

Client initials: _____

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www.brandieconrad.com

Welcome to Brandie Conrad Counseling. This document contains important information about my professional services and business policies. Please read it carefully and feel free to ask questions about my way of working or psychotherapy in general at any point during our therapy together. When you sign this document, it will represent an agreement between us. Your initials on each page confirm that you have read and understand the provisions of that section of the contract.

PSYCHOTHERAPY INFORMATION DISCLOSURE STATEMENT

Therapy is a relationship that works in part because of clearly defined rights and responsibilities of each participant. These clearly defined roles and boundaries are what distinguish the professional client/therapist relationship from other types of relationships. It is these roles and boundaries that permit safe and effective exploration of important topics and themes in treatment. As a client in psychotherapy, you have certain rights that are important for you to know about so that you can be an informed and active participant in your own treatment. There are also certain limitations to these rights that you need to know. As a therapist, I also have rights and responsibilities in providing treatment to you.

Be aware that therapy produces potential emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behaviors can be scary, and sometimes disruptive to the relationships you already have. You may find your relationship with me to be a source of strong feelings, some of them painful at times. It is important that you consider carefully whether these risks are worth the benefits to you. Most people who take these risks find that therapy is helpful.

My Responsibilities to You as Your Therapist

Confidentiality

What you discuss in counseling will remain strictly confidential, with the exception of certain specific exceptions described below. Confidentiality with our client/therapist relationship means that I cannot tell anyone what you have told me during our sessions and also prohibits me from telling others that you are in treatment. I must have your written permission prior to making any form of disclosure about your treatment. In the event that you permit me to disclose information about your treatment, I will do so on a "need to know basis." This means that I will share the minimum amount of information needed in order to achieve the necessary outcome. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. If you revoke permission, please submit your request in writing and be aware that information already disclosed for the purposes of your treatment and with your permission cannot be rescinded and will only apply to future potential disclosures.

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You are protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically, it will be done with special safeguards to ensure confidentiality.

If you elect to communicate with me by email at some point in our work together, please be aware that email is not completely confidential. All emails are retained in the logs of an internet service provider. While under typical circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider.

For confidentiality reasons, if I see you outside the office, I will not acknowledge you first. However, if you choose to greet me, I will be friendly but avoid any personal issues, and let you lead the conversation.

The following are legal exceptions to your right to confidentiality. I would inform you of any time that I would need to disclose personal information without your permission.

- 1.) If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
- 2.) If I have good reason to believe that you are abusing or neglecting a child, dependent adult, or older adult (age 65 or older) or if you give me information about someone else who is doing this, the law requires me to file a report with the appropriate state agency.
- 3.) If I believe that you are in imminent danger of harming yourself, I must take steps to ensure your safety up to and including contacting the police or the county crisis team. I would explore all other options with you before I took this step. If after that discussion you remained unwilling or unable to take steps to guarantee your safety, I would call the crisis team.
- 4.) If you tell me of the behavior of another named health or mental health care provider that informs me that this person has either a.) engaged in sexual contact with a patient, including yourself or b.) is impaired in practice due to cognitive, emotional, behavioral, or health problems, then the law requires me to report this to their respective licensing board.
- 5.) If your therapy is being paid for in full or in part by an insurance company, I may be required to release identifying information, a clinical diagnosis, and other protected health information. In addition, I utilize a billing service (Medical Billing Solutions, Inc.) to file insurance claims, that will have access to your personal health information if you use insurance to pay for your services with me.
- 6.) If I am court-ordered to release records as part of a legal proceeding, I am required to comply with that order. Please note that if you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain psychotherapy records and/or testimony by your therapist.

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7.) If the FBI orders me to release records in keeping with a federal law known as The Patriot Act of 2001, I may be required to provide FBI agents with records of your treatment. This Act prohibits me from informing you that the FBI sought or obtained this information.

