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The Healing Space
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OFFICE POLICIES AND INFORMED CONSENT TO TREATMENT

Welcome to The Healing Space! I look forward to working with you to help you attain your goals. A successful counseling relationship is based on trust and understanding of clearly defined rights and responsibilities of both the client and the therapist. As we begin this therapeutic relationship, it is important that we are both clear on the policies and procedures of the office so that there is no confusion later if any of the following items need to be addressed. Please review the following policies and procedures carefully and acknowledge your understanding with your signature. If you have any questions or concerns about these policies or any other issues that arise, please discuss them with me at any time during treatment.

ABOUT ME

I am a licensed psychologist in the state of Texas (#31888). I have worked and trained in the mental health field for more than 20 years and have been practicing independently as a psychologist for over 10+ years. During the course of my professional career, I have had the privilege of working with clients who were diverse in the areas of age, gender, race/ethnicity, sexual orientation, ability status, socioeconomic status, and spiritual/religious affiliation. Understanding and working from within a client's cultural and familial history is essential for empowered treatment and change that respects a client's history and important aspects of his/her identity.

I am comfortable treating a wide variety of presenting concerns including struggles with depression, anxiety and relationship concerns. Some of my particular areas of interest and competence include working with anxiety disorders, chronic illness/ability issues, grief and loss, eating disorders, substance abuse, and trauma histories. I also enjoy working with clients on developmental issues such as self-esteem/confidence, identity concerns, assertiveness/communication and mindfulness/emotion management concerns. If it is deemed that your presenting concern falls outside my scope of competence, or if the fit for therapy does not feel appropriate, I will be happy to work with you on facilitating a referral to another therapist who would be a better fit for your presenting concern or interactional style.

PSYCHOLOGICAL SERVICES

It takes strength to seek counseling services in the pursuit of growth and self-fulfillment and to make oneself vulnerable to another human being. To take such risks requires a trusting and connected relationship between therapist and client. Direct and open communication in the therapy relationship is a key factor in the relationship.

That said, therapy is not always comfortable. While often supportive and encouraging, there will be times when therapy feels emotionally and physically challenging as well as times when there is tension

in the therapeutic relationship as difficult patterns are examined in the open. As you engage in the process of therapy, it is important to be aware of the potential risks of participating in treatment which may include: (1) feeling worse before feeling better as difficult emotional issues are explored, (2) experiencing challenges in relationship with others who may respond poorly to changes made during therapy, (3) temporary increases in symptoms as underlying issues are explored and (4) discomfort with changes being made in oneself, even if in pursuit of greater positive change. While most individuals find these risks to be acceptable as they move forward on the path to change, please make certain that you find these risks as acceptable tradeoffs to the gains you will make in therapy.

Getting the most out of therapy requires active participation in the therapy process. This includes being open and honest in therapy sessions and being willing to take emotional risks to explore difficult materials. It also includes being willing to address strong feelings toward the therapist that may arise during treatment. Who we are in life will show up in the therapy relationship; this is normal and allows for an opportunity to explore relational dynamics and other recurring patterns in a safe environment. In addition to the work in the therapy room, it is important that you make it a priority to set aside time for self-reflection and self-care in order to allow you time to reflect on therapy and assist in integrating changes into your daily life.

LIMITS ON CONFIDENTIALITY

With few exceptions (listed below) what you disclose in the therapy relationship is confidential and will not be disclosed to anyone outside of the session without your permission. When releasing information to other sources including insurance companies and other health care providers (e.g., physician, psychiatrist), I am careful to release only information that is necessary for accurate documentation of services and continuity of care. At times, I as a psychologist will seek consultation from other mental health professionals in order to ensure that I am providing the best service possible for you as client. In these cases, any materials presented to a colleague will be de-identified and concealed so that there would be no ability for that person to identify the identity of the client.

If I, as your psychologist, have reason to believe any of the following are true, I am obligated by law to take certain actions to protect your health and safety (and that of others) and to remain compliant with state mental health laws. Exceptions to confidentiality include:

- (1) If I believe that you are in danger of causing harm to yourself, I am required by law to take appropriate action to ensure your safety.
- (2) If I believe that you are in danger of harming another person, I am required by law to take appropriate action to ensure the safety of the other party
- (3) I am legally required to report any situation of suspected child abuse or neglect to local protective services. I am also legally required to make a report of the suspected abuse, neglect or exploitation of any elderly or disabled person.
- (4) If you report the identity of a mental health provider who has engaged in sexual contact with you during treatment, I am required by law to report that professional to the local district attorney. I am not however, required to report the client's identity if he/she does not wish to be identified
- (5) I must comply with legal subpoena for clinical records, as required by law
- (6) In the event that a legal claim is filed against me, I am permitted by law to release information enclosed in clinical records for the purpose of defending myself in legal proceedings

- (7) If you, as client, provide written authorization to disclose clinical records to another entity, I am able to do so and will discuss any disclosures and their potential impact with you prior to releasing the information
- (8) I may be required to release information as required by law if contacted by an insurance company or auditor. I also am permitted to release information to a collection agency in order to collect on an overdue account

The above list is not exhaustive as other instances may arise on an individual basis that require discussions of confidentiality and disclosure. In most cases the above situations rarely occur, or if they do occur, will be discussed directly with the client who will be fully aware of disclosures of information and associated interventions. I make every effort to engage the client in discussions about safety of self and others throughout the course of therapy and attempt to engage the client in active participation in safety plans/interventions should these instances arise.

