

Bee Cave Mindfulness Therapy

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Licensed Professional Counselor

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Welcome to my practice. Your first visit to your therapist is very important. Please read this document carefully and write down any questions you might have so that we can discuss them when we meet.

This document is a way for me to introduce myself in order to give you information to help you decide whether we can work together to find solutions. When you sign this document, it will represent an agreement between us.

THE PROCESS of THERAPY

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and patient, and the particular problems you bring forward. Participation in therapy can result in a number of benefits to you, including improved interpersonal relationships and resolution of the particular concerns that led you to seek therapy. Working toward these benefits requires effort on your part. Therapy requires your active involvement, honesty, and openness in order to change your thoughts, feelings, and behaviors. I will ask for your feedback and views as we progress. Keep in mind that I often use a variety of approaches.

During the course of therapy, remembering unpleasant events, feelings, or thoughts may result in you experiencing significant discomfort and strong feelings. I may challenge some of your perceptions or propose different ways of thinking about or managing situations that may cause you to feel upset, angry, or confused. Attempting to resolve issues that brought you into therapy may result in changes that were not originally intended. Psychotherapy may result in decisions to change behaviors, employment, substance use, housing, or relationships. Change can sometimes be expedient and easy, but oftentimes it is gradual and even frustrating. Our intentions will be for you to experience positive results, however, there is no guarantee that therapy will return intended expectations.

Our first session will involve a conversation about what brings you to therapy. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, energy, and funds, so you should be mindful about the therapist you select. If you have questions about my practice, we should discuss them whenever they arise.

SESSIONS

I normally conduct an informal evaluation during our first meeting. During this time, we can both decide if I am the best person to provide the services you need in order to meet your goals. If psychotherapy is begun, I will usually schedule one 45-50-minute session (one appointment hour of 45-50 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it at the time of your appointment unless you provide 48 hours advance notice of cancellation.

PROFESSIONAL FEES

Payment in the amount of your fee or co-pay is due at the beginning of each session. I accept cash, check or credit card. Standard fees are \$125.00 for the initial 50 minute session and \$100.00 per 50-minute session thereafter, unless other arrangements have been made. Telephone conversations, video counseling, site visits, report writing/reading, release of information, longer sessions, etc. will be charged at the same rate, unless indicated and agreed otherwise. A fee of \$35.00 will be assessed for returned checks.

CANCELLATIONS AND LATENESS

Missed and cancelled sessions pose some issues for both of us. The work of psychotherapy is sometimes challenging and when we hit a difficult place together, it can feel easier to want to avoid coming in for treatment. I would rather we speak about this intentionally rather than you canceling a session. Further more, I hold your scheduled appointment time specifically for you. In addition, I see a limited number of clients so that I can give you the focus and attention you deserve. It is extremely difficult for me to fill your cancelled session on a short notice. For that reason, I charge for appointments cancelled with less than 48 hours notice unless we can find another time that week that works for both of us. If we are able to do so before the weekend, I will allow you to reschedule at no extra fee. Insurance companies do not pay for missed or cancelled appointments. Payment is due for any missed appointment at the beginning of the next session.

If you are running late for your appointment, please text or call as soon as you can to let me know you will not be on time. If I do not hear from you by 15 Minutes into your session, I will call/text to check on you and may assume you do not plant to attend your session.

If you are late for your session, we will still end at our regular time so that I have time to prepare for my next appointment and I can be on time for the next person.

HEALTH INSURANCE/CONFIDENTIALITY/PAYMENT

Your health insurance may require confidential information in order to process your claims. Only information required for billing and authorization will be disclosed. I have no control or knowledge regarding what insurance companies do with the information submitted, or who has access to it. Submitting a mental health invoice for reimbursement carries a risk to confidentiality, privacy or future capacity to obtain health or life insurance. If I am a provider with your insurance company and you choose to use insurance benefits, your co-pay is due at the beginning of each session. If your insurance does not pay for services, you will be responsible for any unpaid balance. If I am not a provider in your insurance network, the full session fee will be due on the date of service. Upon your request I will provide a receipt which you may submit for reimbursement. It is your responsibility to verify the specifics of your coverage.

