

**Danielle Hayes, LCSW
Hayes Therapy, LLC**

1415 West 51st Street, Unit 1 • Austin, Texas 78756 • (512) 460-9436

CLIENT SERVICES CONTRACT

It is important to me that you understand my office policies so that you are able to make informed decisions concerning my services. Please feel free to ask any questions you may have about my policies at any time.

Consent of Care: By signing this, you are giving full consent for the completion of an evaluation and provision of treatment as necessary until otherwise notified.

Confidentiality: In general, the confidentiality of communications between a client and a therapist are protected by law. This means your therapist can only release information about your work to others with your written permission. However, there are a number of exceptions:

In some judicial proceedings, you may have the right to prevent information about your treatment being provided. However, in some circumstances, such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require my testimony if he/she determines that resolution of the issues before him/her demands it.

There are some situations in which your therapist would be legally required to take action to protect others from harm, even though that requires revealing some information about a client's treatment:

- If there is reason to believe that a child, an elderly person, or a disabled person is being abused, I must file a report with the appropriate state agency.
- If there is reason to believe that a client is threatening serious bodily harm to another, I am required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization.
- If a client threatens to harm him/herself, I may be required to seek hospitalization for the client, or to contact family members or others who can help provide protection. Should such situations occur, I will make every effort to fully discuss it with you before taking any action.
- If an insurance claim is filed, the claims payer may require certain information such as your diagnosis, types of treatment provided and dates of service.
- If you are under 18 years of age, your parents or legal guardians are legally privy to information disclosed during treatment. I will discuss and clarify issues of privileged information regarding the treatment.

I may occasionally find it helpful to consult about a case with other professionals. In these consultations, I will make every effort to avoid revealing the identity of my client. The consultant is, of course, also legally bound to keep the information confidential.

Billing & Payments: My standard rate is \$125.00 per 50-minute session for individual therapy \$150 per 80-minute session for couples therapy. All fees are payable at the time of the session. I do not file for or accept insurance, but I am happy to provide you with receipts so you may file for reimbursement through a 3rd party insurer. Returned checks are subject to a \$25 charge. If you did not pay at the time of service and your account is

more than 60 days in arrears, a service charge of 5% of the balance per month will be charged to your account. If your account is more than 60 days past due and suitable arrangements for payment have not been agreed to, I have the option of using legal means to secure payment, including collection agencies or small claims court. If such legal action is necessary, the costs of bringing that proceeding will be included in the claim.

Emergencies & Telephone Counseling: Medical and psychological emergencies should be directed to 911 if life or safety is threatened. I check my voice mail frequently and attempt to return all calls within 24 hours of receiving them. If I am not available when you urgently need to speak with someone, please call the 24-hour Crisis Hotline (512-472-4357). You should take yourself to the nearest emergency room if you feel you are in danger of hurting yourself.

Appointments & Cancellations: Cancellation of scheduled appointments is required 24 hours in advance. If you do not appear for a scheduled appointment, you will be charged the full hourly fee. Monday appointments must be cancelled on the preceding Friday. Exceptions to this policy may be made for unforeseen emergencies but must be discussed on a per-case basis.

Legal Fees: There will be a charge of \$175 per hour (with a 4-hour minimum) for any forensic services (ie. responding to subpoenas, talking with attorneys, etc.). This amount will be payable in advance. Any fees related to legal actions that require me to reproduce records or participate in depositions or court appearances will be the responsibility of the client signing below.

Termination: You have the right to terminate our counseling work at any time. I do ask that you make all possible efforts to attend a final session after you decide to terminate. I reserve the right to conclude our counseling work or refer you to a more appropriate provider at any time, but I will do so only after communicating with you regarding the reasons for ending our work together.

Complaints: I am a clinical social worker licensed by the State Board of Social Work Examiners to provide evaluation, diagnosis and treatment to individuals, families or groups who are adversely affected by social or stress or health impairment. You have the right to contact the state board with complaints about the professional conduct of any licensed social worker at 1-800-232-3162.

I have read and understand the office policies listed above. I understand that therapy is a joint effort between therapist and client and agree to discuss with my therapist any questions I may have about the process of therapy.

Client Signature

Date

Parent or Legal Guardian (If client is under age 18)

Date