

Informed Consent for Therapy and Consultation Services

Services: The Settlement Home for Children provides counseling services using licensed mental health professionals, or counseling/social work interns who are supervised by licensed clinicians. Consultation services are provided by foster care and adoption competent staff. Our philosophy is that the best way to serve families is to work with the family as a whole. While the family may have identified that one member is struggling more than others, healing happens as a group. Entering into services with The Settlement Home means that work will be done with all family members, though not necessarily at the same time. The therapeutic process requires a variety of different techniques to deal with the issues you want to address. Counseling can have both risks and benefits, and while this process usually has positive results, there are no guarantees. Please feel free to ask questions as we progress and if at any time the client or organization feels that the therapeutic relationship is not beneficial for the client(s), a referral to another therapist or professional will be offered.

Confidentiality: All of the information that is disclosed within a session is confidential and may not be revealed to anyone without your written permission. The only exceptions are situations in which disclosure is required by law:

- 1) If a client presents an imminent threat of harm to themselves or others
- 2) When there is an indication of abuse of a child or dependent adult
- 3) By court subpoena
- 4) If a child in your home is in CPS custody, any member of your child's legal team can request records
- 4) If you choose to file a lawsuit against us, your records may become part of our defense

Meetings: Therapy sessions are scheduled for 50-minute increments and on a weekly basis unless otherwise discussed. Consultation sessions are scheduled for 60-minute sessions.

Payment: For therapy services, we currently contract with BCBS, United and Medicaid. Our fee for service rate is \$125 for 50-minute therapy session for those without insurance. If you have out-of-network benefits, we can supply a Superbill for you to file with your insurance. However, you (not your insurance company) are responsible for full payment of fees.

Our fee for consultation is \$75 for one hour, though this fee is waived for families who have adopted through The Settlement Home for Children. Payment is due at the time services are rendered.

Cancellation and Missed Appointment Policy

Clients are expected to attend each scheduled session on time. Since your appointments involve the reservation of time specifically for you and out of respect for your therapist and our other clients, a minimum notice of 24 hours is required for rescheduling or canceling an appointment, though more notice is helpful so that we may offer that time to another client who needs it.

The only exception to this cancellation policy is in the event of a serious or contagious illness or emergency. We offer one grace for these purposes every six months. Some examples of emergencies are car accidents, deaths in the family or extreme illness. Work issues do not constitute emergencies. This cancellation policy also applies even if missing the appointment was an unintentional act. In the event of prohibitive weather, we can conduct the session on the phone or via video (individual counseling).

Frequent Cancellations or Missed Appointments

Frequent cancellations and/or missed appointments will result in the termination of treatment. If you have arranged with your therapist to have recurring appointments, the next recurring appointment will stay on the calendar. Therefore, please call the office if you choose to cancel that appointment to avoid a second No-Show/Late Cancellation charge. A voicemail is sufficient as they are date and time stamped. The recurring appointment will be removed after the second consecutive No-Show/Late Cancellation.

Fees for Missed Appointments and Late Cancellations

Missed Appointment Fees: Anytime you fail to attend a scheduled appointment without giving appropriate prior notice of cancellation, you will be charged \$100 for a missed therapy session and \$50 for a missed consultation session. The credit card information, or other payment information you previously provided, will be used to process this payment. By providing us with your credit card information or booking an appointment, you consent to this policy. Multiple no-shows will result in the termination of therapy.

Late Cancellation Fees: Any session that is missed by canceling less than 24 hours in advance will be charged a \$100 fee for a therapy session and \$50 for a consultation session. You will be charged even if the cancellation is work related and even if you rescheduled the appointment. The credit card information you previously provided will be used to process this payment. By providing us with your credit card information or booking an appointment, you consent to this policy. Repeated late cancellations (more

than two) may result in the termination of therapy. Multiple no-shows will result in the termination of therapy.

You should note that insurance companies generally do not reimburse for missed appointments.

Medicaid Clients: Please note that the fees described in this policy cannot be applied to clients with Medicaid insurance. Thus, therapy services with clients who have Medicaid insurance and multiple, frequent cancellations or missed sessions will be terminated. Your case may be reopened at any time should you so choose. However, you may be placed on a waiting list if there are other clients waiting to use your time slot. This is standard practice with most therapy agencies and private practice offices.

Grievances: If you feel that your therapist has somehow not been ethical in their therapeutic practice, you may use the following information to file a formal complaint:

Texas Behavioral Health Executive Council 333 Guadalupe St., Ste 3-900 Austin, Texas 78701

https://www.bhec.texas.gov/discipline-and-complaints/index.html

or call 512-305-7700 to request the appropriate form or obtain more information.

| Signing below indicates that you have read and agree to the above information. | |
|--|----------|
| Client/ Legal Guardian | Date |
| Clinician | Date |