



Client Initials _____

**Marcela S. Billig, LPC-Intern
Supervised by Ann Stoneson, LPCS**

**8700 Manchaca Road, Suite 806
Austin, Texas 78748
(512) 751-3030**

Welcome to your counseling journey! I am grateful for the opportunity to serve you. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you have so we can discuss them during your initial meeting with me. When you sign this document, it will represent an agreement between us. Your initials on each page confirm that you have read and understand the provisions of that section of the contract.

PSYCHOTHERAPY INFORMATION DISCLOSURE STATEMENT

Therapy is a relationship that works in part because of clearly defined rights and responsibilities of each participant. These clearly defined roles and boundaries are what distinguish the professional client/therapist relationship from other types of relationships. It is these roles and boundaries that permit safe and effective exploration of important topics and themes in treatment. As a client in psychotherapy, you have certain rights that are important for you to know about so that you can be an informed and active participant in your own treatment. There are also certain limitations to these rights that you need to know. As a therapist, I have also have rights and responsibilities in providing treatment to you.

The change process that can happen in therapy might potentially produce emotional risk. It might be uncomfortable to experience unpleasant memories, insights, or shifts in relationships. You may find your relationship with me to be a source of strong feelings, some of them painful at times. It is important to me that you consider these possibilities when embarking in therapy.

The therapeutic relationship is a very special professional relationship. While clients may develop a close emotional bond with the therapist, they need to understand that this does not include a social relationship or friendship. I do not have social or sexual relationships with clients or former clients because that would not only be unethical and illegal, it would also be an abuse of the power I have as a therapist.



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My Responsibilities to You as Your Therapist

I. Confidentiality

All interactions with Marcela Billig, LPC-Intern, including scheduling of appointments, your records, content of your sessions, and progress in counseling, are kept confidential. As part of ongoing training, I participate in case consultation with my supervisor, Ann Stoneson, LPCS, as well as her other supervisees. I may consult with other professional colleagues, keeping your name and identifying information confidential.

With the exception of certain specific exceptions described below, what you discuss in therapy is kept confidential. This means that I cannot tell anyone what you have told me during our sessions. This confidentiality also prohibits me from telling others that you are in treatment. I must have your written permission prior to making any form of disclosure about your treatment. In the event that you permit me to disclose information about your treatment, I will do so on a “need to know basis.” This means that I will share the minimum amount of information needed in order to achieve the necessary outcome. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. If you revoke permission, please submit your request in writing and be aware that information already disclosed for the purposes of your treatment and with your permission cannot be rescinded and will only apply to future potential disclosures.

You are protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically, it will be done with special safeguards to insure confidentiality.

If you elect to communicate with me by email at some point in our work together, please be aware that email is not completely confidential. All emails are retained in the logs of an internet service provider. While under typical circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider.

For confidentiality reasons, if I see you outside the office I will not acknowledge you first. However, if you choose to greet me, I will be friendly but avoid any personal issues, and let you lead the conversation.

The following are legal exceptions to your right to confidentiality. I would inform



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you of any time that I would need to disclose personal information without your permission.

- 1.) If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect that person.
- 2.) If I have good reason to believe that you are abusing or neglecting a child, dependent adult, or older adult (age 65 or older) or if you give me information about someone else who is doing this, the law requires me to file a report with the appropriate state agency.
- 3.) If I believe that you are in imminent danger of harming yourself, I must take steps to ensure your safety up to and including contacting the police or the county crisis team. I would explore all other options with you before I took this step. If after that discussion you remained unwilling or unable to take steps to guarantee your safety, I would contact the county crisis hotline.
- 4.) If you tell me of the behavior of another named health or mental health care provider that informs me that this person has either a.) engaged in sexual contact with a patient, including yourself or b.) is impaired in practice due to cognitive, emotional, behavioral, or health problems, then the law requires me to report this to their respective licensing board.
- 5.) If I am court-ordered to release records as part of a legal proceeding, I am required to comply with that order. Please note that if you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by your therapist.
- 6.) If the FBI orders me to release records in keeping with a federal law known as The Patriot Act of 2001, I may be required to provide FBI agents with records of your treatment. This Act prohibits me from informing you that the FBI sought or obtained this information.

