



INFORMATION FOR CLIENTS

Welcome to Retrospective Solutions. We appreciate you giving us the opportunity to be of help to you. This document answers questions that clients often ask about therapy. We believe our work will be most helpful to you when you have a clear idea of what we are trying to do.

This document answers and informs on the following topics:

- What are the risks of therapy?
- What are the benefits of therapy?
- What are the goals of therapy and what are the methods of treatment?
- How long is therapy?
- How much are the services and how do we handle money matters?

After you read this, you and your counselor can talk in person about how these issues apply to you. When you have fully understood all the information contained in this document, **your counselor will sign this and will ask you to sign it as well.** You may request a copy of this document; however the original will remain in your file.

About Psychotherapy

We strongly believe you should feel comfortable with the counselor you choose and feel hopeful about the therapy. When you feel this way, therapy is more likely to be very helpful to you. Psychotherapy is the personal relationship you possess with a counselor to assist you with life problems. Our counselors employ a range of techniques based on experiential relationship building, dialogue, communication, and behavior change. These techniques are designed to improve the mental health of a client/patient, or to improve group relationships such as in a family. Practitioners with a number of different qualifications such as rehabilitation counselors, psychiatry, counseling psychology, occupational psychology, social work and others can perform psychotherapy services.

Your counselor may take notes during your meetings and you may find it useful to take your own notes as well. By the end of your first or second session, your counselor will tell you how he or she sees your case at this point and how your therapy should proceed. We view therapy as a partnership and you define the problem areas to be worked on. Your counselor will use some special knowledge to help you make the changes you want to make. Psychotherapy is not like visiting a medical doctor. It requires your active involvement. It requires your best efforts to change thoughts, feelings, and behaviors. For example, we want you to tell us about your experiences, what they mean to you and what strong feelings are involved. By doing this, you are an active partner in therapy.

In a treatment plan, your counselor will list the areas to work on, goals, the methods to be used, the time and money commitments to be made, and some other things. After agreeing on a plan, hard work will follow. Periodically throughout your treatment your progress will be reviewed and if needed, change to the treatment plan, goals, or its methods may be made.

An important part of your therapy will be practicing new skills that you will learn during your sessions. You may be asked to practice outside of your meetings and may set up homework assignments for you. You may be asked to do exercises, keep records, and read to deepen your learning. You will probably have to work on relationships in your life and make long-term efforts to get the best results. These are important efforts needed to make personal change. Change will sometimes come quickly, however this is not a very common result. More often it will be

slow in progression, often frustrating, and something you will need to keep trying and working towards. However, you can learn new ways of looking at your problems that will be very helpful as it relates to changing your feelings and reactions.

Most of our clients see a counselor once a week for 3 to 4 months. Thereafter, you will meet less often for several more months and then the sessions are usually “ended.” The process of ending therapy is called “termination.” Although the word “termination” sounds negative, it is actually a very positive step in the completion of your therapy. Termination is a very valuable part of your work and your progress. Stopping therapy is a process and is not a casual completion. However, either you or your counselor may decide to end your relationship casually if both of you believe it is in your best interest. If you wish to stop therapy at any time, we ask that you agree to meet for one final session to review your work together with your counselor. At that time a review of your goals, your progress, and any future work that may need to be completed will take place during the session. If you would like to take a “time out” from therapy to try it on your own, we should discuss this together to make sure the “time out” is more helpful. If at any time you feel that you are not benefiting from the relationship you have developed with your counselor, you may terminate the professional relationship and/or ask to be transferred or referred to another provider.

Benefits, Goals and Risks of Therapy

When comparing the risks to the benefits of therapy, it is important to always keep the overall goal you wish to achieve close in mind. Most of these risks are to be expected when people are making important changes in their lives. Some of these risks are short term and you may not experience any or all of them. You should think about both the benefits and risks when making *any* treatment decisions.

Some short term and long term benefits/goals are:

- You may find your mood lifting and begin to feel more optimistic.
- You may no longer feel afraid, irritable, angry, or anxious.
- You will have a chance to talk things out fully until your feelings are relieved or the problems are solved.
- Your relationships and coping skills may improve greatly.
- You may gain the ability to stay in school or work.
- You may get more satisfaction out of social and family relationships.
- Your personal goals and values may become clearer.
- You will be able to manage emotions more efficiently.
- You may regain your memory and see things more clearly.

