

Client Information and Office Policy Statement Informed Consent

Thank you for choosing to see me, Karen Hampton, LCSW. I would like to take this opportunity to acquaint you with information relevant to treatment, confidentiality and office policies. I will answer any questions that you have regarding any of these policies.

Goal:

The major goal of therapy is to be able to feel connected and loving towards yourself and others and to be able to live your life in a way that reflects this.

Appointments:

Appointments are scheduled for 45 minutes. My practice hours are between 9:00 a.m. and 2:00 p.m. Monday through Wednesday and Friday. Clients are generally seen weekly or more/less frequently as you and I agree. You may discontinue treatment at any time, but it is important to the therapy to discuss thoughts and feelings you may be having about terminating treatment. In the event of an emergency, you may reach me at (512)339-1694. The community crisis phone number is (512)472-4357. If you are unable to reach me, you may call 911, or go to the nearest emergency room.

Confidentiality:

Issues discussed in therapy are generally legally protected as both confidential and “privileged.” However, there are limits to the privilege of confidentiality. These situations include: 1) suspected abuse or neglect of a child, elderly person or a disabled person, 2) when I believe you are in danger of harming yourself or another person or you are unable to care for yourself, 3) if you report that you intend to physically injure someone (note: Texas law states that a therapist **may** inform law enforcement officials), 4) if I am ordered by a court to release information as part of a legal involvement in company or family litigation, etc. 5) when your insurance company is involved, e.g. in filing a claim, insurance audits, case review or appeals, etc.(including, but not limited to diagnosis, treatment plan, goals, problems, and compliance), any serious occurrences including but not limited to patient deaths, accidents, disappearances, suicide attempts, homicide committed by patient, suspected or alleged violence or misconduct by patient, etc., 6) in natural disasters whereby protected records may become exposed, or 7) when otherwise required by law. You may be asked if you’d like me to consult with others involved in your care, i.e., your physician, previous therapist(s). If you agree, you will need to sign a Release of Information granting your permission to do so. I regularly consult on cases with colleagues in my field that are also legally bound by confidentiality. Any identifying information will not be used in those cases. Similarly, if I am out of town or unavailable, another professional will be on call for me and some information may be provided to that person. This office is compliant with the HIPAA Privacy Act.

Record Keeping:

A clinical chart is maintained describing your condition and your treatment and progress in treatment, dates of and fees for sessions, and notes describing each therapy session. Active charts are locked and kept on site. Inactive charts are kept off site in a confidential location. Your records will not be released without your written consent, unless in those situations as outlined in the Confidentiality section above. All records are shredded after which time allowed by state law.

Fees:

Fee for each 45-50 minute therapy session is \$150.00.
Fees for other services such as reports are billed at \$150.00 per hour.
Employee Assistance Program (EAP) sessions are pre-paid by the employer.
Insurance rates will depend on the terms of your particular insurance plan.

Payments:

Payment is due at the time of service unless other arrangements have been made with me. I accept checks, cash, and credit or debit cards. In the event that I am on your insurance, I will file your insurance claim. You are responsible for deductibles, co-insurance, and co-payments. Should your insurance not cover a particular session(s), you are responsible for the full contracted rate to which I have agreed with your insurance company. This includes your co-pay AND the remaining balance that the insurance company pays me. It is your responsibility to familiarize yourself with your insurance benefit.

Cancellations and Missed Appointments:

There is no charge for cancellation of an appointment made at least 24 hours in advance. With shorter notice you are agreeing to pay my full fee of \$150.00 for the time you reserved. Insurance companies do not reimburse for missed sessions. If I am seeing you through your insurance, you are responsible for the full contracted rate to which I have agreed with your insurance company. Again, this includes your co-pay AND the remaining balance that the insurance company pays me.

Complaints:

You have a right to have your complaints heard and resolved in a timely manner. If you have a complaint about me, your treatment, or any office policy please inform me immediately and discuss the situation. If you do not feel that the complaint has been resolved, you may also inform your insurance carrier and file a complaint if you so choose. And finally, you have the right to file a complaint with the state licensing board, Texas State Board of Social Worker Examiners, ph (512)834-6628. (Mary Karen Hampton, License # 11203)

Consent for Treatment:

By signing below you are stating that you have read and understood this 2-page policy statement and that you have had your questions answered to your satisfaction.

I accept, understand and agree to abide by the contents and terms of this agreement and further, consent to participate in evaluation and/or treatment. I understand that I may withdraw from treatment at any time.

Name of patient (please print) _____

Parent/Legal Guardian _____

Signature _____ Date _____

Therapist/Witness _____ Date _____

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