



## Possible Counseling Services

[www.possiblecounseling.com](http://www.possiblecounseling.com)

[Possiblecounseling@gmail.com](mailto:Possiblecounseling@gmail.com)

210-913-7093

### Client Agreement/Practice Policies/ Informed Consent for Services

**Overview of Services:** Counseling is a collaborative process between you and the counselor to work on areas of your life and assist you with life goals. For counseling to be most effective, it is important that you take an active role in the process. Counseling services are offered to individual adults, couples, families, and teens and children, usually on a once-per-week basis.

**Confidentiality:** The law protects the privacy of all communications between a client and a licensed professional Counselor. In most situations, information regarding your treatment can only be released to others with your written permission. However, there are legal limits to confidentiality and times when a licensed professional is obligated to disclose pertinent information, as necessary, to the appropriate authorities/agencies/individuals, as follows:

- If your Counselor suspects that you pose a harm to yourself.
- If you report that a child, elderly person, or anyone else who cannot otherwise protect themselves has been or is being neglected, or physically or sexually abused.
- Ordered disclosure by state or federal courts or authorities.

**Additional limits to confidentiality include:**

- In the case of minors, parents or legal guardians have access to their child's records, unless emancipated- only if sharing of the records will benefit the child and not pose potential harm to the child. This is done at the discretion of the minor's Counselor.
- You are protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA), which insures the confidentiality of all electronic information about you.

**Therapeutic Relationship:** The client-counselor relationship is a purely professional one in which appropriate boundaries are maintained, despite the fact that close emotional bonds may develop over the course of treatment. As such, your Counselor cannot be expected to be involved in a social relationship or friendship of any kind that exists outside of the therapy room. In addition, the therapeutic process may cause unwanted emotions. The best way to work through these emotions is to create positive communication with your Counselor. This is very important for the therapeutic process to be beneficial.

**Contact Outside of the Office:** As your counselor, I am obligated to do my best at keeping our relationship professional and confidential. Therefore, I will not accept invitations to weddings, birthdays, etc

**Social Media, Email, Texting:** We do allow clients to contact us through email and text; however, it is not a forum for discussing very serious issues or counseling. Therefore, you can expect brief responses from me until we can talk on the phone or at your next session. We do allow you to text; however, we will not use texting as a means to discuss counseling issues.

**Texting should be reserved for appointment issues or minimal communication.**

Text and emails will usually be returned within normal business hours 10am-8pm Monday-Friday. If a response is needed outside of those hours or on the Counselor's off days, you may be billed for the time taken by the Counselor.

By signing below you agree that the Counselors at Possible Counseling Services can contact you by email or text and accept and understand the confidentiality limitations in doing so.

**Time Parameters:** Appointments are scheduled for 50-minutes (individual) or 75-minutes (couples) sessions. Being late for an appointment will count against this allotted duration and the session will conclude at its normal stopping time. If the client is running more than 20 minutes late, the session will be canceled and the client will be subject to the late cancellation fee.

**Fees:** Counseling services at Possible Counseling Services are performed by fully licensed professional counselor.

**\* At this time, we are not taking any insurances**)

**The private pay rates are as follows:**

\*Individual Session (50 minutes) .... **\$95-110 per session**

\*Couples/ Family Session (1 hr. 15 min).....**\$135 per session**

Sliding scale rates are available for those who will qualify

Payment: Payment is due at the end of your counseling session.

### **Forms of Payment**

Cash, credit cards (Visa, MC, AMEX and Discover), Venmo, Zelle, and health savings account cards are accepted forms of payment for services. **We do not accept checks.** Only credit card payments are accepted at this time.

**Cancellation:** Sessions must be cancelled or rescheduled Monday-Friday 9am-8pm with 24-hour advance notice via phone, email, or text. **Clients will be financially responsible for a fee of \$60 for any session cancelled or rescheduled with less than 24 hours notice or missed without prior notification (no show)** If sick, please ask your counselor to conduct a phone session or face-to face session via a HIPPA compliant telehealth platform to avoid penalty. **Payment for phone/virtual sessions must be completed over the phone with your counselor prior to the counseling session.**

\*Clients that late cancel or no show 3 or more times in a row will be subject to termination of counseling services at Possible Counseling Services and referred to other outside counseling resource.\*

**Legal Proceedings involving Counseling:** The Counselors at Possible Counseling Services will NOT provide counseling for legal cases or personal situations (ex: divorce or custody disputes) that could lead to legal cases, provide evaluations or expert testimony. If this is needed your counselor can refer you to outside counselors who can meet the needs of your requests.

**Testimony required by Subpoena ONLY:** \$150 per hour to provide testimony, and notes. If only requesting notes or letters please see above on requesting records/letters. If cancelled outside of a 24-hour window, the client will still be charged the full amount of \$150 per hour. Cost applies for travel, "on call" time, time present, whether testimony is given or not. **A 2-hour minimum payment (\$300) is required 24 hours before scheduled court date.** The remainder of any balance will be invoiced to the client and must be paid upon receipt of invoice.

**Termination:** Counseling is voluntary. Both you and your therapist reserve the right to transfer/terminate services at any time, for any reason. A list of referrals will be given if needed at any time.

**Continuation of Care:** In the event that termination occurs prior to the completion of client-stated goals, the therapist agrees to make reasonable efforts to ensure the client's continuation of care by making appropriate referrals to no fewer than three (3) alternative counseling sources, taking into adequate consideration the client's psychological needs and ability to pay. Such referral(s) will be made in writing and sent to the client's address on record.

**Grievance/Complaint:** You have the right to file a confidential grievance if you have an unresolved concern regarding your therapy/therapist, or any issue involving a representative of possible Counseling Services. **Grievances should be in written form and addressed to: Maricruz Valdez, Possible Counseling Services: P.O. BOX 436 Helotes TX, 78023 [possiblecounselong@gmail.com](mailto:possiblecounselong@gmail.com)**

**Emergency/After-Hours:** If you have a life-threatening crisis, please call 9-1-1. Most hospital emergency rooms can give life-saving services. Help is also available 24hrs at the Suicide Prevention Hotline 1-800-273-8255 or Local Psychiatric Emergency Services 210-223-SAFE /1-800-316-9241.

**By signing below, I agree to accept financial responsibility for all services received at Possible Counseling Services whether or not paid by insurance.**

**By signing below, I agree that I have read, understood and consent to the following conditions of service stated in this agreement. I agree that I have also received the notice of privacy practices on this date and have had the opportunity to ask questions about and understand these policies.**

---

(Print Name)

---

(Signature)

---

(Date)