

Loretta Maase, M.A., LPC, NCC

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THERAPY CONTRACT

The circumstances that lead an individual to seek counseling are quite varied. Some enter the relationship with a clearly defined intent while others are driven by a vague sense of personal dissatisfaction. My role as your therapist will be to facilitate an exploratory process enabling you to evaluate your current situation, recognize your strengths, and help you discover what is preventing you from using those strengths to become the person you want to be. This process involves a thorough examination of your current state of affairs, including your thoughts, feelings, and behaviors.

The therapeutic process involves distinctive working stages from the initial session to the conclusion and termination of services, each of which contains therapeutic value. As your therapist, I will play a supportive role in guiding you through the progression of each stage. You can expect an atmosphere of respect at all times. You should know that I view the counseling relationship as a collaborative effort between the client and counselor. Therapeutic gains do not typically arise spontaneously, nor will your circumstances improve without a genuine effort on your part. As a client, it is within your right to participate in the process of setting goals and planning your therapeutic treatment. If for any reason I am unable to meet your needs as a therapist, I will provide referrals to other qualified practitioners in the local area.

There are potential risks associated with counseling of which you should be aware; first and foremost, know that the process of change may be uncomfortable. You may acquire insight to information that is unpleasant and difficult to process. Family members and significant others may be reactive to changes you initiate as a result of counseling, and you could experience loss in relationships as you gain awareness and implement changes in your own behavior. In many cases, individuals and families experience escalations in problems before improvements transpire.

My counseling style is comprised of techniques from various theoretical perspectives and includes an educational component intended to impart knowledge and skills that will ultimately enable you to proceed independently with confidence. The length of time required to accomplish such a goal will depend on the specific nature and complexity of the issues surrounding your unique situation.

Although the therapeutic relationship involves an intimate connection between the client and counselor, it is imperative that our relationship remains purely professional in nature. All of our sessions will become a part of your clinical record. As such, the information you share with me is considered confidential and may not be disclosed without your express written consent. Certain exceptions do exist. As your counselor, I am legally bound to take action and / or make disclosures any time it is deemed necessary for the protection of life. Additionally, disclosure of counseling information will be required in situations in which: (1) you authorize me to inform someone else (as in the case of insurance reimbursement or consultation with another professional), (2) I am ordered by a court of law to disclose your information, (3) I determine that you are a danger to yourself or others, (4) I become aware that there is neglect or abuse (whether physical or sexual) involving a child or an aged adult.

Know that I engage in periodic staffing or consultation with other counseling or legal professionals about client related issues as a means of providing better services to clients. Nonetheless, specific information revealing client identity will remain in confidence according to the limits of confidentiality outlined above. If by chance, our paths cross outside of my office (i.e., I happen to run into you in a public setting, such as a restaurant, grocery store, sporting event, etc...) please be assured that I will respect your confidentiality and refrain from acknowledging or communicating with you. If you are comfortable and you choose to acknowledge me, I will follow your lead with regard to communication and I will not be offended if you choose not to acknowledge me in public.

Parents / Guardians: If you are seeking services for a child or adolescent, as a parent, you may be asked to participate in the therapeutic process in one or more ways: (i.e., an overall supportive way includes both financial and physical support). If parents do not live in the same household, I ask that parents cooperate in alternating bringing your child(ren) to therapy. You may also be asked to participate in family sessions. You should also know that it is within your rights, as parents or legal guardians of minor children (under the age of 17), to request information concerning your child's progress and treatment in individual sessions. However, it is often harmful to the therapeutic process if I am not able to assure your child that our work will remain confidential. I believe that therapy is only beneficial if it provides a safe environment in which clients can openly explore their own value system and examine their choices and behaviors in a non-judgmental context. To this end, I will not be sharing with you everything that your child talks about in therapy. As parents / guardians, I ask that you agree not to ask specific questions concerning the detail or content of information disclosed during individual sessions with your child. In turn, I agree to work collaboratively with him/her in an effort to provide you with general updates when requested and disclose information to you in preservation of the therapeutic relationship. Trust that I will let you know if I do not think your child is benefiting from therapy.

Recording of Sessions: For security reasons and / or for the purpose of training, sessions may be recorded. Any such recordings will be stored and maintained in compliance with HIPAA standards.

For clients who chose to file insurance claims: I am not contracted with any insurance company; however, I can provide you with the appropriate documentation (i.e., diagnosis, CPT code, and my NPI#) so that you may submit your own claims to your health insurance provider for potential reimbursement. Please be aware that in order for you to be reimbursed by your health care provider, your condition must meet criteria for a mental health condition. Any treatment provided must be considered medically necessary for the treatment of such mental health condition.

