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## INFORMED CONSENT

Information contained in this document describes the ground rules under which I can work with you effectively, ethically and legally. It is followed by a separate page that amounts to an agreement between us to accept these rules as the basis of our working relationship and that permits you to provide me with the information I am required to keep on file. Informed Consent information is supplied for your protection and information. It will help you to understand my approach to counseling, your rights and duties as a client and the fees charged.

### What is Psychotherapy:

Psychotherapy is both a way of understanding human behavior and of helping people with their emotional difficulties and personal problems. Psychotherapy typically starts with an assessment of problematic symptoms and maladaptive behaviors that often intrude into a person's social life, personal relationships, school or work activities, and physical health. Specific psychotherapeutic strategies may be employed to alleviate specific problems causing distress such as depression, anxiety or relationship problems. Self-knowledge is seen as an important key to changing attitudes and behavior. Psychotherapy may involve the development of insight as to how our physical health may be compromised in many ways by emotional and relationship issues. Therapy is designed to help clients of all ages understand how their feelings and thoughts affect the ways they act, react, and relate to others. Whether or not therapy works depends a great deal on the client's willingness and ability to experience all relationships deeply, especially the therapeutic relationship. Each client has a unique opportunity to view themselves more accurately, and to make connections between past and current conflicts that illuminate the way one relates to oneself and to others.

Clients are encouraged to talk about thoughts and feelings that arise in therapy, especially feelings toward the therapist. These feelings are important because elements of one's history of important affections and hostilities toward parents and siblings or significant others are often shifted onto the therapist and the process of therapy.

Psychotherapy can be relatively short-term (8-16 weeks) when the focus is limited to resolve specific symptoms or problem areas, or longer term if the treatment focus targets more pervasive or long-standing difficulties. When the client feels she or he has accomplished the desired goals, then a termination date can be set. My therapeutic approach, goals for therapy, and duration of services will be discussed with you individually.

### Confidentiality

State law and professional ethics require therapists to maintain confidentiality except for the following situations:

1. If there is suspected child abuse, elder abuse, or dependent adult abuse.
2. A situation in which serious threat to a reasonably well-identified victim is communicated to the therapist.
3. When threat to injure or kill oneself is communicated to the therapist.
4. If you are required to sign a release of confidential information by your medical insurance.
5. If you are required to sign a release for psychotherapy records if you are involved in litigation or other matters with private or public agencies. **Think carefully and consult with an attorney before you sign away your rights.** We can discuss some foreseeable possibilities together.
6. I may at times speak with professional colleagues about our work without asking permission, but your identity will be disguised.
7. Clients under 18 do not have full confidentiality from their parents.
8. It is also important to be aware of other potential limits to confidentiality that include the following:
  - a) All records as well as notes on sessions and phone calls can be subject to court subpoena under certain extreme circumstances. Most records are stored in locked files but some are stored in secured electronic devices.
  - b) Cell phones, portable phones, faxes, and e-mails are used on some occasions. **Crisis issues will NOT be addressed via these methods of communication.**
  - c) All electronic communication compromises your confidentiality.

## Professional Boundaries

I will not acknowledge the existence of our therapeutic relationship outside of the counseling session, unless it is initiated by you. The therapeutic relationship is a professional one, and at no time will it become a social or business relationship. I will not attend special events such as weddings, baby showers, graduations, etc. It is my belief that once a therapeutic alliance is established any social or business relationship between client and therapist would be counterproductive and detrimental to the purposes of counseling.

## Appointments, Cancellations and No-Shows

If for some reason you must cancel your scheduled appointment, please provide at least a 24-hour notice. If you fail to notify me of cancellation, you will be charged \$65.00 as a no show fee. If an emergency occurs, please call and you will not be charged. A credit card on file must be provided for each client.

## Credit Card Number on File

Mrs. Rivas respects your time and sets aside time to see you when you make an appointment with her. It is important that clients respect the counselor's time as well. If a client makes an appointment with the therapist, the appointment is considered as a contract for the therapist's time. Clients wishing to cancel or change an appointment must give the counselor 24-hours notice in order to avoid being charged for the full appointment. Notice is required because in most cases the counselor will be able to accommodate other clients during the canceled time if such notice is given. To impress upon clients the importance of giving advance notice when canceling appointments, the counselor requires a credit card number and information on file. If a client no-shows or cancels at the last minute or without giving 24 hours notice so that the slot may be taken by someone else who is waiting for therapeutic care, the credit card will be charged \$65.00 for the missed appointment. *In addition, if payment is made by check and a check is returned, the owed amount will be charged to the credit card plus a \$25 returned check fee.*

***Once again, be warned – clients who miss appointments or cancel without 24 hours notice will be charged \$65.00 for the missed appointment as listed above.***

Please provide credit card information below. Barbara V. Rivas, LCSW is licensed in the State of Texas and is ethically bound to be responsible with your personal information. You can be certain that she is very respectful of this information and your rights to privacy.

## APPOINTMENTS

I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule future sessions at a frequency, date and time we agree on. Session duration is one therapy hour which is considered **no longer than 50 minutes**.

