



## BREE HOWARD THERAPY

Welcome! This document is meant to inform you about therapy and Bree Howard's policies regarding psychotherapy, as well as capture your basic information for record keeping. These records are confidential. Please see the section on Records and Confidentiality for more information. Each person entering therapy will need to fill out their own paperwork even if you are entering couples therapy. Please bring this completed to your first session.

### Client Information:

Printed Name of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

If attending counseling with someone else please list their name: \_\_\_\_\_

Names and relationship of other parties living at your residence: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Yes, you may leave a message here

Cell Phone: \_\_\_\_\_ Yes, you may leave a message here

Other Phone: \_\_\_\_\_ Yes, you may leave a message here

Email: \_\_\_\_\_ Yes you may send information here

How did you hear about Bree? \_\_\_\_\_

Please check if she may contact your referral to thank them \_\_\_\_\_

Are you aware that Bree does not file insurance and is considered "out-of-network"? \_\_\_\_ Yes \_\_\_\_ No

Have you had prior therapy and if so when and for how long? \_\_\_\_\_

What is important for Bree to know about that experience? \_\_\_\_\_

What is your reason for therapy now? \_\_\_\_\_

### **THERAPIST-CLIENT AGREEMENT**

This agreement is meant to clarify the client-therapist relationship and any expectations of you as a client, make explicit Bree's ethics and the ethical guidelines of her license, and inform you of your legal rights. Bree Howard does not discriminate on the basis of sex, gender, sexual orientation, race, ethnicity, color, national origin, age, economic status, disability, marital status, HIV/AIDS status, religion creed, Veterans status, or political beliefs. Bree Howard is licensed in the State of Texas as a Licensed Clinical Social Worker (LCSW).

### **NATURE OF PSYCHOTHERAPY & THE THERAPEUTIC RELATIONSHIP**

Bree's practice does not provide 24-hour or emergency therapy services. Should you or someone close to you require such service, the following referrals are offered:

- Hotline to Help: 512-472-HELP (4357)
- 911 for emergency assistance
- Nearest hospital emergency room

Bree accepts only those clients who she believes have the capacity to resolve their problems with the assistance of psychotherapy. Although every client's goals are individualized, there are certain basic things you can expect from therapy. Essentially, therapy will help you to better manage the challenges of daily life. Discussion of your more specific goals and progress will be a constant and central part of the therapy process.

Be aware that counseling often requires the sharing of difficult thoughts and feelings and that you may feel uncomfortable at times. At other times, you may feel that you are not making enough progress. It is especially important that during these difficult times you continue to communicate with your therapist. Bree will want to work with you to consider all options available to help you meet your therapy goals. Although your sessions may be very emotionally and psychologically intimate, it is important for you to realize the professional nature of your relationship with your therapist. Your contact will be limited to the paid sessions you have at 4131 Spicewood Sprints Road, G-3, Austin, Texas 78759. Bree will be unable to attend social gatherings, accept gifts, or relate to you in any way other than in the professional context of your therapy sessions. Clients are best served if the therapist-client relationship remains professional and sessions concentrate on your concerns.

## **RECORDS & CONFIDENTIALITY**

All interactions including scheduling of appointments, your records, content of your sessions and progress in counseling, are kept confidential. In order to provide you with the best possible services, your therapist participates in case consultation with experts in her fields and peers. If she should discuss your work together in consultation it would be without identifying information with other professionals also held to the standards of confidentiality. Under certain circumstances, your therapist may be required to share confidential information under legal mandate. These circumstances are outlined below.

**Client Authorization:** Clients can give written consent for Bree M. Howard to provide information to others (i.e. psychiatrists, doctors, case workers, etc.) in an effort to coordinate treatment. A release is standard practice for Bree if you are taking a prescribed psychotropic medicine.

**Imminent Risk of Harm:** When there is reason to believe that a client may be at imminent risk of harming him/herself, others, and/or property, the therapist has the legal and ethical option to warn appropriate authorities.

**Cases of Abuse and Neglect:** When there is reason to believe that a minor, an elderly person, or a person with a disability is in danger of being, or has been physically, emotionally, or sexually abused or neglected, therapists are obliged by law to report the information to the appropriate authorities.

**Past Abuse:** It is required by law to report perpetrators of past abuse if the therapist has reasonable suspicion that they have current access to an individual in a protected group (children, other-abled, elderly people...).

**Orders from Court of Law & Criminal Proceedings:** When a court of law orders a therapist to release information, the therapist must comply with such an order. Confidentiality does not extend to criminal proceedings in Texas, so that if a client is presently, or will later become, involved in a criminal lawsuit, the client's file may be opened for court inspection.

**Inappropriate Behavior by a Previous Therapist:** If a client discloses that a previous therapist behaved in a sexually inappropriate manner, then the current therapist is legally bound to report it to the District Attorney's office as well as to the appropriate state licensing board. The Client's identity need not be disclosed if he or she does not wish it.

**Kids and Sex:** Therapists are required to report sexual activity of minors under the age of consent of 17 years of age that are not emancipated. This means sexual activity between a minor and an adult must be reported to the proper authorities for the protection of the minor. Sexual activity between a minor and another minor may be reportable, depending on the specifics of the situation.

## **EMERGENCY CONTACT**

Please provide contact information for a person we can contact in a case of emergency. This contact will only be used if I believe you or someone else is in immediate danger or if you become ill and unable to continue or depart therapy without assistance.

