

Gate Healing, PLLC
Jonathan F. Anderson, LPC-Supervisor
Professional Consulting, Psychotherapy & Supervision
(512) 771-7621
3355 Bee Caves Rd, #505
Austin, Texas 78746

Professional Disclosure - Informed Consent

By entering into counseling/therapy you have certain rights, and other information of which you should be aware. Please review this document carefully.

Education, Credentials, and Experience

Jonathan F. Anderson, LPC-s received a Masters degree from the University of Minnesota-Twin Cities in 1997. He has been fully licensed (TX LPC #16807) by the State of Texas Board of Examiners of Professional Counselors since February 7, 2001. Mr. Anderson has 21 years of post-Masters experience in the Mental Health industry. Mr. Anderson works primarily with adults and teenagers over the age of 14.

Counseling Purposes, Goals, and Techniques

The definition of counseling is the skilled and principled use of a relationship to facilitate adjustment to changing life circumstances; promote personal growth, needs attainment, and the optimal development of personal resources. The aim is to provide an opportunity to work towards using positive resources to promote overall wellness. Counseling relationships will vary according to need, but may be concerned with: developmental issues, addressing and resolving specific problems, making decisions, coping with crisis, developing personal insights and knowledge, working through feelings of inner conflict or improving relationships with others.

The counselor's role is to facilitate the clients work in ways that respect the client's values and personal resources.

Right to Confidentiality (limits of confidentiality)

The Texas Health and Safety Code states that communication between the therapist and client as well as the client's records are confidential. There are four (4) conditions under which Federal Law requires counselors to breach confidentiality. These are:

1. Situations involving child or elder abuse
2. Situations involving abuse or exploitation of the disabled
3. Situations in which a person's life is in immediate danger
4. Under direction of a judge's subpoena or court order

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• Additional information regarding the limits of confidentiality can be found at the Texas State Board of Examiners of Professional Counselors' website under the Rules/Regulations link: <http://www.dshs.state.tx.us/counselor/default.shtm>

Communication

I understand that Gate Healing, PLLC and Jonathan F. Anderson, LPC-s cannot guarantee the security of email or telephone communication especially related to treatment information. I further understand that my Personal Health Information (PHI) may be at risk if I chose to communicate with my therapist via email or phone about treatment and I assume sole responsibility and liability for this risk.

Emails opening up discussion points for counseling/consulting will be addressed in your next session.

Fees

Individual therapy sessions are \$150 for a 45-minute session, \$300 for an 90-minute double-session. The client may elect to use health insurance to get reimbursement for sessions, but Gate Healing, PLLC does not submit claims for the client. The client is responsible for payment at the time of service, and may then submit bills to his or her insurance provider. Payment forms accepted: Cash, Credit/Debit Card, Personal Check.

Phone consultations over 5 minutes are charged at the rate of \$3.50 per minute for the full duration of the call.

Records preparation, forms, letters and court related services such as: consultation with attorneys, depositions, court appearances, and travel time will be charged at an hourly fee of \$350. It is your responsibility to pay for all costs involved and payment may be required prior to the time services are rendered, but in no case, later than at the time that service is rendered.

A fee of \$35 is charge for returned checks.

Cancellation Policy

Your session time is reserved for you. There is no charge for missed or canceled appointments provided 24 hours notice is given. *You will be charged for the full*

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session if you do not cancel 24 hours in advance. This fee is not billable to insurance companies.

My Travel Obligations as a National Crisis Counselor

Occasionally I am called out of the office to respond as a Crisis Counselor to provide support during major disasters and crisis situations nationwide. Should I be called out when we have an appointment, I will contact you and offer to reschedule our session as quickly as possible. Thank you in advance for your understanding.

Emergency

Emergency services are not provided by Gate Healing, PLLC or Jonathan F. Anderson, LPC-s. If you have an emergency that puts your physical safety at risk, please contact emergency services by calling 911.

Right to Terminate Therapy

You have the right to terminate or take a break from therapy at any time. While I strive to partner with all of my clients to achieve their goals, I do understand that there may be circumstances when one may need to terminate therapy early. In most circumstances, we will be able to determine together when therapy is complete, and thus plan a smooth transition. However, should you decide at any point to terminate therapy, you may do so.

Complaints

If you have a complaint that you feel that we are unable to resolve, you may contact the Texas State Board of Examiners of Professional Counselors at: 1-800-942-5540 or write them at:

Complaints Management and Investigative Section
P.O. Box 141369
Austin, Texas 78714-1369

A complaint form/instructions packet may be downloaded at: https://www.dshs.texas.gov/plc/plc_complain.shtm

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Consent to Treatment

I have read and/or have had satisfactorily explained to me and I understand this disclosure of information, policies and client agreement. Any questions that I had about this statement including fees and payment policies have been answered and explained to my satisfaction (for clients under the age of 18, consent must be given and this form must be signed by either a parent or legal guardian). I understand and agree to the description of confidentiality and the exceptions as stated above. I consent to counseling under the terms described above. My signature below also indicates that I have read a copy of the (HIPPA) Notices of Privacy Policies.

Therapy Agreement

By signing below, I agree that I have read and understand the above information and rights.

Client Signature

Parent/Guardian Signature if under 18

Therapist Signature

Date

Please return the original of this page, signed and dated, to the address below.

Please retain a copy of this document for your records!! It is available at gatehealing.com/forms, and Mr. Anderson can make a copy for you at any time.