While you consider these risks, you should know also that the benefits of therapy have been proven by scientists in hundreds of well-designed research studies. Possible risks of Therapy:

- You may, for a period of time, have uncomfortable levels of irritability, sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings.
- Feeling uncomfortable in change you may feel the need to relapse or continue damaging behavior.
- You may experience physical cravings (pertaining to substance abuse)
- When making life changes, some people may view your positive changes as a threat and react negatively.
- You may have problems with your interpersonal relationship.
- Family secrets maybe told.
- Your lifestyle may change causing deterioration of longstanding relationships.
- You may recall unpleasant memories or have short term memory loss.
- Your marital relationship may become strained and sometimes may even lead to a divorce.
- Your problems may temporarily worsen after the beginning of treatment.
- Even with our best efforts, there is a risk that therapy may not work out well for you.

It is important for you to know that Retrospective Solutions does not take on clients that we do not think can benefit from our services. Therefore, your counselor and you will enter into the relationship with optimism about your progress.

Consultations

If you could benefit from a treatment we cannot provide, we will try to direct you to the most appropriate source that can help. You have a right to ask us about such other treatments, their risks, and their benefits. Based on what is learned about your problems, your counselor may refer you for additional treatments such as a medical exam, psychiatric assessment, or biofeedback. If your counselor does this, they will fully discuss the reasons with you, so that you can decide what is best. If another professional is treating you, your counselor will coordinate services with him or her.

If for some reason treatment is not going well, your counselor might suggest you see another therapist or another professional for an evaluation. Ethically, a counselor cannot continue to treat you if treatment is not working for you. If you wish for another professional's opinion at any time, or wish to talk with another counselor, we will help you find a qualified person and will provide him or her with the information needed with your consent. A qualified person also includes other counselors within our facility.

What to Expect from Your Relationship with Your Counselor

As professionals, your counselor will use their best knowledge and skills to help you. This includes following the state laws, rules and regulations and standards of the associations for which we are affiliated. You can expect the following from any counselor within Retrospective Solutions:

1. To operate within the scope of our profession.
2. Maintain a confidential relationship
3. To maintain a therapeutic relationship only

In the event of a divorce or custody dispute, we want you to understand and agree that your counselor will not provide evaluations or expert testimony in court as this could not always yield a positive result. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on (3) reasons: (1) The counselor statements can be seen as biased or in your favor because you have developed a therapy relationship; or (2) during cross examination your counselor may release certain information that may not yield a positive result (3) thus, the testimony might affect the therapy relationship between you and your counselor negatively.

Even though you invite your counselor to a party, family gathering, or wedding, he or she will not be able to participate. In addition, your counselor will not be able to celebrate holidays or give you gifts.

About Confidentiality

The Retrospective Solutions' counselors and staff will treat with great care all the information you share. It is your legal right that your sessions and counselor records about you are kept private. That is why we ask you to sign a "release-of-information" form before discussing your records with anyone else. In general, we will tell no one what you have shared with your counselor and will not even reveal that you are receiving treatment from us. In all but a few rare situations, your confidentiality is protected by federal and state laws and by the rules of counselor's profession. Please note that our LPC interns are under the supervision of a Licensed Supervisor that may or may not be located in our facility and by State Law may have to discuss the information obtained in your session in order to provide you with adequate care.

(A laminated copy of HIPAA will be handed to you for you to read. Please address any questions you may have about HIPAA to your counselor)

Our Licensed Professionals

Victoria Jones, MS, LPC-S, CART
*Director and Owner of Retrospective Solutions
Licensed Professional Counselor- Supervisor
Certified Anger Resolution Therapist*

Melinda Parker, MA, LPC, LCDC
*Licensed Professional Counselor &
Licensed Chemical Dependency Counselor*

Debbie Dunmore, M.Ed, LPC
Licensed Professional Counselor

Lorie Rodriguez, LCDC
Licensed Chemical Dependency Counselor

Shannon Sprung, MA, LPC-Intern
Licensed Professional Counselor-Intern

Elizabeth Alwais, MA, LPC
Licensed Professional Counselor

Andrew Farrell, MA, LPC
Licensed Professional Counselor

Brianne Havens, MA, LPC- Intern
Licensed Professional Counselor- Intern

Amanda Yoder
Practicum Student

Appointments

At your initial session, there will be many questions and much information needed to be shared. For this reason, we usually schedule 1-2 hours for the first meeting. Following this, you will usually meet for a 50-minute session once or twice a week with your counselor then with progress you will meet less often. Your counselor will provide you at least a month in advance of his or her vacations. Please ask about their schedule when making your own personal plans.

An appointment is a working commitment. It is important to be on time. If your counselor is unable to start on time, we ask for your understanding. We also assure you that you will receive the full time agreed to. If you are late, your counselor will probably be unable to meet for the full time, because it is likely that they will have another appointment after yours.

Bring Children

We request that you do not bring children with you if they are young and need supervision. The reason for this is we are unable to provide childcare.

Property

You will be charged for any damage to or theft of property in this office by you or anyone for whom you are legally responsible. We cannot be responsible for any personal property or valuables you bring into this office.

