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Office Policies

Welcome to my practice. Choosing to work with a therapist is an important decision. This document is intended to assist you in making an informed decision regarding my services. Please feel free to ask questions about my policies or about my practice at any time.

FEES and PAYMENT: All fees are payable at the time of service unless *prior* arrangements have been made. For the sake of time management I ask that you have payment ready at the beginning of the session. Fees for services are as follows:

50-minute individual session -- \$120.00
50-minute relationship session -- \$120.00
90-minute group session -- \$50.00

Longer sessions may be scheduled as needed/desired and fees are prorated. Fees will be reviewed periodically; you will be informed of any potential rate increases well in advance. Payment may be made via cash, check, or credit card (Visa, MC, Discover). Credit card charges will appear on your statements as Professionalcharges.com. You agree to pay a fee of \$30 for each returned check or chargeback.

CANCELLATIONS: A minimum of 24 hours notice is required for rescheduling or cancellation of an appointment. The full fee will be charged for missed sessions without such notifications. Group therapy sessions cannot be cancelled and payment is required regardless of attendance. Please note your insurance company will not provide payment for missed sessions or late cancellations and you will be responsible for the full charges -- NOT only the copay.

LEGAL FEES: Any fees relating to foreseen or unforeseen legal actions that require me to reproduce records or participate in depositions or court appearances will be the responsibility of the person signing below. This is without regard to who files the subpoena or initiates the legal action. It is the signor's responsibility to obtain reimbursement from any other party. These fees must be paid in advance.

INSURANCE REIMBURSEMENT: It is important for you to determine whether or not you would like to utilize your health insurance to assist in paying for therapy. In doing so, it is necessary that you find out exactly what mental health services your insurance policy covers by calling them directly to have your company's procedures explained.

Often, mental health coverage requires authorization and pre-certification before providing reimbursement for services. Some plans require you to receive treatment from a therapist who is on

their provider panel. Mental health services are often limited to short-term treatment approaches to work out specific problems which may or may not be suitable for what you have sought psychotherapy to address. Please note you are responsible for any charges not paid by the insurance company regardless of the reason for denial.

MESSAGES: Please note due to the confidential nature of our work, I do not communicate with clients via email or text. I check voicemail regularly (Tuesday-Saturday) and make every effort to return calls in a timely manner. You may leave a message on my voicemail (512-689-4787) 24 hours a day, seven days a week.

EMERGENCIES: I may not be available when you urgently need to speak with someone. In an emergency, I ask that you call the 24 hour Crisis Hotline (512-472-4357), 911, or go directly to your nearest emergency room.

CONFIDENTIALITY: I am bound by the laws of the State of Texas and by the ethical code of my profession to uphold the confidentiality of my clients' names, as well as all personal information. That means that you are free to discuss whatever you would like with me, and *I am required by law not to disclose that information without your written consent.*

However, there are several instances in which your right to confidentiality may be limited. The laws of the state of Texas require me to make reports in the following instances:

1. If I suspect or learn about *child abuse or neglect*, I must make a report to Child Protective Services (or law enforcement).
2. If I suspect or learn about *abuse of an elderly person or a disabled person*, I must make a report to Adult Protective Services.
3. If I believe there is a high probability that a *client may harm himself/herself or another person*, I am permitted to contact law enforcement officials and/or medical authorities, who may then take protective action.
4. If I learn that a client has been *abused by another mental health professional*, I am required to report that professional to the appropriate district attorney.
5. If I receive a *subpoena from a state court judge* for my written records, I must release the records to the judge. Confidentiality may be waived in any legal suit affecting parent-child relationship.

Please note: if you wish for me to speak with another professional or family member about your work with me, I must have a signed release from you before I can do so.

CONSULTATION: Like most therapists, I seek consultation regularly with other colleagues about my work. In consultation with others, however, I continue to be ethically and legally responsible for maintaining confidentiality and cannot reveal any personal information about my clients without their consent.

COMPLAINTS: If you have reason to believe I am practicing outside of national and state guidelines for professional and ethical standards of care, you may report your concerns directly to following licensing agency.

Texas State Board of Examiners of Professional Counselors
1100 West 49th Street
Austin, Texas 78756-3183
512-834-6658

I have read and understand the office policies listed above. I understand that therapy is a joint effort between therapist and client, and I agree to discuss with my therapist any questions I may have about the process of therapy.

I have also received a copy of the Privacy Policy employed by this office, as required by law.

Client Signature

Date