II. Record-keeping

I keep electronic records of your treatment, noting your attendance, which interventions were used, and the topics we discussed. You have the right to a copy of your file at any time, unless I believe that this disclosure would cause you psychological harm. If this is the case, I will be happy to provide your records to an appropriate mental health professional of your choice. Because client records are professional documents, they can contain information that is confusing or upsetting when taken out of context. If you wish to review your records, it is best



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to review them with me so that we can discuss their content together. You have the right to request that I correct any errors in your file. I will always maintain your records in a secure location.

III. Diagnosis

If a third party such as an insurance company is paying for part of your bill, a diagnosis is often required in order to obtain reimbursement. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you. All of the diagnoses come from a book titled the *DSM-5*; should you have any questions about your diagnosis, I am happy to discuss it further with you

IV. Other Rights

You have the right to ask questions about anything that happens in therapy. I am always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You should feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. If you feel you would like to discontinue treatment with me, I encourage you to schedule a meeting to discuss this with me in person. However, this is not required and you are free to leave therapy at any time.

V. Managed Mental Health Care

If your therapy is being paid for in full or in part by a managed care firm, there are usually further limitations to your rights as a client imposed by the contract of the managed care firm. These may include their decision to limit the number of sessions available to you, to decide the time period within which you must complete your therapy with me, or to require you to use medication if their reviewing professional deems it appropriate. They may also decide that you must see another therapist in their network of providers. Such firms also usually require some sort of detailed reports of your progress in therapy, and on occasion, copies of your case file, on a regular basis. I do not have control over any aspect of these rules. Upon request, I will provide you with the necessary documentation to submit a claim for reimbursement from your insurance company. It is your responsibility to confirm your mental health benefits and eligibility for reimbursement prior to beginning treatment to me.

VI. Termination

Ideally, client and therapist mutually agree upon termination of the counseling/therapy



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relationship. The goal is for clients to be content with their direction in life or toward a solution and relatively confident in their skills and abilities to accomplish such.

There are a few exceptions. If I judge that I am not able to help you because of the kind of concerns you have or because my training and skills are not appropriate, I will inform you of this fact and refer you to other providers who may be a better fit. I also have an obligation to refer you to another provider if it becomes apparent over time that my treatment is not benefitting you. If you do violence to, threaten, verbally or physically, or harass myself, the office, or my family, I reserve the right to terminate you unilaterally and immediately from treatment. If I terminate you from therapy, I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy.

VII. Contacting Me

I can be reached via mobile phone at (512) 751-3030 where you will usually leave a message for a call back.

I make every effort to return phone calls within 24 hours although occasionally there are unavoidable delays. Calls received after 5 pm will be returned on the next business day. If you need to speak with me immediately, please indicate so on my voicemail and I will make every effort to call you back as soon as I possibly can. If you contact me by phone or email seeking an in depth discussion about topics for therapy, I will likely ask you to make a note of your thoughts so that you can bring it up in the next session with me. This ensures that we keep a good boundary about where your therapy happens, thereby increasing its effectiveness.

I am away from the office several times in the year for vacations or to attend professional meetings. If I am not taking and responding to phone messages during those times I will have someone cover my clients. I will tell you in advance whenever possible of any anticipated lengthy absences, and give you the name and phone number of the therapist who will be covering my practice during my absence.

In case of Emergency:

Emergency services are not provided by Marcela Billig, LPC-Intern. In cases of emergency, clients should contact one of the following:

*Hotline to Help: 472-HELP (512-472-4357) –local county crisis outreach service

*911 for Emergency Assistance

*Austin Lakes Hospital: 512-544-5253



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*Shoal Creek Hospital: 512-324-2029

*Nearest hospital emergency room

If you are experiencing a crisis and cannot keep yourself safe, please call 911 and request a mental health deputy.

