

INFORMED CONSENT & RELATIONSHIP AGREEMENT

Tammie D. Martin, M.Ed., LPC Supervisor

I am glad to be working with you. By providing this important information about my professional services, I hope that we will begin developing a trusting and open therapeutic relationship, the foundation for effective counseling. I view therapy as a collaborative process, where we will work together to establish your individualized goals and concrete steps to meet them. While particular results cannot be guaranteed, your satisfaction with the process is of primary importance. I welcome your feedback and questions throughout the time we work together.

About Me

Since opening my private practice in 1998, I have provided professional counseling services to clients and their families through individual, group and family psychotherapy. Over a decade later, I founded South Austin Counseling Services, LLC (SACS) to better meet the diverse needs of the growing south Austin area. As the founder and clinical director of SACS, I am honored to work alongside several outstanding independent mental health professionals in a team environment. In addition to offering professional counseling services to clients, I provide leadership and mentoring to other psychotherapists at SACS, clinical supervision to LPC Interns, consultation services, continuing education trainings for mental health professionals, in addition to workshops and trainings for parents, schools, businesses, and other groups.

Counseling Purposes and Goals

In our first few sessions, we will work together to identify your needs and concerns, to develop your goals, and creating a plan to achieve them. I strongly believe that your decision to pursue counseling is a testament to your strength and an investment in your overall well-being. Cognitive Behavioral Therapy (CBT) is a very effective treatment method that I use with many clients. In CBT, we work together to identify automatic thoughts and critical self-talk that negatively affects people's feelings about themselves, their relationships, and other elements of their lives. In addition to the use of CBT, I am a strength-based, person-centered counselor. I believe in your ability to increase your resilience and hope, and to develop the confidence that you can and will reach your wellness goals. Most importantly, I am convinced that effective counseling requires a partnership between us, and the development of a strong therapeutic relationship, built on trust, safety, honesty, respect, and hopefulness that is crucial to the overall success of this proven process. I am honored to walk this path with you!

Fees and Payment for Office-Based Services

Payment for the services provided in the office is due before each appointment. I am happy to keep a credit or debit card on file as a convenience to you. If you prefer to pay with cash or check, please stop by our administrative office (suite 106) prior to your session, and our office staff will be happy to assist you. My current session fees are listed below:

- Adult Individual Sessions: \$200.00 Initial Assessment (50-55 minutes)
\$140.00 Subsequent Sessions (50 minutes)
- Couples & Family Sessions*: \$225.00 Initial Assessment (50-55 minutes)
\$160.00 Subsequent Sessions (50 minutes)
- Longer or shorter sessions and other services are available upon request (see **Adjunct Services & Fees** below).
- Extended Sessions: Sometimes it may be better to continue a session, rather than stop and postpone work on a particular issue. This refers to situations when session time has ended, but the momentum and value of the therapeutic experience in the here and now seems particularly important. If this occurs and the schedule permits, I will inquire if you consent to continue working. Please know that when sessions are extended beyond 50 minutes, they will incur an additional fee of \$30.00 per each 10 minutes of time over that allotted. Lastly if the time is more or less than 10 minutes, the fee will be prorated.

Lastly, fees are subject to change with the cost of living; however, advance notice will always be provided to you in writing at least 6 weeks prior to the initiation of any fee changes.

- If, due to extenuating circumstances, any variation to my established fees is agreed upon in advance, the adjusted fee agreement is noted below and requires our signatures to establish this agreement:

Fee Agreement: _____

Tammie D. Martin, LPC-Supervisor

Client Signature

Adjunct Services & Fees

Clients sometimes request my professional assistance in addition to counseling sessions. Some examples are home or school visits, advocacy services, written reports, between-session communication with you, a family member, or another professional. With some limitations, I am happy to spend time outside of our counseling sessions to provide support to you and the work we are doing; however, these services are not covered by your session fee(s), and you will be billed for the time I spend to meet your requests.

Time spent assisting you in achieving your wellness goals that occur outside of our sessions can be a very helpful element in your treatment; I will charge you according to the actual time spent providing the service during regular weekday hours. If you request an assessment or written correspondence, fees will also include the time required in preparation.

Adjunct service fees are payable to SACS in advance by cash, check, and/or credit/debit card.

- Other Professional Services Hourly fee based on session fee. I document my time providing adjunct services, and fees are prorated.