I may be required to provide supportive documentation of both my treatment and your mental health condition to your insurance provider. All services may not be covered in all contracts and any diagnosis made will become a part of your permanent medical / insurance record. It is your responsibility to contact your insurance carrier and request any necessary pre-authorization. Keep in mind that verification of eligibility or filing a claim does not guarantee payment.

Fees are considered part of your therapy: You are responsible for payment of your fee (made payable to directly to me) by cash, personal check, or debit/credit card at the time of service. For parents seeking services for their child(ren), whichever parent brings the child(ren) is responsible for payment at the time of service. The only exception to this is when there is an agreement in writing designating a "responsible party" for payment (as in the case of some divorcing / divorced families through some legal avenue such as a court order, Rule 11 Agreement or MSA).

Current fees are outlined as follows:

- \$135 for an initial session (typically 60-80 minutes in duration)
- \$90 for 50-minute individual or family sessions thereafter
- \$135 for 80-minute family sessions
- \$50 for group sessions of 80-minute duration
- \$200 per page for any written reports
- \$250 per ½ day for court testimony (paid in the form of a retainer a minimum of 48-hours in advance)
- \$90 missed session fee (includes cancelled appointments with less than 24-hour notice)
- \$40 returned check fee

If you arrive late for your scheduled session, that session will be shortened by the amount of time that you are late. In the event that you are unable to keep a scheduled appointment, you will be required to provide a minimum 24-hour advanced notification. Failure to do so will result in a \$100 cancellation fee which must be paid prior to your next regularly scheduled appointment. Note, you are required to provide credit or debit card information for the purpose of charging fees for missed appointments or cancellations with less than 24-hour notice. Frequent cancellations indicate a need to address the issue during the therapy session; therefore, you should be prepared to do so. Returned checks are subject to an additional fee of \$40. If your check is returned, you will be required to make any future payments by cash or money order. After-hours calls, emergencies, or out of the office therapy will be billed at the rate of your regular fee plus 25%, billed by the quarter hour. This includes travel time and phone calls in excess of five minutes.

Please provide the appropriate information in the space below and know that your information will be maintained in confidence and used solely for the purpose of charging missed session / cancellation fees.

Visa Master Card Discover # _____ Exp. ____ / ____

Security code: _____

Name on the card: _____ Signature: _____

Billing address for cardholder: _____

Termination of therapy is ordinarily a planned event. However, in some cases, immediate termination of services may be necessary. Examples of these cases are non-payment for services, threatening or abusive behavior, or consistently cancelled or missed appointments.

In the event of an emergency you may contact me at (512) 897-8777. If I am unavailable and your situation requires immediate attention, please contact your local police department or go directly to the nearest emergency room. You may also call the Crisis Hotline at (512) 472-4357. There will likely be times when I am away from my office due to training, vacation, or family obligations. During these times I will provide you with ample notification of my absence and how to contact me if needed. If for any reason I am abruptly unable to provide service due to some unforeseen emergency, my files will be maintained confidentially by Arielle Nicole Maase.

I currently hold a Master of Arts degree in counseling from the Webster University, and an undergraduat degree in child development and professional writing from the University of New Mexico. I am qualified to counsel by the State of Texas through a license in Professional Counseling issued by theTexas State Board of Professional Counselors. If at any time you are dissatisfied with my services, I encourage you to discuss your concerns with me directly. If for any reason we are unable to resolve thesituation to your satisfaction, you may file a complaint with the Texas State Board of Examiners of Professional Counselors at (512) 834-6658.

This document is constructed for the purpose of informing you about your rights as a client. If at any time, questions or concerns arise about any aspect of therapy, I welcome and encourage you to discuss them with me directly.

MY SIGNATURE BELOW ACKNOWLEDGES THAT I HAVE READ AND FULLY UNDERSTAND THE INFORMATION CONTAINED IN THIS CONTRACT. ANY QUESTIONS I MAY HAVE HAD ABOUT THIS STATEMENT HAVE BEEN ANSWERED TO MY SATISFACTION. I FURTHERMORE AGREE TO RELEASE LORETTA MAASE FROM ANY AND ALL LIABILITIES.

Client Signature

Date

Client Signature

Date

Parent or Legal Guardian Signature
(if client is a minor)

Date

child(ren).

Client Signature

Date

Client Signature

Date