



# WEST HOUSTON PSYCHOLOGY, PLLC

## **PSYCHOLOGIST-CLIENT SERVICE AGREEMENT**

### **PSYCHOLOGICAL SERVICES**

I understand that the clinician provides individual therapy, as well as psychological evaluations/assessments in an outpatient environment. I understand that while information related to the sessions is confidential, the clinician will not provide or disclose any information about my treatment or therapy without my written permission, except as may be required by law under the following circumstances: 1) if there is an imminent threat of harm to self or others, 2) there is an indication of abuse of a child, disabled/dependent adult, or elderly adult, 3) by court subpoena, or 4) as required for billing, insurance, reporting, or auditing purposes by licensing or other agencies.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

### **APPOINTMENTS**

Therapy appointments will ordinarily be 45-50 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours notice. If you miss a session without canceling, or cancel with less than 24 hour notice, my policy is to collect the fee for the session. If it is possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

### **PROFESSIONAL FEES**

The standard fee for the initial intake is \$175.00 and each subsequent therapy session is \$150.00. You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made by credit card or cash.

The fee for psychological evaluations is \$150.00 per hour. Billable hours include test administration, scoring, interpretation and report writing time. Payment will be collected at the time service is rendered.

In addition to the above services, it is my practice to charge for other professional services that you may require such as report writing, telephone conversations that last longer than 10 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request of me. If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify.

## INSURANCE

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. West Houston Psychology, PLLC is out-of-network with most insurance companies. I can at your request provide you with a detailed medical receipt that you can submit to your insurance for reimbursement. You are encouraged to check with your insurance directly to inquire about what is covered on your specific plan. Please note that not all insurance companies reimburse for out-of-network providers.

## CONTACTING ME

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voicemail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) contact, 2) go to your Local Hospital Emergency Room, or 3) call 911 and ask to speak to the mental health worker on call.

If you need to contact me between sessions about a clinical matter, please leave a message for me at (281) 815-0094. Phone conversations that last fewer than 10 minutes will not be charged. If our phone conversation exceeds 10 minutes you will be billed at my standard fee of \$150 per hour, pro-rated. Likewise, if I spend more than 10 minutes per week outside of session checking and responding to emails, text messages, or voicemail messages that have not been initiated by me, you will be billed on a pro-rated basis for that time.

## OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience.

## CONSENT TO TREATMENT

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Printed Name of Patient or Personal Representative

Date \_\_\_\_\_