MINORS AND PARENTS

If the person seeking therapy services is under the age of eighteen, I will need written permission of that person's parent or guardian in order to provide counseling services. In these cases please be aware that a parent does have the right to examine the minor's therapy record. The exception to this is in the cases of minors seeking treatment for suicide prevention, substance abuse or physical, sexual or emotional abuse concerns; in these cases the law does not provide parents with access to a minor's records.

COUPLES THERAPY

Typically when engaging in couples therapy, the couple itself is treated as the client and not the individual members. The records of each individual member of the couple are kept separately and neither partner is referred to by name in the other person's record. I typically do not meet individually with clients outside of couples therapy, however if this does occur, please note that what is said in those individual contacts will not be kept separate from the couples treatment and will likely be discussed in the couples therapy appointment. Therefore, if you are engaging in treatment as a couple, please do not disclose things individually to me that you wish to keep private from your partner.

SCHEDULING APPOINTMENTS

Appointments are typically scheduled on a weekly basis at a standing appointment day/time. Therefore it is important that you identify a standing appointment time that will work for you on a regular basis. If a scheduled appointment needs to be changed or canceled, please contact me with at least 24 hours of advanced notice. Canceling or rescheduling with less than 24 hours notice will result in your being charged for that session.

CANCELLATIONS AND MISSED APPOINTMENTS

Scheduled appointments need to be canceled or rescheduled no later than 24 hours prior to the appointment time. A late fee of \$125 will be assessed for sessions that are canceled less than 24 hours or are missed entirely. Please cancel or reschedule sessions by phone as I will not always have timely access to the internet and my email.

PROFESSIONAL FEES

Initial Evaluation – \$150

Individual therapy - \$150

Missed/Canceled appointment without 24 hours notice – full fee

Phone calls or report/letter writing over fifteen minutes - \$30 per additional fifteen minute increment

Returned check fee - \$25

Active clients will receive ample notification prior to any fee increases. Should these increases cause problems in payment for services, please discuss with your therapist so a payment schedule can be arranged or other alternative treatment arrangements may be discussed.

BILLING AND PAYMENTS

Payment in full is expected at the beginning of each session. I accept cash, personal checks and credit cards. I also have a PayPal account which allows for online payment via my website. All checks should be made out to [The Healing Space](#). Please note that there will be a \$25 service fee for any returned checks.

If you have concerns about your financial situation and the ability to pay the above fees, please discuss this concern with me at the first appointment. Reduced rates are available in some instances. I do not want financial limitations to prevent you from accessing needed therapy services.

INSURANCE REIMBURSEMENT

I am currently a provider for **Cigna** and **Blue Cross/Blue Shield**. To utilize your insurance benefits, please call your insurance company and confirm coverage, co-payments, deductibles and co-insurance fees prior to attending your first appointment. Some insurance companies may require pre-authorization to receive mental health services so it is important to call your insurance company and verify coverage and benefits before entering into treatment.

I am also often considered an out-of-network provider for many other insurance companies. If you would like to use insurance benefits from other companies, please check with your insurance carrier about any need for pre-authorization for services as well as methods for reimbursement. Please note that each insurance plan is different so it is important to check with your carrier about the amount you will be reimbursed.

Payment in full will be collected at the time of service and you will be provided with a detailed receipt that you may submit to your insurance company for reimbursement. Please note that in order to receive payment from your insurance company, a clinical diagnosis must be documented on your receipt.

CONTACTING ME

The best method for contacting me is by phone (**512-663-6644**). I am typically available between the hours of 9-5 Monday through Thursday and will return calls as promptly as possible during those times. Calls that occur after hours will be returned the next business day. I make every effort to return calls within a 24 hour period; however, there may be times when the wait is a little longer, particularly over a weekend or holiday. If I am unavailable for a more extended period of time, such as during vacations, I will provide you with contact information for another clinician who will be covering my cases during my absence.

Email contact should only be used for scheduling purposes. The confidentiality of email communication cannot be guaranteed, therefore no discussion of clinical issues will occur via that method of contact. Additionally, there may be times when my email access is limited; therefore, phone contact is still the most immediate way for you to get in contact with me if needed.