SACS’ Cancellation Policy

No fee is incurred for sessions cancelled with more than 24-hour notice.

- Late Cancellation (less than 24 hour notice): \$40.00
- Cancellation made within 4 hours of scheduled appointment: Full Session Fee

The time scheduled for your appointment is assigned to you and you alone, and I am happy to schedule recurring sessions (same day and time weekly) with you; however, frequent cancellation or missed appointments may result in the loss of your desired appointment time.

Termination

During the course of therapy, clients may have times when they consider ending therapy for a variety of reasons. Sometimes people also just want to take a break from the challenging work of counseling. This is understandable. If you are contemplating ending your work in counseling, whether temporarily or permanently, I kindly request that you discuss this with me during our sessions so we can go through the process called termination in a way that is as helpful to you as possible. Closure is a very important part of the therapeutic process. If you are considering discontinuing counseling, I ask that you please schedule at least one session for proper closure.

Confidentiality and Required Reporting

I will hold our conversations to the highest standards of confidentiality. If you request that I speak to another healthcare provider, a family member, or anyone else regarding your treatment, a written release of information from you will be required. Additionally, there are some legal limits to confidentiality. It is important that you are aware of the limits regarding what I can hold in confidence and what I cannot. These limits include:

1. I am required to report suspected abuse or neglect of minors, elderly, or disabled persons.
2. I may take reasonable action to inform medical or law enforcement personnel if I determine that there is a probability of imminent physical injury by you, to you, or to others.
3. In legal matters, I may receive a court order that requires disclosure.

I participate in peer consultation meeting with other mental health professionals at SACS and may, upon occasion, discuss the work that we are doing. Please be assured that I will do so in a manner that protects your privacy by not disclosing your name or any other identifying information. Any such consultation is for the sole purpose of improving the quality of the services being provided to you.

Electronic Communication

If you choose to communicate with me via email, it is important to understand that email communication is not completely confidential. Internet service providers keep logs of all electronic communication on their servers. Under normal circumstances, it is unlikely that anyone will examine these logs, but it is important to know that all email can be read by the internet service provider's administrator(s) or their representatives, and they may be intercepted by malicious third parties; therefore, I discourage the disclosure of sensitive information by email, and I do not conduct counseling via email. If you do choose to send private correspondence through email, I will make every effort to read it prior to your session; however, I will wait to discuss it with you in person during our next appointment.

Mental Health Records

The medical records documenting the services clients receive at South Austin Counseling Services, LLC, are kept and maintained in an electronic medical record. As required by the Texas State Board of Examiners of Professional Counselors, your counseling records are kept for a period of 5 years after the date of your last counseling session (adult clients). Records of services provided to minors are kept for 5 years after the minor child reaches the age of 18 years. As the HIPAA security officer for SACS, please know that I take every precaution to protect your right to confidentiality. In the event of my death or incapacitation, the responsibility for the integrity and safekeeping of your counseling records will be transferred to my husband, Mr. Jerry Martin, who can be reached at P.O. Box 1437, Manchaca, Texas 78652.

Emergency Situations

If an emergency were to occur during our work together, or I become concerned about your personal safety, I am required by law and the rules of our profession to contact someone close to you----perhaps a relative, spouse, or close friend. I am also required to contact this person, or the authorities, if I have reason to believe you may harm someone else. Please write down the name and information of your chosen contact person:

Name	Relationship	Address	Phone number
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If consent is for couples counseling, Partner A and Partner B each need emergency contacts listed above.

Complaints

If you have any concerns about our counseling relationship or the services I am providing, I request that you speak with me directly. If we cannot resolve your concerns to your satisfaction, you may contact the Texas State Board of Examiners of Professional Counselors, Complaints Management and Investigative Section, P.O. Box 141369, Austin, Texas 78714-1369 or call 1-800-942-5540.

Consent to Treatment

I have read, or have had read to me, and understand the information and policies in this client agreement. Any questions that I had about this consent form have been answered and explained to my satisfaction. I understand and agree to the limits of confidentiality, fee structure, and policies in this document, and I consent to counseling under the terms described above.

_____	_____	_____
Client Name	Signature	Date

If a couple, Partner A and Partner B each need to sign this above.

I have met with this client (these clients) and discussed this consent form. It is my professional opinion that a full understanding of this agreement is established:

_____	_____
Tammie D. Martin, LPC Supervisor	Date