Record-keeping

I keep records of your treatment, noting your attendance, which interventions were used, and the topics we discussed. You have the right to a copy of your file at any time, unless I believe that this disclosure would cause you psychological harm. If this is the case, I will be happy to provide your records to an appropriate mental health professional of your choice. Because client records are professional documents, they can contain information that is confusing or upsetting when taken out of context. If you wish to review your records, it is best to review them with me so that we can discuss their content together. You have the right to request that I correct any errors in your file. I will always maintain your records in a secure location that cannot be accessed by anyone else. Also, please be advised that I use Freed AI during sessions, which is an online service that listens and transcribes our conversations. Freed's technology is HIPAA compliant. Feel free to ask me any questions that you have about Freed AI. If you do not want me to use Freed AI during our sessions, just let me know and I will turn it off.

Other Rights

You have the right to ask questions about anything that happens in therapy. I am always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You should feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. If you feel you would like to discontinue treatment with me, I encourage you to schedule a meeting to discuss this with me in person. However, this is not required, and you are free to leave therapy at any time.

Insurance

I am currently a network provider for **Blue Cross/Blue Shield PPO** and **United Behavioral Health (UBH)/Optum** health insurance plans. To utilize your insurance benefits, please call your insurance company and verify 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. It is your responsibility to confirm insurance coverage/benefits before entering treatment. If you are using insurance to pay for your therapy services, please inform me of any changes that may occur to your plan/coverage. If you do not notify me, and that results in your insurance company not covering session(s), please know you are potentially responsible for my full fee (\$130/session).

I am also an out of network provider for most insurance plans. Many insurance policies provide some form of "out of network coverage" which permits you to choose your preferred provider. In those cases, 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. To determine if you have out of network mental health coverage, check with your insurance carrier. Please note that each insurance plan is different, so it is important to check with your carrier about the amount you will be reimbursed, methods for reimbursement, and any need for pre-authorization for services. It is your responsibility to confirm your out of network mental health coverage and eligibility for reimbursement prior to beginning treatment with me.

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Please note that if you're using insurance benefits to pay for your therapy services, in full or in part, a clinical diagnosis will likely be required. Any diagnosis made will become part of your medical/insurance record. Sometimes I am also required to provide additional client information such as treatment plans, progress notes, and in rare cases a copy of the entire record/chart. Private paying protects your privacy to a greater degree. You may choose to private pay, in which case there is no requirement to report to your insurance company.

Termination

You normally will be the one who decides when therapy ends, with three exceptions. If I am not in my judgment able to help you, because of the kind of concerns you have or because my training and skills are not appropriate, I will inform you of this fact and refer you to other providers who may be a better fit. I also have an obligation to refer you to another provider if it becomes apparent over time that my treatment is not benefiting you. If you do violence to, threaten, verbally or physically, or harass myself, the office, or my family, I reserve the right to terminate you unilaterally and immediately from treatment. If I terminate you from therapy, I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy.

Contacting Me

The best method for contacting me is by phone (512-415-5877). I am typically available between the hours of 9am-5pm Monday through Friday and will return calls as promptly as possible during those times. I make every effort to return phone calls within 24 hours; 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 the therapist who will be covering my practice during my absence.

I ask that you use email contact for scheduling concerns or cancellations only. The confidentiality of email communication cannot be guaranteed; therefore, no discussion of clinical issues will occur via that method of contact.

If you are experiencing a crisis and cannot keep yourself safe, please call 911 and request a mental health deputy. You can also call 512-472-4357, the local county crisis outreach service. Alternatively, if you are able to drive safely, you can go to the nearest hospital emergency room for assistance.

My Training and Approach to Therapy

I graduated with a M.A. in Professional Counseling from Texas State University in 2013. I hold license number 72622 as a Licensed Professional Counselor with the Texas State Board of Examiners of Professional Counselors. The board's mailing address is:

Texas Department of State Health Services
Mail Code 1982
P.O. Box 149347
Austin, Texas
78714-9347

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The telephone number for the board's main office is 512-834-6658.

My areas of special focus are self-esteem, codependency, family dynamics (past and present), women's issues, and personal growth. I am trained in Eye Movement Desensitization Reprocessing (EMDR), a therapeutic intervention commonly used in the treatment of trauma. If I feel that this would be an effective form of treatment for your presenting problem, we will discuss the procedure and possible risks and benefits before using it in session. You always have the right to decline to participate in any type of treatment or intervention I propose in therapy.

