

Laurie Donovan, MSSW
Licensed Marriage and Family Therapist
Licensed Clinical Social Worker
ldonovan@austin.rr.com

1823 Fortview Ste. 106
Austin, Tx. 78704
(512) 731-7141
fax (512) 444-6124

Client Information Sheet and Informed Consent

1. **Description of Services.** Services may include: initial assessment, consultation, individual, group, family and/or marital therapy, telephone conferences, and coordinating treatment with other professionals or groups (schools, physicians, other service providers, etc.) The purpose of service is to meet specific goals developed with the client/family, that promote healthy functioning and development. While there is no guarantee that goals will successfully be met, open communication and honest effort will permit positive change, or, in the very least, a better understanding of why the desired change might not possible or beneficial at this time.
2. **Appointments.** The first appointment is generally a **Initial Assessment** which lasts approximately one hour. **Sessions** may be 45 minutes or 60 minutes; **EMDR** sessions may last up to 90 minutes. **Family/Couples Therapy** sessions may last from 45 to 90 minutes, and may be attended by some or all family members. **Telephone conferences** may be needed in addition to appointments, or to coordinate services between professionals.
3. **Length of Treatment.** Therapy is generally relatively brief (1 to 10 sessions), however this is not always the case. After an initial assessment, therapy may or may not be one of the recommendations. If a client engages in therapy, a treatment plan is devised based upon goals that are collaboratively developed. Evaluation of treatment goals leads to shortening or lengthening treatment.
4. **Client History.** For purposes of therapy and/or assessment it is often important to assess current functioning in the light of family history. Questions may be asked about individual and family social, medical, psychiatric, and psychological history.
5. **Confidentiality.** Professional ethics and state law require complete confidentiality of information shared as a result of services rendered. Cases will not be discussed with anyone without written consent, except as follows: 1) If contact reveals that the client is a danger to self or others; 2) If abuse of a minor, elderly, or disabled person is suspected, or if you divulge information about such abuse; 3) To insurers for claims payment; 4) As required by state law; 5) If the professional was appointed by the court to evaluate the client; 6) If the client files a suit against the professional for breach of duty. (See Privacy Policy for more detailed information.)
6. **Cancellation and Missed Appointments Policy.** Clients are expected to notify the therapist 24 hours in advance if they must cancel. Missed appointments or those cancelled with less than 24-hour notice carry a charge of \$50. The client, not the insurance carrier is responsible for this charge.

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7. **Payment for Professional Services Rendered.** Payment is required at the time of services rendered, unless prior arrangements have been made. Fees are \$120.00 for 1 hour (60 minute session), \$100 for a 45 minute session, unless otherwise agreed. Therapy may under certain circumstances be provided over the phone or via other electronic media, and would incur the same hourly fees. Phone conversations extending beyond 10 minutes will be charged (a prorated fee). For services rendered out of the office, fees will include the time required for transportation. Claims will be filed for you, but you are responsible for requesting an initial authorization if your insurance requires this.
8. **Ethical and Professional Standards.** The ethical guidelines and practice standards published by the *American Association of Marriage and Family Therapists* and the *National Association of Social Workers* are adhered to in this practice. Clients are encouraged to directly address any and all questions about services to Laurie Donovan, LMFT, LCSW. Questions about consumer's rights may be addressed to the Texas State Board of Examiners for Marriage and Family Therapists (512) 834-6657, or the Texas State Board of Examiners for Social Workers (800) 232-3162.

My signature, attests to the following: 1.) I have read or had this information explained to me and I consent to engage in treatment, or in the case of a minor, I have the authority and give consent for my child to engage in treatment; 2.) I authorize Laurie Donovan to release any pertinent information acquired in the course of this evaluation and treatment to my insurance company; 3.) If pertinent, I authorize my insurance benefits to be paid directly to Laurie Donovan, and I understand I am financially responsible for non-covered services; 4.) I understand that Laurie Donovan is not "on-call" after office hours or on weekends; 5) I understand that Laurie Donovan is a sole practitioner in independent practice and not part of a group practice.

SIGNED _____ DATE _____

SIGNED _____ DATE _____

CLIENT/GUARDIAN NAME: