



Mission Statement

To provide comprehensive, dependable, quality counseling services that include assessment, consultation, referral, and therapeutic interventions in a safe and caring environment.

Goals

My goal is to encourage and give hope to you during this time of your life. Therapy is multifaceted. I will provide information, emotional support, and explain skills to improve your life. If required, I will guide, suggest, and even refer to another healthcare professional. As you discuss your thoughts, feelings, and experiences, we will work together as partners to gain the understanding and insight necessary for change to come about. Some clients will only require several counseling sessions, while others may require long-term treatment to work through their issues. As a client, you may end our counseling relationship without any additional moral or legal obligation.

Counseling has both benefits and risks. While working to improve emotional well-being, family, and personal relationships significantly, risks sometimes include experiencing uncomfortable feelings like frustration, sadness, guilt, and loneliness. There are also no guarantees about what will happen. Therapy is a process, and at any point you feel uncertain about our goals along the way, please do not hesitate to ask.

Ethical Considerations & Client Satisfaction

Your welfare is my primary concern. I am bound by the Texas State Board of Examiners of Licensed Professional Counselors Code of Ethics. I must also follow all mental health laws in Texas to ensure your welfare and the highest quality of behavioral health. You have the right to decide not to receive counseling services from me; if you wish, I will provide you with the names of other qualified counselors. A verbal exploration of alternatives to counseling will also be made available upon request.

It is important to me that you are a satisfied customer. I value your satisfaction with all aspects of my services. Therefore, if you have any concerns about my office practices or counseling services, please direct them to me immediately so that we may resolve those issues. You also have the right to address any complaints against licensed professional counselors to the Texas Behavioral Health Executive Council, 333 Guadalupe Street 3-900 Austin, TX Main Line (512) 305-7700 or by the 24-Hour Toll-Free number 1-800-821-3205.

Length of Therapy

Sessions are usually conducted weekly or bi-monthly based on the treatment plan for the client and can vary in length. Sessions will be held face-to-face or virtually and can range from 20 – 60 minutes for individual sessions, and couple/marital or family sessions are usually 45 – 60 minutes in length. I will try to begin all sessions on time and ask that you come prepared and ready to begin at our designated time. To schedule or change an appointment, you must notify my office (by phone/text) 24 hours in advance to avoid the \$75.00 cancellation fee.

The time it takes to reach your goals will also vary. The method, duration, and frequency of your sessions will be determined together during the initial phase of treatment and can/will be revised as you progress toward your goals.

Emergency Procedures

During regular office hours, **Monday – Friday, 5:00 p.m. – 9:00 p.m.**, you may contact my office and leave a message. I will return all messages within 24-48 hours. However, if you have a life-threatening emergency, call 911 and/or seek assistance at the closest emergency medical facility. If you are experiencing suicidal thoughts, contact the National Suicide Prevention Lifeline at 1-800-273-8255.

Therapeutic Relationship

Although our sessions may be very intimate psychologically, ours is a professional relationship rather than a social one. Our contact will be limited to counseling sessions you arrange with this clinician. Please do not ask me to relate to you in any manner other than the professional context of our counseling sessions. Your best experience will occur when our sessions concentrate exclusively on your concerns. My services are rendered in a professional manner consistent with accepted ethical standards of this field.

Psychological, Educational and/or Career Assessments

During treatment, we may decide that you need a psychological evaluation or other assessments to help determine various aspects of your presenting problems, treatment needs, or aftercare. I will discuss the purpose of the evaluations and/or assessments, the general procedures, and estimated costs. A Licensed Psychologist provides psychological assessments or testing, and I will assist you in obtaining an appropriate referral. In circumstances where testing is not a covered benefit of your health plan, I will discuss the assessment cost with you so you can make an informed decision about this course of action.

Confidentiality

Information about you and your treatment is considered private and confidential. No personal information about you or your treatment will be released to others except as legislation allows. Note that there are circumstances that may compel me to reveal information. The significant, relevant limitations to confidentiality are listed below:

- As directed in writing by you, your legal guardian, or the legal guardian of a minor client.
- In an emergency, if it is determined that imminent physical injury is probable by the client to the client or others, or there is a probability of imminent mental or emotional injury to the client. Law enforcement personnel and/or family members may be contacted in those cases.
- As necessary to obtain payment for services. This may include giving information to insurance companies for payment of services, to whomever you identified as the financially responsible party for the cost of services, or to a collection agency.
- As directed by a court order subpoena.
- As required by State and Federal law to protect children or the elderly. For example, the law requires that if a reasonable cause exists to believe that child or elder abuse is occurring to a client or non-client, then that situation will be reported by the healthcare provider to Child or Adult Protective Services.
- And other circumstances as authorized by law.

Fees for Services

Treatment – Payment in full is expected by the counselor at the time of service unless other arrangements have been made in advance, in writing, or the client is a member of an EAP, HMO, PPO, or other managed care organization. My fees are \$200.00 for the initial Intake Assessment, \$175.00 for Family/Marital or Group sessions, and \$150.00 for 1:1/Individual counseling.

Court Appearances - If I am requested by the client, the client's parent/legal guardian, or I am subpoenaed or court ordered to appear in court, the client and the client's parent/legal guardian are expected to pay for the time spent in preparing for the court appearance as well as the time spent for transportation to/from the court and appearing in court at the rate of \$200.00/hour. A Third-Party Payer does not cover this fee and is, therefore, the full responsibility of the client and the client's parent or legal guardian. Payment is due before rendering of these services.

Administrative Services – The counselor charges a \$150.00 Payment/per hour for administrative services (Disability/FMLA documents, Letters, reports, etc.) There is a fee of \$25.00 (first ten pages) and \$1.00 per page after the Administrative Services fee to copy a client's chart. If deemed appropriate to release, a copy of the client's records will be provided free to other healthcare providers or the client.

Email

There may be a few occasions that I request information to be sent to my email address. However, I do not provide internet counseling currently. All email contact we may have will be limited to a particular purpose.

Email: merrellcr5@protonmail.com.

Notice of Therapist Policies and Practices to Protect the Privacy of Your Health Information

The practice is required by Federal law to provide you written notice about how therapist and medical information about you may be used and disclosed and how you can get access to this information. Please sign below that you have received the attached notice. The signed page should be returned to the office manager or to your therapist. Please read the attached notice carefully so that any questions you have may be discussed at our next session.

I acknowledge receipt of this notice.

Patient Name (Printed)

Date

Signature