Cancellations

A cancelled appointment delays our work. Please try not to miss any sessions if you can possibly help it. When you must cancel, please give at least a 24-hour notice. If a 24-hour notice is not provided, we will have to charge you \$50.00 for the lost time, except for unpredictable emergencies. Your insurance will not cover this charge. Cancellations for a Monday appointment should be made no later than Friday afternoon.

Fees, Payments, and Billing

Payment for services is an important part of any professional relationship. It is your responsibility to ensure the payment of services provided to you. Meeting this responsibility shows your commitment and maturity.

Fees for services are based per hour, unless stated otherwise. You will be given advance notice if any fees should change.

	<u>LPC/LMFT</u>	<u>LPC Intern</u>	<u>LCDC</u>
Individual Therapy:	125	60	85
Couples Therapy:	145	80	100
Family Therapy (3 or more):	160	100	130
Parenting Classes:	50	50	N/A
Relapse Prevention Group:	70 per group	70 per group	70 per group
Anger Management Group:	50 per group	50 per group	N/A

**Licensed Professional Interns are individuals who hold a temporary license to practice counseling. They are under the supervision of a licensed health care professional.*

Please make payment for services at the beginning of the sessions. If paying with a check, please make out your check before each session begins, so that your time will be used best. If needed, other payment or fee arrangements must be worked out before the end of your first meeting otherwise normal payment for services will apply.

We realize that our fees involve a substantial amount of money, please note that they are well in line with similar professionals' charges. For you to get the best value for your money, you must work hard and well with your counselor. We will assume that our agreed-upon fee-paying relationship will continue as long as we provide services to you. We will assume this until you tell your counselor in person, by telephone, or by certified mail that you wish to end therapy. You have a responsibility to pay for any services you receive before you end the relationship with your counselor.

Because we expect all payment at the time of your meetings, if payment is owed we will send you an invoice of the unpaid balance and will expect prompt payment in order for your services to continue. Also, if you are covered by insurance you can request a statement from your health insurance carrier. It will show all of your meetings, the charges for each, how much has been paid, and how much (if any) is still owed. Depending on your financial circumstances and total medical costs for any year, psychotherapy may be a deductible expense; consult your tax advisor.

If you think you may have trouble paying your bills on time, please discuss this during your first appointment. Payment plans are available for classes, groups and programs only. All other services, with an unpaid balance, will be brought to your attention each session until it exceeds \$ 100.00. If it remains unpaid, your services will discontinue. This unpaid balance maybe reported to small-claims court or a collection service.

If there is any problem with our charges, billing, your insurance, or any other money-related issues, please bring it to our attention.

Telephone consultations, conversations and/or sessions: We believe that telephone consultations are sometimes suitable. If so, we will charge you our regular consultation fee, prorated over the time needed. In regards to a telephone conference with other professionals as part of your treatment, if this is needed then you we will let you know and you will be billed for these at the same rate as for regular therapy services. If you are already an established client/patient and need to speak with your counselor over the phone, please note after 15 minutes we will have to apply regular session charges. If you are concerned about any of this, please be sure to discuss it with your counselor in advance so a policy can be set that is comfortable for both of you and your counselor. Of course, there is no charge for calls about appointments or similar business.

Extended sessions: Occasionally it may be better to go on with a session, rather than stop or postpone work on a particular issue. When this extension is more than 10 minutes, your counselor will tell you prior, because sessions that are extended beyond 10 minutes will be charged on a prorated basis.

Psychosocial Assessments: The fee is \$200 per hour and generally run a total of 2 hours. Psychosocial assessment fees include the time spent with you and the time needed to write a report on the findings. The amount of time involved depends on the questions the assessment is intended to answer.

Psychological Evaluations: In order to provide a psychological evaluation a Licensed Psychologist or Psychiatrist is needed. If a psychological evaluation is needed our staff can refer you to one.

Court Appearances and Subpoenas: The fee is \$200 per hour. The fees for court appearances and subpoenas include travel time and time spent in court. Travel time begins when the counselor leaves and returns to the office from court. We recommend you to discuss with your legal representative who will be responsible for these fees prior to the counselor's appearance in court.

Other services: Inquire about our other services, programs and their prices with your counselor if they are not outlined within this document.

Health Insurance Coverage

Many health insurance plans will help you pay for therapy and other services we offer. Because health insurance is written by many different companies, we cannot tell you what your plan covers. Please call the member service number on the back of your health insurance card for detail about your coverage.

If you belong to a health maintenance organization (HMO) or preferred provider organization (PPO), or have another kind of health insurance with managed care, decisions about what kind of care you need and how much of it you can receive will be reviewed by the plan.

We will provide information about you to your insurance company only with your informed and written consent. We may send this information electronically through our patient billing system, by mail or by fax. Our office will try its best to maintain the privacy of your records.