My Training

I graduated with a M.A. in Counseling from St. Edward's University in 2017. My license number is 79029 as a Licensed Professional Counselor Intern, Supervised by Ann Stoneson, Licensed Professional Counselor Supervisor with the Texas State Board of Examiners of Professional Counselors. The board mailing address is:

Texas Department of State Health Services
Mail Code 1982
P.O. Box 149347
Austin, Texas
78714-9347

The telephone number for the board main office is 512-834-6658.

My areas of special training and expertise include working with women in the preconceptive and childbearing year, with perinatal mood disorders, women in different phases of parenting, and also with birth and healthcare professionals.

During the course of treatment, I may suggest that you consult with another health care provider regarding additional treatments that could help you. I may suggest that you get involved in a therapy or support group as part of your work with me. If another health care provider is working with you, I will need a release of information from you so that I can communicate freely with that person about your care.

Your Responsibilities as a Therapy Client



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You are responsible for coming to your session on time and at the time we have scheduled. Sessions last for 55 minutes. The fee for each session is \$90, due at the time of service and payable by cash or check or card. All checks must be made out to Counseling South Austin. Please note there is a \$25 fee for returned checks. If we decide to meet for a longer session ahead of time, I will bill you prorated on the hourly fee.

If you are late to your appointment, we will still need to end on time. Fees are not prorated if you are late to your appointment. If you are going to be more than 15 minutes late for your appointment, please call me at 512-751-3030. If you do not reach me directly, leave me a message. If you do not do this, I may assume you are not coming and may be unavailable. If this happens, you will still be charged for the session.

I do not charge for brief phone calls between sessions, but do charge for longer calls (15 minutes or more.) Fees for these calls are due at the next appointment and are as follows: 15 minutes = \$15.00, 20 minutes = \$20.00, 30 minutes = \$30.00.

Missed or canceled appointments with less than 24 hours notice will be billed for a full session, due at our next meeting.

The only exceptions are if we are having weather causing dangerous road conditions or if there is another emergency in your life.

I will not voluntarily participate in any litigation or custody dispute in which you, another individual or entity, are parties. It is my policy not to communicate with your attorney and I will generally not provide or sign letters, reports, declarations or affidavits to be used in your legal proceedings unless I am court-ordered to do so. You will be expected to pay for such professional time even if I am compelled to testify by another party. You will also be billed for any time I spend preparing reports, documents, or records that you request, prorated according to my hourly fee. My fee for preparation of documents related to court proceedings, participating court appearances, or other involvement in legal proceedings is \$280 per hour.

You will be given two months advance notice if I increase my fees. If my fee increase would present a financial hardship for you, we will discuss alternative treatment options. I will provide you with several referrals for counseling services that fit your budget and will work to facilitate your transfer to another treatment provider.

If you have negotiated a sliding scale fee with me, we will revisit the topic of the fee periodically to determine your ongoing need for a reduced fee.

I am an out-of-network provider for insurance companies. If you wish to use your health insurance benefits, I will provide you with a receipt so you can file a claim for reimbursement.



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You are responsible for full payment at the time of service and you must arrange for any pre-authorizations for service with your insurance company directly. I can accept cash, check, or credit card for payment.

I cannot accept barter, or a running bill for payment for therapy.

Complaints

If you're unhappy with what is happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. I will take such criticism seriously and will address your concerns with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can file a complaint with the Texas State Board of Examiners of Professional Counselors. To obtain more information on filing a complaint, call 1-800-942-5540.

Acknowledgement

By my signature below, I acknowledge that I have read and understand all of the terms and conditions of this contract and agree to abide by its terms during our professional relationship. I agree to hold Marcela Billig harmless from any claims, demands or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment. I understand that this contract is only with Marcela Billig, not with any other entity or individual.

(Printed name)

(Signature)

(Date)