



### Consumer's Consent to Evaluation and Treatment

I, \_\_\_\_\_, hereby provide my consent to participate in an initial evaluation and psychotherapy with Lindsey Payton, LCSW. I understand that there are limits of confidentiality, including imminent or serious danger to self or others, or in the case of identifiable abuse to a child or person incapable of caring for themselves (elderly, disabled, etc.), or sexual misconduct by another mental health professional. Such circumstances will necessitate disclosure to the appropriate authorities. I further understand that the evaluation and therapy process may be distressing and may affect me emotionally. If this should occur, I understand that I can contact Lindsey Payton, LCSW to discuss this. I agree to hold harmless Lindsey Payton, LCSW for any consequences resulting from such evaluation. Psychotherapy requires a very active effort on your part, and in order to be successful, you will need to work on things we talk about both during our sessions and at home. Psychotherapy has been shown to have many benefits, including better relationships, more effective solutions to specific problems, and a significant reduction in feelings of distress. However, there can be no guarantee what you will experience. After I have been able to evaluate your needs, we will discuss and establish therapeutic goals. I generally meet with clients once per week for a 45-50-minute session at a mutually agreed upon day and time.

#### Psychotherapy Fees:

Fee for individual Psychotherapy (45-55 minutes) is \_\_\_\_\_. Once an appointment is scheduled, you will be expected to pay for it in full at the beginning of the session unless you provide 24 hours advance notice of cancellation. I may make exceptions for illness and other unforeseen circumstances. Payment for all psychotherapy services are required at each visit by cash or card before the session begins. If your session is missed without 24 hour notice, the missed session's payment along with the current sessions payment will be due at the beginning of your next session. If you experience difficulty in meeting your payment obligations, please contact me so we can establish a reasonable payment plan. If your account has not been paid for more than 30 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information (your name, nature of services provided, and amount due). I will inform you in writing if I intend to exercise that option, to provide you with a final opportunity to make payment arrangements.

\_\_\_\_\_Initial

Contact:

The best way to reach me between sessions is to call me and leave a voicemail. Email is not a secure method of communication.. Both of these methods should be used only for administrative reasons, including but not limited to scheduling appointments. Messages are generally returned within 24 hours during the week or 24-48 hours on the weekend. While technology provides other ways for people to communicate, the relationship between a therapist and client is unique, and so these methods are not a viable way for us to interact. I do not “friend” clients on sites like Facebook or other social media. I believe that using these other methods for communicating may compromise your confidentiality and can blur the lines of the therapeutic relationship. I have set availability in my office space, so I see clients at scheduled appointment times only. If you are in need of immediate crisis intervention or are in danger of harming yourself or others, it is expected that you would contact one of the following emergency services instead of waiting for our next session or a returned phone call: 24-Hour Crisis Hotline 512-472-4357 or the General Emergency Number, 911.

\_\_\_\_\_Initial

Confidentiality:

The confidentiality of our sessions is extremely important to me. To the degree allowed by law (please reference “Notice of Privacy Practices”), information about your contact with me and my office will not be disclosed to any person or organization unless you give me a specific, written release to do so. Although you are free to discuss anything that occurs in our sessions with anyone, I am required not to discuss such matters without your written authorization. In all aspects of my practice, communication between my clients and me (or between me and those whom my clients have authorized me to contact) is protected by confidentiality regulations as stipulated by federal and state laws, and by professional standards and ethics. There are, however, some situations written into law that deny me complete control over confidentiality of communication as follows: 1. I am legally required to report any situation of suspected child abuse or neglect to the proper authorities. I am also legally required to report suspected abuse, neglect, or exploitation of an elderly or disabled person. 2. In some circumstances, my records may be subject to a subpoena issued by the court. Confidentiality may be waived with regard to any suit affecting the parent–child relationship. 3. If I believe that a client may harm her/himself or another individual, I am permitted by law to break confidentiality by contacting law enforcement officials and/or medical authorities who may then take protective actions. 4. If I am contacted by an insurance company or an auditor, I may be required to release client information as dictated by law. The law also permits me to release information to a collection agency in order to collect on an overdue account. 5. If a client discloses to me the identity of a mental health professional who engaged in sexual contact with him or her during the process of treatment, state law requires me to report that professional. In this situation, I am not permitted to disclose the identity of the client if he or she does not wish to be identified. 6. Confidentiality does not extend to criminal proceedings in Texas. In addition, there are benefits to a therapist consulting with other professionals in order to enhance knowledge, skill, and insights. If I believe that it is beneficial, I may at times consult with 3 professional colleagues about our work without

asking permission, but your identity and specifics about your case will be disguised. The situations outlined above are out of the ordinary and have no impact on the large majority of people seeking professional mental health services. I share this information with you so that you can be fully informed and your questions and concerns can be addressed.

\_\_\_\_\_Initial

Termination of Services:

Termination of Services or ending of therapy is an event that we plan and discuss. As mentioned above, therapy may end if another referral is needed or when treatment goals are met. I believe that it is helpful to the therapeutic process for us to discuss our ending in person. If you decide that I am not the right therapist for you, please discuss this with me and know that I am available to help with referrals. There may be times when immediate termination of services may be necessary. Examples of these situations may include, but are not limited to: consistently canceled appointments, threatening or abusive behavior, or nonpayment for services. Insurance Reimbursement If you have health insurance, your plan may provide out-of-network coverage for mental health treatment. I will provide you with a bill of services on a monthly basis, if requested; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what your insurance policy covers.

\_\_\_\_\_Initial

Email and SMS Contact:

Because I do all of my own scheduling, I often use email to make appointments with clients or their parents/guardians. Because these modes of communication potentially expose your protected health information, you must provide me with consent to communicate in this manner and agree to hold me harmless should an unintended breach occur. To do so, please sign here:

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE NOTE: Lindsey Payton LCSW is an independent, licensed social worker and is solely responsible for her clinical practice. Other clinicians practicing in the office are separately licensed, independent practitioners and are professionally and legally responsible for each of their respective practices. Thus, unless otherwise stated in writing, Lindsey Payton LCSW and those practitioners are affiliated through sharing office space only. Agreement I hereby grant my permission for any counseling that may be deemed necessary by my therapist. I understand that therapy is a joint effort between the therapist and client, the results of which cannot be guaranteed. Progress depends on many factors including motivation, effort, and other life circumstances. I agree that I will be responsible for the payment of all professional fees. I know that I can end therapy at any time I wish and that I can refuse any requests or suggestions made by my therapist. I have read, understand, and agree to the Office Policies described above, and I have reviewed this office's "Notice of Privacy Practices." I have been offered a copy of these Office Policies and the "Notice of Privacy Practices."

Client Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Client Signature \_\_\_\_\_

Date \_\_\_\_\_