Contact Us

Office hours are 9:00am to 5:00pm. After hour sessions are conducted at the counselor's discretion. Office voicemail is available during and after hours for the reception of your confidential message. We cannot promise that your counselor will be available at all times. There will be times when your counselor is in the office and unable to take phone calls due to providing services to other client. So, please be patient. You can always leave a message with the administrative staff or on our confidential voicemail, and someone will return your call within 24 hours. However, this does not include weekends. Messages left Friday after hours will be returned on Monday.

If you have an emergency or crisis, tell this to the administrative staff, who will try to contact your counselor. In some cases, your counselor may provide you with their phone number and instruct you to call them during a crisis. If you have a behavioral or emotional crisis and cannot reach us, please contact one of the following community emergency agencies:

Psychological Emergency Services

OR

911

Open 24/7

56 East Ave.

Austin, TX 78701

Take Capital Metro Transit Bus Routes 17, 21 or 22

P: 512-472-HELP (4357)

F: 512-703-1390

Crisisinfo@atcic.org

Client Grievance Procedures

It is the policy of Retrospective Solutions, PLLC that every effort shall be made to resolve a client's grievance in a fair and equitable manner, and that all client grievances will be investigated and resolved promptly in accordance with the Department of State Health Services (DSHS).

1. All staff members shall be aware of a client's needs and shall pay close attention to those situations that could lead to a grievance situation. Clients may grieve directly to any staff member. Clients may grieve about any violation of client rights or DSHS standards.
2. Staff members shall make every effort to resolve the grievance informally by discussing the situation or circumstances with the client.
3. Staff members who are involved shall not be included in acceptance, investigation or decision-making concerning the grievance.
4. Clients who are not able to resolve their grievances by discussion must put their grievance in writing including date and signature.
5. Retrospective Solutions, PLLC will provide pens, paper, envelopes, postage and access to a telephone upon request in order to file a complaint. Retrospective Solutions, PLLC shall provide assistance to clients who cannot read or write or have difficulty reading and writing.
6. The Director will acknowledge receipt of the grievance within 24 hours and investigate the grievance and interview the client as necessary.
7. A written report of the investigation and initial disposition shall be made to the client by the Director or designee within seven days.
8. A client who is still dissatisfied may appeal the decision to the governing authority and a written report of the decision will be forwarded to DSHS with a written response given to the client within 30 days.
9. There shall be no retaliation, formal or informal, against a grieving client.
10. Retrospective Solutions, PLLC shall retain full records of all grievances in a confidential file for three years, but not in a client's case file.
11. Clients may submit their grievance at any time directly to any of the following departments:

Department of State Health Services Office of
Attorney General
1100 West 49th Street Consumer Protection
Division
Austin, TX 78756 (800) 832-9623

Office of Attorney General
Consumer Protection Division
P O Box 12548
Austin, TX 78711-2548 (512) 463-2185

Texas State Board of Medical Examiners
(for reporting complaints against licensed
physicians)
1812 Center Creek Drive, Ste. 300
Austin, TX 78754

Texas Department of Human Services Hotline:
(800) 252-5400
DARS Service Number: (800) 628-5515

U.S. Department of Health and Human Services
Office for Civil Rights
50 United Nations Plaza, Room 322
San Francisco, CA 94102
(415) 556-8730 / TDD (415) 556-858

In order to provide fair access to Mental Health and Substance Abuse Counseling provided by Retrospective Solutions, PLLC, Retrospective Solutions staff does not unlawfully discriminate against clients, or potential clients, due to race, ethnicity, sexual identity, gender, disability, age or creed in receiving program services.

A client, who believes he/she has been unlawfully discriminated against in receiving program services, is directed to file his/her grievance with either the Retrospective Solutions Director or Texas Department of State Health Services.

Agreement and Consent to Treatment

I, _____ understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this document, I can talk with my counselor about them, and he/she will do their best to answer them.

I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with my counselor before ending therapy.

I understand that no specific promises have been made to me by my counselor about the results of treatment, the effectiveness of the procedures used by Retrospective Solutions counselors, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues, points in this document and the HIPAA Notice of Privacy. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this document. I hereby agree to consent to treatment and enter into therapy with the counselor _____, and to cooperate fully and to the best of my ability, as shown by my signature here.

Signature of client (or person acting for client)

Date

Printed name

I, the counselor, have met with the above stated client for a suitable period of time, and have informed him or her of the issues and points in this document as well as the HIPAA Notice of Privacy. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

Signature of Counselor

Date

- Patient obtained a copy of the client information document _____ Patient initials
- Patient declined a copy of the client information document _____ Patient initials

- Patient obtained a copy of the notice of privacy document _____ Patient initials
- Patient declined a copy of the notice of privacy document _____ Patient initials