My approach to therapy is integrative, meaning that I draw on theory and interventions from many different schools of thought in order to address your concerns most effectively. I most commonly draw upon psychodynamic, interpersonal, and existential models of treatment. Broadly speaking, a psychodynamic perspective means that I consider your early life experiences to play an important role in who you are today, and that your difficulties may be tied to feelings, longings, or motivations for which you may not have full awareness moment to moment. Having an interpersonal focus means that I pay particular attention to the quality and style of your attachments to others, and that I consider the therapeutic relationship itself to be an important component of the healing process. Having an existential perspective means that I think about the realities and tasks of what it means to be human (for example, having awareness of one's own mortality, exercising one's free will, finding meaning and purpose in life) and how this relates to your experience of the world. If you would like to learn more about my therapy approach, or you are unsure why I am asking you to think about it or do something in session, please ask me. I am happy to discuss it with you.

During the course of treatment, I may suggest that you consult with another health care provider regarding additional treatments that could help you. I may suggest that you get involved in a therapy or support group as part of your work with me. You always have the right to decline to participate in any type of treatment or intervention I propose in therapy. If another health care provider is working with you, I will need a release of information from you so that I can communicate freely with that person about your care.

I do not have social or sexual relationships with clients or former clients because that would not only be unethical and illegal, but it would also be an abuse of the power I have as a therapist.

Your Responsibilities as a Therapy Client

You are responsible for coming to your sessions on time, at the time we have scheduled. Sessions last for 50 minutes. If you are paying privately or using out-of-network benefits, the fee for each session is \$130. If you are using insurance, the fee for each session is your co-payment amount. Payment is due at the time of service and payable by cash, check, or credit card. All checks must be made out to Brandie Conrad. Please note there is a \$25 fee for returned checks. If we decide to meet for a longer session ahead of time, I will bill you prorated on the hourly fee.

If you are late to your appointment, we will still need to end on time. Fees are not prorated if you are late to your appointment. If you are going to be more than 15 minutes late for your appointment, please call me at (512) 415-5877. If you do not reach me directly, leave me a

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message. If you do not do this, I may assume you are not coming and may be unavailable. If this happens, you will still be charged for the session.

If you miss a session without canceling, or if you cancel with less than 24-hour notice, you must pay the full fee for that session at our next scheduled meeting. If you are paying privately or using out-of-network benefits, this fee will be the usual \$130. Fees for missed appointments and those that are canceled with less than 24-hour notice are not covered by insurance so, if you are utilizing insurance, you are responsible for these charges. If you have Blue Cross/Blue Shield (BCBS), this is the contracted rate that BCBS sets, which is approximately \$92. If you have United Behavioral Health (UBH)/Optum, this is the contracted rate that UBH sets, which is \$75.

I do not charge for brief phone calls between sessions, but do charge for longer calls (15 minutes or more.) Fees for these calls are due at the next appointment and are as follows: 15 minutes = \$20.00, 20 minutes = \$35.00, 30 minutes = \$50.00.

I will not voluntarily participate in any litigation or custody dispute in which you, another individual or entity, are parties. It is my policy not to communicate with your attorney and I will generally not provide or sign letters, reports, declarations, or affidavits to be used in your legal proceedings unless I am court-ordered to do so. You will be expected to pay for such professional time even if I am compelled to testify by another party. You will also be billed for any time I spend preparing reports, documents, or records that you request, prorated according to my hourly fee. My fee for preparation of documents related to court proceedings, participating in court appearances, or other involvement in legal proceedings is \$200 per hour.

You will be given two months' advance notice if I increase my fees. If my fee increase would present a financial hardship for you, we will discuss alternative treatment options. I will provide you with several referrals for counseling services that fit your budget and will work to facilitate your transfer to another treatment provider.

I cannot accept barter for therapy as a form of payment. I cannot have clients run a bill for their therapy. Any overdue bills will be charged 1.5% per month interest. If you eventually refuse to pay the amount owed, I reserve the right to give your name and the amount due to a collection agency.

Complaints

If you're unhappy with what is happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. I will take such criticism seriously and will address your concerns with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can file a complaint with the Texas State Board of Examiners of Professional Counselors. To obtain more information on filing a complaint, call 1-800-942-5540.

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Acknowledgement

By my signature below, I acknowledge that I have read and understand all the terms and conditions of this contract and agree to abide by its terms during our professional relationship. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

(Printed name)

(Signature)

(Date)