Emergency Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_(Please initial) I agree Bree Howard may contact the above named person under the above named conditions.

## **CLIENT RIGHTS**

If at any time or for any reason you are dissatisfied with your services, please speak with Bree directly. Bree is committed to trying to resolve your concerns. Bree practices according to the national and state guidelines for professional and ethical standards of care. If you have reason to believe that she is practicing outside of these guidelines, you may report your concerns directly to the Texas State Board of Social Work Examiners at 1-800-942-5540.

## **CLIENT RESPONSIBILITIES**

### **Methods of Payment**

I accept cash, check, and major debit / credit cards. There is a \$3.00 fee when using a card. Generally, a credit card authorization form is filled out at the first session and the card is charged by the end of the day, the day of their appointment. Payment is due at the end of the session unless other arrangements have been made. Please make checks out to Bree Howard Therapy.

### **Insurance/ Private Payment**

It is my priority to provide my clients with confidentiality in every respect. Today insurance companies require more and more information from clinicians and clients. Private payment provides you with the benefit of not disclosing your personal information from our sessions. As an out-of-network provider, **I do not bill insurance companies directly** but I am happy to provide you with monthly receipts that you can submit for reimbursement. Please ask your insurance company about their out-of-network benefits towards mental health counseling.

### **Reoccurring Appointments**

Reoccurring appointments are reserved for clients that are able to attend sessions consistently. Clients will lose their reoccurring spot if they accrue 2 no-shows or late cancellations.

## **Fees & Payment Expectations:**

You are responsible for paying your fee at each session. You understand that your current assessed Individual and Couples fees are the same: \$130 for a 45 minute scheduled weekly unless otherwise arranged.

Payment can be made by cash, check or credit card. There is a \$3 processing fee if you use a credit card. The agreement is to pay a \$25 service charge for each check returned. After your second returned check, you will no longer be allowed to pay by check. If your debt becomes outstanding, it will be turned over to a collection agency, thereby releasing your status as a client of Bree Howard.

At a point in the future, fees may be adjusted with at least a two-week notice before the fee change would be in effect.

## **EMAIL**

In order to comply with HIPPA law I am required to inform you that while my computer is password protected, my email is not considered to be secure and emails are not encrypted. Because of this, I do not accept text or emails regarding therapy content. If you choose to change your appointment time or schedule via emails or text please sign below to show your understanding that any email or text communications with Bree Howard, LCSW are not considered secure. I will not be able to reply via text or email with any therapeutic response.

\_\_\_\_\_ Date \_\_\_\_\_

Client or Legal Guardian Signature

## **CANCELLATIONS & MISSED APPOINTMENTS**

If you are unable to attend a session due to illness or an emergency, please notify Bree as far in advance as possible. If you do not show up for an appointment or fail to cancel at least 24 hours prior to your appointment, you will be responsible for paying 100% of your fee for the missed session. If you are late for your appointment, you will be charged your assessed fee. Fees for no-shows and cancellations without 24 hours notice must be paid before your next therapy meeting. Bree Howard reserves the right to not begin or to terminate a session with clients believed to be under the influence of drugs and/or alcohol. If she believes that you are under the influence, she may end the session and may require you to find a safe method of transportation to your residence.

## **TERMINATION OF THE THERAPEUTIC RELATIONSHIP**

The majority of therapy relationships will end because the client achieves his or her goals and agrees with the therapist to terminate. However, there could be circumstances in which you or your therapist will end the relationship regardless of the other's preferences. You are free to end service at any time for any reason, whether or not your therapist feels it is advisable. I ask that you tell me if you plan to stop rather than just not returning and that you schedule one final appointment or tell me before the start of the session so that we can review your progress and discuss any referrals that might be beneficial to you. You will also be obliged to honor any unsettled financial obligations. PLEASE

discuss all decisions regarding termination or breaks in therapy in person with your therapist to insure your file is moved or closed out appropriately and you and your therapist have some closure to your work.

There are a few situations in which your therapist may determine the need to end the therapeutic relationship. For instance, if you no longer need therapy or cannot benefit from continuing, the therapy relationship must end. If your needs surpass your therapist's ability to help you or if the therapy relationship becomes subject to a conflict of interest, the therapist must refer you to another therapist.

### **CONSENT FOR THERAPY**

By signing below, you are indicating that you have read and understand this informed consent statement and that any questions you have had about this document and/or the therapy process have been answered to your satisfaction. You are hereby agreeing to enter into a professional therapeutic relationship with Bree Howard, LCSW.

Client's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Therapist's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Substance Use History						
	Form/Type	Method of Use	Age Began	Duration of Use	Last Used	Current Amount/ Frequency
Alcohol						
Tobacco						
Marijuana						
Cocaine/Crack						
Amphetamines (Speed, Crystal Meth, Diet Pills)						
Hallucinogens (LSD, Mushrooms, etc..)						
Tranquilizers/ Sedatives (Valium, Xanax)						
Opiates (Heroin, Morphine, Codeine)						
Pain Killers (Percodan, Vicodin, Phenergan)						
Club/Designer Drugs (Special K, GHB, X)						
Inhalants (Poppers, Glue, Paint, Whiteout)						
Other (Over working, use of food, cutting)						
Use of Pornography						