We live in a world that has increased dramatically in the use of technology and social media to stay connected to one another. Both therapist and client may have a significant electronic presence on social

media sites and becoming clear on boundaries related to social media is important. I do not accept friend or connection requests from current or former clients on any social media platform as this creates confusing dynamics that may impact current treatment or gains from past treatment. My business will be having a professional presence on Facebook, Twitter and other platforms. I ask that while you should feel free to explore the articles or thoughts on these platforms, please do not “like” the business page or follow it on Twitter on a public network. To do so could jeopardize your confidentiality and could also create challenges in the therapeutic relationship. You may elect to receive an email version of a newsletter or blog but please ensure that this material is received on a private account to ensure your confidentiality.

EMERGENCIES

If you have a more urgent need to speak with me, please indicate so in your phone message and I will make every effort to get back with you as soon as possible. As I am not readily available after hours or on weekends, if you are experiencing a genuine mental health emergency, please take one of the following actions

Call 911

Call the Travis County hotline at (512) 472-HELP (4357)

Call the Hays County hotline at (877) 466-0660

Call the National Suicide Prevention Hotline (800) 273 –TALK (8255)

Go to the nearest emergency room

PROFESSIONAL RECORDS

I am required by state law and professional ethics to keep records of your psychotherapy sessions. A diagnosis will be included in your record if you are submitting a receipt of service to your insurance company for reimbursement. It is your right as a client to request to review your records at any time and to request a copy of such records. If this request is made, I will schedule time for us to review the documents together. If however, in my professional opinion, what is included in the notes would cause harm to you, I have the right to refuse such review and will certainly discuss concerns with you at that time.

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that provides additional privacy protections and patient rights regarding the use and disclosure of your Personal Health Information (PHI) that is used for the purpose of treatment, payment and health care operations. Your therapist is required by law to provide you with a Notice of Policies and Practices to Protect the Privacy of Your Health Information at the time of your initial appointment. Please take the time to review the HIPAA document carefully and acknowledge understanding with your signature at the end of this informed consent document.

TERMINATION OF SERVICES

Ideally, the ending of a therapeutic relationship will be discussed and mutually agreed upon by therapist and client. In most instances you will be the one initiating the end of therapy when you feel that you have met your therapeutic goals and feel comfortable being out of therapy.

There are however a couple of instances in which the therapist may initiate termination of the therapeutic relationship. These include:

- (1) If during the initial appointment or at some point in treatment, it becomes clear that a client’s presenting concerns fall outside the scope of the therapist’s clinical skills and areas of

competence. At these times, I as therapist will work actively with you to refer you to another therapist who would be a better fit for your therapeutic needs

- (2) If during the course of treatment, it becomes apparent to the therapist that you are no longer benefiting from treatment and/or may be harmed by the treatment process. At these times, I as therapist will work actively with you to refer you to another therapist who would be a better fit for your therapeutic needs.
- (3) If at any time during the course of treatment, you engage in threatening, harassing or abusive behavior directed toward the therapist or any member of her professional or personal community. In these instances, treatment may be terminated immediately by the therapist; you will be provided with alternative referral information for other therapists at this time.
- (4) Therapy files will be automatically terminated if no contact is received from client after four weeks, without a prior plan or discussion between therapist and client.

LICENSING AND PROFESSIONAL OVERSIGHT

I am a licensed psychologist in the state of Texas (TX #31888). In order to practice independently I must retain my professional license in good standing by following all rules and regulations of the Texas State Board of Examiners of Psychologists.

I would hope that while working together, if there are concerns about the progress of therapy that we would be able to discuss these concerns openly in session. However, if you have a complaint about the professional performance of any psychologist licensed in the state of Texas, you may also report your concern to:

Texas State Board of Examiners of Psychologists
333 Guadalupe
Tower 2, Room 450
Austin, Texas 78701
(512) 305-7700
1-800-821-3205 24-hour, toll-free complaint system

FOLLOW UP CONTACT AFTER ENDING

After therapy has ended, I like to send a follow-up survey to former clients three months, six months and one year after treatment to see how he/she is doing and whether changes in therapy have been sustained and if they remain helpful changes. I usually send these surveys via email. If you would be willing to participate in follow-up surveys, please initial here. _____

I have reviewed, understood and agreed to the above office policies and procedures. By affixing my signature to this document, I am agreeing to enter into treatment with Claudia Carroll, Ph.D., DBA The Healing Space.*

Name

Date

Parent or Guardian (if client under 18)

Date

***I acknowledge that I have reviewed, understand and accept the provisions detailed in the above:
TEXAS HIPAA NOTICE FORM - Notice of Psychologist's Policies and Practices to Protect the Privacy of
Your Health Information.***

Name

Date

*Revised - effective date: 1/14/2014. Claudia Carroll, Ph.D., DBA The Healing Space, reserves the right to amend these policies and procedures at any point in time. If amended, active clients will receive a written notice of changes at time of amendment.