

TIA PARSLEY COUNSELING SERVICES

2203 Timberloch Place, Ste. 100

The Woodlands, TX 77380

936-900-8040

info@tiaparsley.com

www.tiacounseling.com

CLIENT INFORMATION

Client #1 Name: _____ Date of Birth: _____

Client #2 Name: _____ Date of Birth: _____
(if needed)

Address: _____

Contact Number: _____ Check if okay to leave message: _____

Alternative Number: _____ Check if okay to leave message: _____

Email: _____ Check if okay to email: _____

.....
Is Client #1 or #2 a minor (less than 18 years of age): () Yes () No

If yes, complete the information below:

Name of Responsible Party: _____

Relationship: _____ Date of Birth: _____

Contact Number: _____ Check if okay to leave message: _____

Email: _____ Check if okay to email: _____

Under the Texas State Board of Examiners of Professional Counselors Title 22, Texas Administrative Code, Chapter 681.41- A copy of the custody agreement or court order, as well as any applicable divorce decree shall be maintained in client's record for a minor who is named in a custody agreement or court order. Therefore, a copy of divorce decree with custody information will be needed before services to a child can be rendered.

Signature of client or Client Guardian/Parent

Date

Signature of client or Client Guardian/Parent

Date

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Service Agreement

Philosophy

I believe in fostering a non-judgmental relationship with individuals and practice from a strengths-based perspective, focusing on one's assets and potential. I practice dialectical behavioral therapy, cognitive-behavioral therapy, motivational enhancement, and person-centered techniques to assist patients in reaching their goals. My purpose is to help individuals improve coping skills, increase personal happiness, and discover stability in daily life. I have a passion for counseling and strive to improve the lives of my clients in ways that are both personally and relationally beneficial to the individual in need.

Counseling Services

The therapeutic relationship between the therapist and client is strictly a professional one rather than social. While counseling is a time of self discovery, growth, and healing, it requires commitment of times, money, attendance of sessions, and participation both in and out of sessions. It is very important you select a therapist which fits your needs. Counseling does require some risks as the process includes disclosures of the past and current struggles which may bring up undesired feelings such as sadness, anxiety, depression, shame, guilt or other negative emotions. Therapy has also been known to change relationships, reduce anxiety and/or depression and decrease stress in daily life. There are no guarantees of what you may experience in treatment, however it is very important to have open communication with me regarding any symptoms you are/may experience.

What To Expect

The first couple of sessions will include an assessment/evaluation of your needs and strengths, desires/expectations and goals. The information provided will determine the best way to assist in terms of counseling techniques, how often sessions should be scheduled, and if other referrals may be needed. Please feel free to discuss any questions and/or concerns with me. Therapy is not like a medical doctor, as each therapist is unique in personality and techniques used in treatment. If you feel the relationship is not benefitting you, please feel free to discuss with me so I may refer you to another professional who may fit your needs.

Minors and Parents

Clients under 18 years of age and their parents should be aware that the law may allow parents to examine their child's treatment records. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is my policy to request an agreement from parents that they consent to give up their access to their child's records. If they agree, during treatment, I would provide (if requested) only with general information about the progress of treatment, and attendance at scheduled sessions. If requested, I could also provide parents with a summary of your treatment when it is complete. Any other communication to your parents will require your Authorization, unless we feel that you are in danger or are a danger to someone else, in which case, we will notify the parents of our concern. Before giving parents any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have. In cases of divorce, a copy of the divorce decree indicating parental rights to view records and participate in treatment will be required.

Professional Fees

<i>Therapy Session Fees:</i>	\$150.00 per session (50 minutes duration)
<i>Late Cancellation Fee:</i>	\$75.00 Cancellation with less than 24 hour notice.
<i>No Show Fee:</i>	\$150.00 If appointment is not cancelled within 24 hour notice and not attended.
<i>Other Services:</i>	\$35.00 per 15 minute increments. Include: telephone calls over 5 minutes in length, generating reports, consulting with other agencies and professionals at your request, paperwork and depositions resulting from a subpoena, and the time spent performing any other services you may request. These services will be charged as they occur.

You (not your insurance group) are responsible for full payment of fees at time service is rendered. It is very important that you find out what mental health services your insurance policy covers. You must pay your bill first, then contact your insurance company regarding reimbursement. I am considered to be an out of network provider.

TIA PARSLEY COUNSELING SERVICES

Service Agreement Continued

Contacting Me

Due to my schedule, I am often not immediately available. Please feel free to contact me by phone, voicemail, or email in-between sessions when necessary. If you are difficult to reach, please leave me some times you will be available. I attempt to return each message within 12 hours during the week and 24 hours on the weekends/holidays. Please know emails are not secure and will not be used for therapeutic assistance. They are for scheduling, rescheduling, or setting up a time for a phone call.

Emergencies

If you are unable to reach me and feel you cannot wait for me to return your call due to an emergency, contact your family physician, 911, or the nearest emergency room and ask for the psychologist or psychiatrist on call.

Facebook and Social Media

Social media such as Facebook and Twitter, maybe used as tools for marketing services and disseminating information. Social media of any kind are NOT secure in terms of privacy and confidentiality. I will not provide therapy via social media, acknowledge or return private messages delivered via social media, or acknowledge or respond to client emergencies delivered via social media. You may use social media to reveal your own identity as a client but may not reveal the identity of another client. Doing so would be a breach of confidentiality and I will take all available steps to protect the revealed client's rights, including blocking the offending client from accessing the social media and referring the offending client to another therapist.

