for your records, I am legally obligated to comply. In the case of a subpoena, I will contact you so you (and/or your attorneys) can take steps to contest the subpoena. If you do nothing to contest the subpoena after being notified by me, I will obey the subpoena.

2. If I believe that you are a danger to yourself or to other persons, I will contact medical or law enforcement personnel.
3. If you file a lawsuit or a complaint against me for any reason related to your therapy, I am allowed to use confidential information to defend myself.
4. If a court order or other legal proceeding or statute requires disclosure of your information, I will obey the court order or the law.
5. If you waive the rights to privilege or give written authorization to disclose information, I will comply with your authorization.

Complaints

You have a right to have your complaints heard and resolved in a timely manner. If we cannot work things out to your satisfaction you may inform your insurance carrier and file a complaint with them or with my licensing board: Texas Behavioral Health Executive Council at 1-800-821-3205. If you have a complaint concerning the HIPAA Privacy Regulations, you may contact the U. S. Department of Health and Human Services, Office for Civil Rights, at OCRMail@hhs.gov.

Please Check the boxes.

- I understand the nature of the proposed therapeutic treatment and I give my informed consent for psychotherapeutic treatment by Austin Therapy for Girls, PLLC.
- I understand that the fee for service is \$150 - \$250 for each individual session. I have also been informed regarding fees related to legal proceedings and Austin Therapy for Girl's litigation policy and I agree to abide by it.
- I agree to pay the full rate for any missed appointments. To avoid a fee, please give 24 hours advanced notice if you must cancel or reschedule an appointment.
- I understand that if I am experiencing a medical or mental health emergency, I have been advised to dial 911 or go to nearest emergency room, and I agree to abide by these instructions

I have read the above Agreement carefully, I understand the terms of this Agreement and I agree to comply with them. I understand that this Agreement is a contract between me and Austin Therapy for Girls, PLLC, and may be legally enforced as a written contract. I agree that this Agreement will stay in effect until I revoke it in writing. I understand that any written revocation must be dated AFTER the date of this Agreement and must be provided to Austin Therapy for Girls, PLLC. I agree that a copy of this Agreement has the same force and effect as a copy.

By your signature below, you acknowledge that you have been advised of these limits to confidentiality and potential risks.