

Melissa Engle, Psychotherapist PLLC

(214)-498-5493 Fax: 972-918-9069

1701 Gateway Blvd #349
Richardson, TX 75080

Private Practice and Business Policies

This document contains important information about my private practice and business policies. Please read it carefully and discuss with me if you should have any questions. When you sign this document, it will represent an agreement between us. However, the 'therapist-client' relationship does not exist until after the initial assessment is completed and we have both decided to move ahead, as evidenced by your signature on this form.

CREDENTIALS: My name is Melissa Engle. I am a Licensed Professional Counselor (LPC) and a Registered Art Therapist (ATR).

PSYCHOLOGICAL SERVICES: Psychotherapy is not easily described in general statements. It varies depending on the personalities of the counselor and the client, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work in between sessions on things we talk about during our sessions.

Psychotherapy can have both benefits and risks. Since therapy often involves discussing unpleasant parts of your life, you may experience uncomfortable feelings like sadness, guilt or anger. As you learn more about yourself and begin to make changes, you might encounter increased conflict with friends, co-workers, or family members. On the other hand, therapy has also been shown to have benefits for people who go through it and those benefits can far outweigh any discomfort encountered during the process. Therapy often leads to better relationships, solutions to specific problems, and a significant decrease in distress. But there are no guarantees of what results you will experience.

Our first session(s) will involve an evaluation of your needs. By the end of this process, I will be able to offer you some first impressions of what our work might include and a treatment plan to follow if you decide to continue. I may ask you to complete some additional psychological tests to aide me in your treatment. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be careful about the therapist you select. If you have questions about my procedures, we can discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

If there is involvement with any other professional (doctor, therapist, counselor, probation officer, etc.), I may ask you to sign a Release to Exchange Information form that allows me to contact them. You will also complete a questionnaire at the beginning of your therapy. This will help me to provide you the best possible care.

PROFESSIONAL FEES: The current full fee for an initial session is \$160. Subsequent standard individual sessions (45-50 minutes) are \$150.00. The fee for longer or shorter sessions is

prorated based on the standard session fee. In addition to weekly appointments, I charge the same hourly fee for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. These services are not usually reimbursed by insurance. Other services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, copying your file (30¢ per page with a \$2.00 minimum that must be paid in advance), and the time spent performing any other professional service you may request of me.

COURT RELATED FEES: I have no forensic experience and being a master's level counselor would generally not be considered an expert witness. If you become involved in litigation that requires my participation including but not limited to divorce, custody disputes, or cases involving CPS or criminal activity, and due to the complexity and difficulty of legal involvement, I charge **\$150.00 an hour** for preparation and attendance at any legal proceedings. This includes travel and waiting time. Also, **a \$1500.00 retainer** will be required up front if a subpoena is issued or court appearances are requested. If a client is involved in a lawsuit that creates a situation where I am court ordered to be involved I am happy to bill the initiating party for services rendered. If the charges are not paid at the time of services rendered, the fees will become the client's responsibility.

BILLING & PAYMENTS: You will be expected to pay for each session prior to the start of that session, unless we agree otherwise. Payment schedules for other professional services will be agreed to when they are requested.

You may pay with cash, credit card (VISA, American Express, and MasterCard), or check. If you are unable to pay for a session, the balance must be paid in full the following week or the session may be rescheduled or discontinued. Checks returned for non-sufficient funds (or checks you request to be held to avoid a NSF return) will incur a \$30 service fee in addition to fees assessed by my bank. This fee and the value of the check must be paid in cash or by credit card before another session can be scheduled, and checks may then no longer be accepted. When your course of therapy ends, your account must be paid in full. Any outstanding balance upon termination may be turned over to a collection agency. Client hereby consents to delegation of collection services to an outside collection agency, including the release of any information required by that agency. A delinquency fee of 40% of the outstanding balance will be added if a collection agency is required. Payments by credit cards will be in accord with the pre-authorization for health care form provided by this office.

MISSED APPOINTMENTS: You will be charged for missed appointments & cancellations unless you cancel within no less than 24 hours of the appointment, unless waived on a case by case basis. Work conflicts would not be reasons for this fee being waived. The fee for missed appointments and late cancellations (less than 24 hours notice) is my usual and customary fee as described above. In some cases, a telephone session may be substituted for face-to-face, if you are not able to make it to the office. You must use a secure telephone line for this option. Frequent cancellations and rescheduling may result in termination and referral and will be discussed in person or by Phone before this occurs. With the signature below, you will authorize Melissa Engle, Psychotherapist PLLC to charge credit cards for late cancelation and missed session

appointment fees when incurred. Client understands the appointment policies of the office and assumes responsibility for payment of fees related to late cancelations or missed appointment as described above. Such charges are payable immediately and will be automatically charged to your credit card, where applicable, and are not normally reimbursable by insurance.

