



4501 Cartwright Rd, Suite 505, Missouri City, TX 77459
www.thetransformationstudio.com

PSYCHOTHERAPY CLIENT AGREEMENT

I am honored that you have selected me for an initial session and hope that I am able to work with you to further reach your goals. Psychotherapy is a journey that both the client and therapist make towards change. My approach brings into play humor, common sense and a straightforward yet nurturing attitude to understand and assist people in resolving problems and issues. I generally use a conversational directive approach, utilizing cognitive behavioral - solution focused - family systems theories and techniques. I am a flexible, open minded person and am happy to cater to each client's personality and welcome feedback in sessions. It is important to be proactive and verbalize how I can better serve you in any way.

One cannot expect things to instantly become better; it will require a very active effort on your part. I will need you to think about what we talk about when you're at home and at work as well and become more aware of your behavior, thoughts, and feelings and observe your relationship and family patterns. The path may be challenging: you might experience emotions and feelings that will not be pleasant and you could become frustrated with the process. At those times it is helpful to think about what could occur as the end result of our work: the positive transformation of your life: psychological maturity, self-esteem, and improvements in personality for example. I recommend clients bring in a writing journal or write notes in their phone for use in session and for homework.

MEETINGS

The initial meeting with a client is an evaluation of one's needs and treatment goals and to determine if the therapist is the best person to provide the services you. Individual counseling appointments are 60 minutes long and couples and family counseling appointments are 80 minute once a week unless otherwise recommended. Please arrive on time. Since we moved to our new location, we

request clients to please view the location information on our website prior to the first apptmt so they know specific directions and are not lost or confused.

PROFESSIONAL FEES

We accept private pay clients only. The fee for individual sessions is \$100, fee for family/couples is \$120, workshops are \$40 and group series are \$30 per session. Full payment will be due at the conclusion of each session. Other services including report writing, telephone conversations lasting longer than 15 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me will be billed at \$100 an hour. If you become involved in legal proceedings that require our participation, you will be expected to pay for all of the therapist's professional time, including preparation and transportation costs, even if we are called to testify by another party. We do work on a sliding fee for those clients experiencing financial issues.

CONTACTING US

You may reach us at 281 240 7102 or email sarah@thetransformationstudio or thetransformationstudio@gmail.com. Please allow 24-48hours to respond. Just before your apptmt time if you are lost and cannot reach me via business cell, you may call the landline at 832-539-6295. (We are at the office only by apptmt and usually in session). If you are unable to reach us and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If you are experiencing a life-threatening emergency, call 911.

LIMITS ON CONFIDENTIALITY

I may consult about a case and would not reveal the identity of my patient when doing so.

If a patient seriously threatens to harm or kill themselves, or another person, or a child or elder is being harmed or threatened, I am obligated to seek hospitalization for him/her, call the police, or CPS and based on a self harm situation in accordance with their safety plan, would contact their emergency contact. Texas law provides that a professional may disclose confidential information only to medical or law enforcement personnel if the professional determines that there is a probability of imminent physical injury by the patient to

the patient or others, or there is a probability of immediate mental or emotional injury to the patient.

MINORS & PARENTS

Patients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records. However, if the treatment is for suicide prevention, chemical addiction or dependency, or sexual, physical or emotional abuse, the law provides that parents may not access their child's records. For minors, because privacy in psychotherapy is often crucial to successful progress, it is my policy to request an agreement from the patient to share information with their parents or guardian. I can provide general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. If I feel that the child is in danger, is a danger to someone else, or is in a psychiatric or medical emergency, I will notify the parents of my concern immediately, arrange for a hospitalization, or if necessary call police or CPS.

BILLING AND PAYMENTS

For out of network clients, Advekit is set up to take payments for sessions from clients as well as handle billing and claims. Clients must be enrolled with Advekit by clicking on the link provided on the New Client Info page prior to setting up a session in the Nuna scheduling app.

CANCELING & RESCHEDULING APTMT POLICY

Clients may reschedule or cancel an aptmt 24 hours prior to an aptmt through the Nuna scheduling app or via written format of email or a text message that is received and confirmed by me. If a client cancels or reschedules their appointment in less than 24 hours they will be charged the full session rate of \$150.

CLIENT RIGHTS/CONSENT FORM

I do hereby seek and consent to take part in the treatment by the therapist named below. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.

I am aware that I may stop my treatment with this therapist at any time. The only thing I will still be responsible for paying is for the services I have already received.

I understand that I may give input for my own treatment, discharge, and aftercare plans. I further understand that at any time I may request an explanation of my therapist's qualifications, title, and responsibilities.

I have read the HIPPA rules attached on the website and understand them fully. I am aware that client records are kept in a confidential manner and they are property of this facility.

I may request to be given a copy of this statement of clients' rights so that I may refer to it, and/or review it, and understand it.

My records and/or any information conveyed by myself and/or members of my family to personnel, will not be released without my written permission unless required by Texas law. (I.e. Reporting of alleged or suspected incidents of child abuse is mandatory under the Texas Family Code.)

I understand that I may make a complaint about my treatment and rights without such complaints being used against me. If I have a complaint against a licensed staff member, I may grieve directly to the State Board of Professional counselors at 1100 West 49th Street Austin, TX 78756; (612) 834-6658.