**Fees for an initial evaluation (60-90 minutes) is \$175 and for a 45-50 minute office visit is \$135.00**

Payment is due at the time services are rendered. Payment should be in the form of cash, check or credit card. Fees that are unpaid, or that appear likely to be unpaid, will be discussed with you individually. Accounts are considered delinquent after two unpaid sessions. At this point, if payment arrangements have not been made, routine appointments will cease until the situation is addressed.

**Immigration Hardship Evaluations: The fee for evaluations will be \$650.00. A minimum fee of \$650 covers the clinical interview process, psychosocial hardship interview, review of records, and preparation of the report. If your case demands us to meet for a longer time or that additional individuals be evaluated, I will bill accordingly. In occasions, I may be asked to attend court hearings for your case, in which instance I will also bill for my time. Half of the total fee will be paid at the conclusion of the interview and the remaining balance will be due prior to receiving the two original copies of your report.**

**If more time is needed, the payment must be made before I send my report to you. ALL PAYMENTS MUST BE MADE IN CASH, MONEY ORDER or CREDIT CARD. INSURANCE WILL NOT BE ACCEPTED FOR THESE EVALUATIONS. If we have arranged a payment plan, you commit to follow up with that plan to avoid the use of a collection agency. Completed evaluations are not delivered until all balance is paid. The anticipated time to complete your evaluation report after the interview process is completed is 7-10 days.**

*The fee structure may be changed at any time, with at least two weeks notice to the patient. You will receive written notification and asked to sign another informed consent form if that should occur.*

Insurance (Only for Psychotherapy Clients)

I am currently a network provider with various insurance companies. All benefits must be verified and services preauthorized prior to your initial visit. Co-pays/deductibles must be paid after each service is provided in the form of cash or check. I will be happy to complete the necessary forms for insurance company reimbursement. **If you choose to use your insurance coverage, I shall have to file a form with the insurance company telling them when our appointments were and what services I performed (i.e., psychotherapy, consultation, or evaluation). I will also have to formulate a diagnosis and advise the company of that.** The company claims to keep this information confidential, although I have no control over the information once it leaves this office. If you have questions about this, you may wish to check with the insurance company providing the coverage. You may certainly choose to pay for my services out of pocket and avoid the use of insurance altogether. Please notify our office immediately of any coverage changes.

Potential Side Effects

It is important that you realize that working with a therapist may sometimes lead to unexpected consequences and that positive results are not guaranteed. In general, exploring problems may uncover painful feelings and it is important to know that this is a normal part of the growth process. One goal of therapy is to work through and resolve these underlying hurts and this requires your ongoing commitment to therapy.

### **Alternative Services and Termination**

You should know that there are many forms of mental health assistance available in Houston and that it is perfectly appropriate to ask me about such alternatives. You also should know that you have the right to withdraw from my services at any time and that I will assist you, if you desire, with finding an appropriate referral. Bringing weapons on the premises (waiting room or office) will be grounds for immediate termination. The therapist may terminate treatment if payment is not timely, if recommendations (such as seeking consultation, refraining from dangerous practices, coming to sessions under the influence of alcohol and/or other substances, etc.), or if some problem emerges that is not within the scope of competence of the therapist. Continuity in treatment is vital to the success of treatment, so if excessive cancellations (three or more consecutive) and/or no show appointments (two or more consecutive) occur, your treatment may be terminated. Clients are urged to consider the risks that major psychological transformation may have on current relationships and the possible need of psychiatric consultation and/or a psychological evaluation during periods of extreme depression or agitation. Not all people experience improvement from psychotherapy and therapy may be emotionally painful at times.

Emergencies

In the event of emergency, please call my office, (832) 721-6113. If I am not available, please leave a voice message indicating that you have an emergency. Make sure to leave your name and phone number. My voice mail is accessed only by me and is checked frequently. **If you have a life threatening emergency, please call 911 or go to the nearest emergency room.**

Please provide the information requested below. Your signature acknowledges that you have read, understand and accept the information contained in the "Informed Consent" document. You can request a copy of the first three pages at any time during your treatment.

## INFORMED CONSENT Signature Page

Name of client: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ OK to leave message? (circle) Yes / No

Cell phone: \_\_\_\_\_ OK to leave message? (circle) Yes / No

Email \_\_\_\_\_ OK to communicate by email? (circle) Yes / No

Referred by? \_\_\_\_\_ May I thank your referral source? (circle) Yes / No

I hereby authorize Barbara V. Rivas, LCSW/PsyQuel billing company to release information acquired in the course of my treatment to my insurance company, employer, third-party payer as required of claims filed, quality assurance, health plan administration, complaints/grievances. I authorize direct payment to be made to Barbara V. Rivas, LCSW. I understand that I am responsible for all charges if any services are not covered by insurance or if I fail to provide accurate insurance information to provider prior to the date of service.

**I acknowledge receipt of a Notice of Privacy Practices (Client provided with copy)**

**In case of emergency contact:** Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Client Signature/Legal Guardian:  X  Date: \_\_\_\_/\_\_\_\_/\_\_\_\_