INSURANCE: Although this practice does not bill third-party payers, I will provide you the necessary receipts and information for you to file a reimbursement claim. Please be aware that there is no guarantee that your insurance will cover the service you receive here. I reserve the right to bill for excessive insurance paperwork demands separately after consulting with you. You will be responsible for a fee at the time of service unless we have made other arrangements. Information about out of network payments is available and I will answer any questions you may have about reimbursement from your insurance carrier. Medicare and Medicaid are providers that do NOT cover LPC's.

EMERGENCIES: I do not provide formal emergency services. However, I wish to be available as much as reasonably possible. You may call me at any time and leave a message. I may have the time in between clients to return your call, but should I not be able to do so in a timely manner, and you feel that your situation is too urgent to wait, please contact **911** or a crisis line. Please use good judgment about the wisdom of waiting for my call versus calling 911 or going to the nearest emergency room for immediate care.

CONTACTING ME: I may not be immediately available by phone. Even when in the office, I do not answer the phone if I am with a client. When I am unavailable, the best way to contact me is by text or leaving a voicemail message. If you choose to communicate via e-mail, remember that the internet is not a secure medium for transmitting confidential information. Consequently, I use e-mail communication only in response to your e-mails and with your permission. Also note that it is against HIPAA standards for me to contact you electronically using text or e-mail that is not encrypted. And that information exchanged in this manner is NOT protected. Knowing this, if you still wish for me to respond to you with either of these methods, please initial here.

Client's Initials _____

CONFIDENTIALITY: In general, the confidentiality of all communications between a client and a therapist is protected (or if the client is a minor by his or her parent or guardian), and I can only release information about our work to others with your written permission. However, there are a number of exceptions including some legal proceedings.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, ***if I believe a child, elderly person or disabled person is being abused or in the case of suspected sexual exploitation by another mental health professional, I must file a report with the appropriate state agency.***

If I believe that ***a client is threatening serious bodily harm to another, I may take protective actions, which could include notifying police. If the client threatens self-harm, I may involve others to ensure the client is protected, including your emergency contact person and possibly the local authorities.*** If a similar situation occurs I will attempt to fully discuss it with you before taking any action.

Understand that confidentiality is not the same as statutory privilege. If I receive a legal subpoena or if you've given permission for exchange of information for insurance purposes, details regarding our sessions may be disclosed. I will try to make every effort to contact you first should this occur.

PROFESSIONAL CONSULTATION: I may communicate with treatment team members in order to better coordinate your care. I may also find it helpful to consult with other professionals about your case. If so, I will not reveal your identity.

ADDITIONAL EXCEPTIONS:

***** Please note that any individual attending group, joint marriage sessions and/or family sessions has access completely to the records of that session.*****

MARRIAGE COUNSELING: If you are involved in marital counseling, confidentiality does not include your spouse and is left up to my discretion. This will be explained further in your initial session.

PARENTS OF ADOLESCENTS: *If the client is a child or adolescent and is engaging in reckless behavior or persistent substance abuse, a need to discuss these activities with their parent will be discussed. The minor will then be given the opportunity to inform their parent/guardian during the counseling session of behaviors that are deemed by me a harm to self.* Please understand that I will not betray confidences of parental defiance or rebellion that are not life threatening. I will make every effort to encourage the minor to be forthright with their guardians as transparency is a recognized dynamic of a healthy relationship. If a parent feels betrayed by my keeping of confidentiality, I encourage the family member to schedule a family session to discuss this matter.

PARENT CONSULTATIONS: Also, in counseling involving a minor child as the identified patient, the rights of confidentiality extend to them only. If you share information during a parent consultation that would impact their treatment or if the child is present, realize that either parent has access to the child's records and anything said by the other parent would not be considered confidential during a family session or parent consultation since they are not a counseling patient.

LEGAL ISSUES: If at any time you involve me personally in legal proceedings including but not limited to requesting files for an attorney, having a subpoena issued by an attorney or court, requesting me to give a deposition, or verbally or in writing threatening me in a lawsuit, I will disclose general information to my attorney in order to follow best legal and ethical practices when addressing these issues.

By initialing here, I am recognizing and agreeing to the exceptions to confidentiality listed above which could pertain to records made at later date.

Client's Initials _____

While this written summary of exceptions to confidentiality should prove helpful informing you about potential problems, it is important that we discuss any questions or concerns that you have at our next meeting. I will be happy to discuss these issues with you if you need specific

advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex and I am not an attorney.

PROFESSIONAL RECORDS: The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Be aware that you will be charged for any professional time spent by my office in responding to information requests.

COMMITMENT TO COUNSELING: A necessary element of the counseling process is your commitment to attend sessions regularly. You may stop the counseling at any time, but please inform me before your last session. Attending sessions under the influence of alcohol or drugs or in possession of a weapon is not allowed.

Your signature below indicates that you have read, understand, & agree to the information in this document including your commitment to counseling.

Signature of Client or Responsible Party and Date

Drivers License Number

Printed name of Client or Responsible Party