CONFIDENTIALITY OF COMMUNICATION:

E-mail, video counseling, texting, fax, and cell phone communication can be relatively easily accessed by unauthorized people and thus compromise confidentiality. Please notify me if you decide to avoid the use of any or all of these modes of communication.

LITIGATION LIMITATION

Due to the sensitive nature of therapy and the information shared, you agree that I am not obligated to supply any documentation, correspondence, or presence regarding any legal proceedings. Should you or your attorney desire any documentation or service for court/legal purposes, I must receive such request in writing and will have 2 weeks to give a response. I may decline the request if disclosure of the requested information may be harmful in any way to the client; no request will be acknowledged unless it is accompanied by the client's written permission. Any documentation, consultation, or testimony requests will incur a charge of \$300.00 per hour. Testimony charges may include time spent traveling, preparing reports, attendance, and other case related costs.

CONTACTING ME

If you need to change an appointment time or have administrative matters you may e-mail me at mariellenmclean@me.com. I generally receive and return these emails within 24 hours with the exception of weekends.

If you need to contact me between sessions about a clinical matter, please leave a message for me

at 512-913-4643. I check my messages each day unless I am out of town. If I am planning on being out of town, I will let you know in advance.

If an emergency situation arises, please indicate it clearly in your message to me. If your situation is an acute emergency and you need to talk to someone right away, contact the closest 24-hour emergency psychiatric service:

Dial 911 or go to your nearest Emergency Room

Austin Psychiatric Emergency Services: 512-472-4357

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. Your health insurance carrier may require disclosure of confidential information in order to process claims. Only the minimum necessary information will be communicated to your insurance carrier, including diagnosis, the date and length of our appointments, and what services were provided. Sometimes treatment summaries or progress toward goals are also required. Unless explicitly authorized by you, Psychotherapy Notes will not be disclosed to your insurance carrier. While insurance companies claim to keep this information confidential, I have no control over the information once it leaves my office. Please be aware that submitting a mental health invoice for reimbursement carries some risk to confidentiality, privacy, or future eligibility to obtain health or life insurance.

MINORS

Parents have a right to receive progress reports on their child's counseling. However, personal information shared by a child during an individual session will be kept confidential unless it involves imminent danger to the child or someone else. Young people may not confide in a counselor if they believe that personal information will be revealed to their parents. If applicable, I must receive a copy of the most recent divorce decree or custody order at our first session; this is to ensure proper consent, confidentiality and disclosure information. All parent/guardian parties must at least be informed of treatment, and all with custody rights must consent to treatment of minor at or prior to the first session. Exceptions to parental consent may apply to minors 16 years or older who present for emergency counseling regarding sexually transmitted diseases, substance abuse, pregnancy issues, and/or are emancipated.

CONFIDENTIALITY

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

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In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

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There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child, an elderly person, or disabled person is being abused, I am required to file a report with the appropriate authority having jurisdiction.

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If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

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I may occasionally find it helpful to consult other professionals about a case. During a consultation, I will not reveal the identity of my patient. The consultant is also legally bound to keep the information confidential.

COMPLAINTS

An individual who wishes to file a complaint against a Licensed Professional Counselor may write to:

Complaints Management and Investigative Section

P.O. Box 141369
Austin, Texas 78714-1369

PAYMENT

Private Pay: I understand that my fee for services per 50-minute session will be \$_____ for the first session, and _____ per session thereafter. My fee for missed sessions or cancellations less than 24 hours in advance will be the same amount.

Clients using insurance: I understand that my co-pay per 45 minute session will be \$_____ unless otherwise designated by my insurance company. My fee for missed sessions or cancellations less than 24 hours will be the full contracted rate for the scheduled appointment.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Client Signature _____

Therapist Signature _____

Date _____