



Austin, TX
737-781-3028

PSYCHOLOGICAL SERVICES INFORMED CONSENT

You are entering a therapist-client relationship with Shavon Mariah Social Services, P.A which myself Shavon Mariah Brooks, LMSW (Licensed Master Social Work), HS-BCP (Human Services Board-Certified Practitioner) and Anger Management Specialist, CAM II. Im being supervised by Sarah Kincheloe, LCSW-S Board Approved Supervisor. The counseling relationship carries communication privileges and rights to confidentiality.

Services Provided

I provide psychotherapy for adults, children, couples, and families. The first 1-3 sessions are an assessment period. We will work together to define your presenting concerns and treatment goals in therapy. I will also request information from you regarding your familial, educational, social, medical, and vocational history, plus other information you feel is relevant to our work. If we decide I am unable to meet your therapeutic needs, I will give you appropriate referrals.

I prefer to meet with you once per week on an ongoing basis. I am, however, flexible and, assuming it is clinically appropriate, we can arrange another schedule if you are unable to meet weekly.

Confidentiality

I further understand that the evaluation and therapy process may be distressing and may affect me emotionally. If this should occur, I understand that I can contact your support system at Shavon Mariah Social Services, PA. to discuss this. I want to assure you that what you say and discuss in here will remain confidential. Although you are free to discuss anything that occurs in our sessions with anyone, I am required not to discuss such matters without your written authorization. In all aspects of my practice, communication between my clients and me (or between me and those whom my clients have authorized me to contact) is protected by confidentiality regulations as stipulated by federal and state laws, and by professional standards and ethics. There are, however, some situations written into law that deny me complete control over confidentiality of communication and however, in which I am required by law and code of ethics to break confidentiality. I understand that there are limits of confidentiality, those situations include:

- 1.) If you report an ongoing situation in which a child, elderly person, or anyone who cannot otherwise protect themselves is being neglected, physically abused, or sexually abused; I am legally required to report any situation of suspected child abuse or neglect to the proper authorities. I am also legally required to report suspected abuse, neglect, or exploitation of an elderly or disabled person.**
- 2.) If you report that you have had sex with another Mental Health professional during the time you were in a counseling relationship with him/her;**
- 3.) If I believe that a client may harm her/himself or another individual, I am permitted by law to break confidentiality by contacting law enforcement officials and/or medical authorities who may then take protective actions.**
- 4.) If my records are subpoenaed by the courts for purposes or litigation;**
- 5.) If you are granting written permission for your records to be sent to another Mental Health professional or some other kind of professional.**
- 6.) If I am contacted by an insurance company or an auditor, I may be required to release client information as dictated by law. The law also permits me to release information to a collection agency in order to collect on an overdue account.**

In addition, there are benefits to a therapist consulting with other professionals in order to enhance knowledge, skill, and insights. If I believe that it is beneficial, I may at times consult with 3 professional colleagues about our work without asking permission, but your identity and specifics about your case will be disguised. This list is not exhaustive, but these are the most common circumstances that may occur. The situations outlined above are out of the ordinary and have no impact on the large majority of people seeking

professional mental health services. I share this information with you so that you can be fully informed and your questions and concerns can be addressed.

Services

Psychotherapy is not easily described; it depends on a variety of factors, including the personalities of the therapist and client and the particular difficulties you are experiencing. There are many different methods I may use to help you with the problems for which you're seeking help. Psychotherapy requires a very active effort on your part, and in order to be successful, you will need to work on things we talk about both during our sessions and at home. Psychotherapy has been shown to have many benefits, including better relationships, more effective solutions to specific problems, and a significant reduction in feelings of distress. However, there can be no guarantee what you will experience. After I have been able to evaluate your needs, we will discuss goals for psychotherapy and a plan for our work together.

Phone and Social Contact

The best way to reach me between sessions is to call me and leave a voicemail. Email is not a secure medium. Both of these methods should be used only for administrative reasons, including but not limited to scheduling appointments. Messages are generally returned within 24 hours during the week or 24–48 hours on the weekend. While technology provides other ways for people to communicate, the relationship between a therapist and client is unique, and so these methods are not a viable way for us to interact. To this end, I do not “friend” clients on sites like Facebook, accept friend requests, text with clients, or use Twitter, blogs, or messaging sites to communicate with clients. Please do not invite me to birthday parties, weddings, or other social events. If you see me in social events please know I will not approach you. If your choice to say “Hello”, I will say “Hello” back. I believe that using these other methods for communicating may compromise your confidentiality and can blur the lines of the therapeutic relationship.

