

Brightway Counseling and Wellness

CONSENT TO TREATMENT

I/we, _____, the undersigned, hereby grant permission for therapy to be conducted by *Traci Koen, LPC, PLLC* or qualified therapists contracted by *Brightway Counseling and Wellness, owned and operated by Traci Koen, LPC, PLLC*.

Confidentiality

I/we understand that the therapy sessions and records are strictly confidential except where the state law requires the reporting of threats of violence, harm, or child abuse and neglect (from suspicion or evidence), and when information is subpoenaed by the courts or officers of the court.

_____ Initial

Fees

Licensed Professional Counselor (LPC)

The standard fee for an intake assessment (first session) for an individual is \$125.00 for 1 hour; intake session for a couple is \$150.00 for a 1.5-hour session. The standard fee for a 50-minute Individual/ couple/family therapy session is \$110.00 and \$150 for 1.5-hour session or the rate contracted by your insurance company. _____ Initial

Licensed Professional Counselor Intern (LPC-Intern)

Initial assessment (first session) \$95.00; 50-minute individual/ couple/ family therapy session \$75. These sessions are offered at a reduced rate, however are not insurance billable. _____ Initial

Certain insurance policies may require only a co-pay and you agree to assign insurance benefits to *Traci Koen, LPC, PLLC or Brightway Counseling and Wellness*. I/we accept financial responsibility for charges I/we incur during the course of treatment. I/we agree to give at least 24 hours advance notice if unable to keep an appointment. I/we understand that there may be a service charge of \$50.00 for missed appointments not canceled 24 hours in advance. _____ Initial

I give permission for Brightway Counseling and Wellness/Traci Koen, LPC-S, PLLC and associates to disseminate necessary information to a HIPAA compliant practice management web based program for the purposes of maintaining clinical records, scheduling and billing.

I have read and received a copy of Privacy Practices and the Use and Disclosure of Personal Health Information for Brightway Counseling and Wellness _____ Initial

I fully understand that if my therapist is subpoenaed for deposition, testimony or any other court appearance, Brightway Counseling and Wellness/Traci Koen, LPC, PLLC will bill me \$150 per hour plus travel fees for these services and I agree to pay this fee. I understand I may revoke this consent at any time by giving written notice to Brightway Counseling and Wellness/ Traci Koen, LPC, PLLC. _____ initial

Communication

I understand there are confidentiality limitations when communicating via text, phone and email. If I choose to communicate with my therapist via text, phone and email I understand that this information could be obtained by an unintended third party. I choose to allow communication with my therapist in the following manner: Please initial and include information.

_____ Phone /number _____; May we leave a message? Yes/No

_____ text/number _____

_____ Email _____

I/we understand that results or outcomes from the therapy process cannot be guaranteed.

I/we understand that we can question any therapeutic approach utilized at any time. If

I/we decide to terminate therapy; I/we will discuss termination with the therapist.

Complaints can be filed with the Texas State Board of Licensed Professional Counselors

At 512/834/6658.

Print Name of Client

*Client signature if 17yrs or over

Date

Parent/guardian Name (if under 18 yrs)

Parent/guardian signature

Date

