VIRGINIA C. RENFROE, MA, LPC

Texas License - 19759

832.725.7694

141 E. Mercer St., Suite C, Dripping Springs, TX 78620

Client Services Agreement

Welcome to my practice. This document contains important information about my professional services and business practices. By signing this consent it means you are in agreement with these terms and understand that this document has the force of contract. If you have any questions or concerns, I encourage you to discuss them with me before signing.

Client/Guardian Initials

Services

_____ Virginia C. Renfroe, MA, LPC is an independent provider. I offer individual, couples, and family psychotherapy, all of which involve exploration of one's personal history to illuminate the connection between past and present experiences, the nurturing of creativity, and the identification of one's desires and goals, as well as resolution of trauma, if present. I hold a depth psychological orientation which honors the wise and subtle voice within the client. The therapeutic methods I provide include but are not limited to Psychodynamic, EMDR, Expressive Arts, and Solution-focused approaches.

It is through this process that life can be experienced more fully and responsibly with the possibility of more satisfying relationships and increased awareness. However, because of the subjective nature of therapy, no guarantee or assurances can be made as to the results that may be obtained. Because depth-oriented work often deals with painful personal material, it is not uncommon to experience a worsening of emotional states before equilibrium is achieved.

The therapy may be brief—a few sessions—or may continue over a period of months, and, sometimes, years, depending upon the issues being addressed and one's desire for continued self-discovery. Under any of these circumstances, therapy is voluntary for you or your minor child. It is customary to meet one time per week, although more frequent sessions may be necessary at times, or the work may progress such that sessions become less frequent.

Billing and Payments

_____ I accept private pay and out-of-network benefits only. My hourly rate for psychotherapy services is $170 for the first visit/assessment and $160 thereafter. You are expected to pay your fee in full upon each visit. Each session hour is 50 minutes in length. If an extended session should become necessary, additional time will be charged on a prorated basis at the hourly rate. If you ask me to provide other professional services such as treatment summaries, writing of reports, phone conversations beyond ten minutes in length, or meetings with other professionals you authorize, you will be expected to pay for my time involved on a prorated basis at the hourly rate. If you compel my participation in court proceedings (even if I am called to testify by another party), I will require payment at my hourly rate of $160 for preparation, travel, consultation with attorneys or associated professionals, and my time spent in the courtroom. Additional expenses for parking fees and mailings will be charged as incurred. Mileage will be charged at 62.5 cents per mile.

If you choose to utilize out-of-network insurance coverage, I will provide a statement to you for submission to your insurance carrier. Only the information required for potential reimbursement to you by your insurer will be included in the statement. If you have a Health Savings Account or other such health savings plan, I can provide a statement to you for submission.

Your individual appointment time is reserved for you; therefore, you will be charged the full fee of $160 for a missed appointment or cancellation without 24 hour notice unless we agree that you were unable to attend due to circumstances beyond your control. In this event, I will try to reschedule your appointment. Because the therapeutic process involves commitment, nonattendance can demonstrate resistance or lack of readiness, resulting in discontinuation of services. A fee of $ 25.00 will be charged to you for any returned check.

Confidentiality

_____ All information shared in the therapy sessions will remain confidential, as prescribed by law; however, there are a number of exceptions:

_____ If I believe there is a specific and realistic threat of danger to self or others. I am legally bound to take action to protect others from harm which may require my seeking hospitalization for the client who is threatening self-harm, or contacting a relative or others who can provide protection for him or her. In the case of the client threatening serious physical harm to another, I am required to take protective action which may include seeking hospitalization for the client or notification of the police. If such a situation should occur, I will make every effort to fully discuss it with you before taking action.

_____ If I believe that child abuse or neglect to a minor may be occurring, or abuse or neglect of an elder or dependent adult.

_____ If I am mandated through a written court order to release confidentiality. In the event you wish to give written consent for me to share information with another party, a release of information form will be provided for this purpose.

_____ If I am forced to defend myself in the event of litigation, formal complaint, or crime against me you have rendered. Virginia C. Renfroe, MA, LPC is an independent provider and not associated in any way with Sub Lessees in 141 E. Mercer St., Suite C.

_____ If you are a minor, under 18 years of age, the law may allow your parents or legal guardians access to your therapy records. It is my policy to seek an agreement from your parents to waive access to the details of confidential information you have shared with me, as trust can be difficult to establish otherwise. Rather, I will provide parents or legal guardians with general information regarding your therapeutic progress; although, if risk arises of harm to self or others, parental notification will be necessary.

_____ If I am forced to seek legal remedy to obtain an unpaid balance for therapeutic services provided. In this event, only your name, the type of services provided, and the amount due would be disclosed.

Professional Records

_____ Both law and the standards of my profession require that I keep appropriate therapy records. Your or your child's treatment records will be created and maintained in paper rather than electronic form and will be safeguarded in my possession for a minimum of seven years from the date of last contact or five years after your child reaches the age of majority, whichever is greater. In the event of my incapacity or demise, the custody and control of your or your child's records will be transferred into the care of my colleague, Diane Reinhardt Glumpler, LMSW: 806.789.7017.

Although your confidential records are the physical property of this practice, you are entitled to see or receive a copy of the records if you so choose. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Because these are professional records, they can be misinterpreted and/or can be upsetting to lay readers. I can prepare an appropriate summary, available within 15 days, should you choose to request, in writing, the treatment record. Clients will be charged a fee at my hourly rate for any preparation and client consultation time which is required to comply with an information request. Should a complaint arise regarding your therapy, I encourage you to provide me the opportunity to discuss this with you to achieve a satisfying resolution. You do have the right to address unresolved complaints to The Texas Behavioral Health Executive Council: 333 Guadalupe St., Tower 3, Room 900, Austin, TX 78701, 512.305.7700 or 1.800.821.3205.

Contacting Me

_____ In order to assure you of the best professional therapy possible, I will respect your privacy outside the therapy hour. Due to the ethical standards of the profession, a relationship outside of the therapy session is prohibited (socializing, business, transportation, etc.).

I am available to you between sessions by phone for brief calls when necessary. If it appears that the nature of your call requires extended phone time, you will be billed at the session rate or you may schedule a session at the earliest availability. My office telephone utilizes confidential voicemail, which I monitor frequently. I will make every effort to return your call within 24 hours, with the exception of weekends and holidays.

In order to protect your privacy once you have become a client, I discourage the use of e-mail and txt messaging for matters other than appointment scheduling or rescheduling. If you should experience a life-threatening emergency, it is imperative that you seek help by calling 911 or by going to the nearest hospital emergency room. I will inform you in advance of my

unavailability due to vacation or extended illness and will provide you with a trusted therapist contact in my absence.

Termination of Treatment

_____ Termination of therapy is as important a part of the psychotherapeutic process as any other phase. Therefore, depending upon the length of the therapy, at least one session is advised for closure following the decision. As in all relationships, including this psychotherapeutic one, it is important to say good-bye and bring completion to our sharing. Should you choose to leave therapy without closure, either by choice or due to external circumstances, your case will remain open for a period of six months after which your file will be closed. However, you are always welcome to return to this practice for a continuation of therapeutic work.

I have read and understand the above information, and I am in agreement with the terms and conditions set forth. I further understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance thereon.

_____

Client Name (please print)

_____Date_____

Client Signature

_____

Parent or Guardian Name(s) (if client is a minor)

_____Date_____

Parent of Guardian Signature

_____Date_____

Therapist Signature