Professional Records

Your Protected Health Information is kept in your Clinical Records which includes things such as: information about your reasons for seeking treatment, descriptions of ways problems impact your life, your diagnosis, the goals of treatment, records received by past treatment providers I receive, professional consultations, reports, etc. Except in the unusual circumstance where disclosure is likely to endanger you and/or others, when another individual (other than the provider) is referenced, or when believed disclosing information puts another person at risk of substantial harm, you may examine and/or receive a copy of your Clinical Record. The record must be requested in writing. The Clinical Record is a professional record and may be misinterpreted by and/or be upsetting to untrained readers. For this reason, I recommend you initially review together with me or have them forward to another mental health provider to discuss the content. There is a \$30 for a copy of the Clinical Record.

For Clinical Records, I utilize Dropbox, an online data storage service to store client records. You may view their security overview and privacy policy at <https://www.dropbox.com/security>. This program is password protected.

Incapacitation Plan

Should I become incapacitated and unable to carry out the therapeutic relationship, the following licensed professional will be given access to my professional records. She will contact you based information given on the intake paperwork and discuss an alternative plan to ensure you are not without therapeutic services.

Sue Watkins, LMFT - 9595 Six Pines Dr. Ste 8210, The Woodlands, TX 77380 Phone: 936-524-7523

Confidentiality

Uses and Disclosures Requiring Authorization

I may use your Personal Health Information for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information.

Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

Child Abuse: If I have cause to believe that a child has been, or may be, abused, neglected, or sexually abused, I must make a report of such within 48 hours to the Texas Department of Protective and Regulatory Services, the Texas Youth Commission, or to any local or state law enforcement agency. *Abuse of the Elderly and Disabled:* If I have cause to believe that an elderly or disabled person is in a state of abuse, neglect, or exploitation, I must immediately report such to the Department of Protective and Regulatory Services. *Sexual Misconduct by a therapist:* If you report to me any situation that constitutes sexual misconduct by a current or former therapist, then I am required to inform the licensing authority of the offending therapist.

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Service Agreement Continued

Regulatory Oversight: If a complaint is filed against a therapist with a regulatory authority, they have the authority to subpoena confidential mental health information relevant to that complaint.

Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release information, without written authorization from you or your personal or legally appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

Serious Threat to Health or Safety: If I determine that there is a probability of imminent physical injury by you to yourself or others, or there is a probability of immediate mental or emotional injury to you, I may disclose relevant confidential mental health information to medical or law enforcement personnel.

Worker's Compensation: If you file a worker's compensation claim, I may disclose records relating to your diagnosis and treatment to your employer's insurance carrier.

Client's Rights

HIPAA requires that I share with you a Notice of Privacy Practices for use and disclosure of Personal Health Information for treatment, payment, and health care operations. The Notice which you can download from my website (www.tiaparsley.com) explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that you have been provided with this information.

HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that your counselor amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of my privacy policies and procedures. You have the right to a paper copy of this Services Agreement and have been given one. You also have the right to keep a paper copy of the Privacy Notice; it is located on the website or you may ask me for a copy. I am more than happy to discuss any of these rights with you.

I am an out of network providers and I will provide you with paperwork you may submit for insurance reimbursement. I will not, however, file that paperwork for you. You should be aware that in the process of filing for a third party payment, your contract with your health insurance company requires that I provide additional clinical information such as treatment plans or summaries, a diagnosis, or copies of your entire Clinical Record. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, counselors have no control over what the insurance companies do with it once it is in their hands. In such situations, I will make every effort to release only the minimum information about you that is necessary for the purpose requested. If you will be filing with your insurance company for reimbursement of fees, please indicate your consent for me to release your PHI by signing below.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS FULL AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT THE HIPAA PRIVACY NOTICE DESCRIBED ABOVE WAS MADE AVAILABLE TO YOU.

Client #1 Signature

Date

Client #2 Signature

Date

An individual who wishes to file a complaint against a Licensed Professional Counselor may write to: Complaints Management and Investigative Section P.O. Box 141369, Austin, Texas 78714-1369 or call 1-800-942-5540 to request the appropriate form or obtain more information.

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Cost For Services

It is a privilege to serve you and/or your family. Please review the Service Agreement and feel free to let me know if you have any questions or concerns regarding any of the information. Then, remit full payment today for all services rendered and a receipt will be emailed to you. The fees are listed below:

No-shows and late cancellations will be charged and payment will either be collected at your next appointment, deducted from your credit card on file with us, or billed.

Therapy Session Fees: \$150.00
per session (50 minutes duration)

Late Cancellation Fee: \$75.00
Cancellation with less than 24 hour notice.

No Show Fee: \$150.00
If appointment is not cancelled within 8 hour notice or not attended.

Other Services: \$35.00
per 15 minute increments.

Includes but not limited to: telephone calls over 5 minutes in length, generating reports, consulting with other agencies and professionals at your request, paperwork and depositions resulting from a subpoena, and the time spent performing any other services you may request. These services will be charged as they occur.

I authorize Tia Parsley Counseling Services to debit my credit/debit card for recurring payments for counseling services. I understand this information will be used to remit payment to Tia Parsley, LPC, LCDC for services rendered and outstanding balances including fees for no shows and late cancellations.

Visa

Master Card

AMEX

Discover

Card Number

Exp Date

Security Code

Printed Name Card

Signature

Billing Zip Code

Thank you for your confidence and choosing me for the care of you and/or your family. I am honored to work with you.