Email and SMS Contact

Because I do all of my own scheduling, I often use email to make appointments with clients or their parents/guardians. Because these modes of communication potentially expose your protected health information, you must provide me with consent to communicate in this manner and agree to hold me harmless should an unintended breach occur. To do so, please sign here:

Client Signature: _____

Date: _____

Emergencies

I have set availability in my office space, so I see clients at scheduled appointment times only. If an urgent need arises and you would like to schedule a half-hour phone session, please call the office phone (instead of emailing) and indicate that you need to talk as soon as possible. We can then discuss arranging a phone session. If you are in need of immediate crisis intervention or are in danger of harming yourself or others, it is expected that you would contact one of the following emergency services instead of waiting for our next session or a returned phone call:

24-Hour Crisis Hotline: _____

or

911

Termination of Services

It is not uncommon for things to get worse before they get better. As human we are creatures of habit. We often resist change. Changes come with intentional choices and consistency with these choices. The success of your work with your therapist depends on the quality of the effort put forth in the process. Behaviors will initially escalate as they resist change. Therapy is a Greek word for work/change. Honesty is the key to a successful path. Part of the task of being a client is to explore uncomfortable feelings and be honest about behaviors and choices. You will discover things about yourself do not like, visiting with me in the office will not solve your problems. Treatment requires hard work and honesty. Growth often occurs when we confront things that induce uncomfortable feelings such as sorrow, grief or anger.

In most cases, termination or ending of therapy is an event that we plan and discuss. As mentioned above, therapy may end if another referral is needed or when treatment goals are met. I believe that it is helpful to the therapeutic process for us to discuss our ending in person. Also, if you decide that I am not the right therapist for you, please discuss this with me and know that I am available to help with referrals. There may be times when immediate termination of services may be necessary. Examples of these situations may include, but are not limited to: consistently canceled appointments, threatening or abusive behavior, or nonpayment for services.

Payment

For all psychotherapy services, I generally bill at each visit by cash, Zella, vemmo, or card. I also work with insurance companies, managed care groups, and EAPs. So, depending on your insurance coverage, you may pay me only a co-pay or no direct fee at all. If your insurance/EAP refuses to pay, you are ultimately responsible for the balance of the bill. If you experience difficulty in meeting your payment obligations, please contact me so we can establish a reasonable payment plan. If your account has not been paid for more than 30 days and arrangements for payment have not been

agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information (your name, nature of services provided, and amount due). I will inform you in writing if I intend to exercise that option, to provide you with a final opportunity to make payment arrangements.

Insurance Reimbursement

If you have health insurance, your plan may provide out of-network coverage for mental health treatment. I will provide you with a bill of services on a monthly basis, if requested; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what your insurance policy covers.

Cancellation Policy

If you need to cancel an appointment, please notify me at least 48 hours in advance. Once an appointment is scheduled, you will be expected to pay for it in full unless you provide 48 hours advance notice of cancellation. *I may make exceptions for illness and other unforeseen circumstances.*

Complaints or Concerns:

Please address any complaints or concerns directly with me soon as they arise. Your concerns are an important issue. If you feel that you are unable to resolve issues with me, you may contact the Texas State Board Of Social Work Examiners at 800-232-3162 or 512-719-3521, or write to

TSBWE, Dept of State Health Services,

PO BOX 149347-Mail Code 1982,

Austin, TX 78714-9347

Agreement

I hereby grant my permission for any counseling that may be deemed necessary by my therapist. I understand that therapy is a joint effort between the therapist and client, the results of which cannot be guaranteed. Progress depends on many factors including motivation, effort, and other life circumstances. I agree that I will be responsible for the payment of all professional fees. I know that I can end therapy at any time I wish and that I can refuse any requests or suggestions made by my therapist. I have read, understand, and agree to the Office Policies described above, and I have reviewed this office's "Notice of Privacy Practices." I have been offered a copy of these Office Policies.

PLEASE NOTE: Shavon Mariah Social Services P.A is an independent, licensed social worker and is solely responsible for her clinical practice.

By signing this Informed Consent, you indicate that you recognize the limits of confidentiality. You have the right to terminate counseling at any time. If you are comfortable with the terms of confidentiality, please sign this form. I will keep one form for your file and let you have a copy for yourself.

Client Name: _____

Intake Date: _____

Client Signature: _____

Shavon Mariah Social Services

Name and Credentials: _____

Intake Date: _____