

Jeff Lutes, M.S., LPC
Client Information

Welcome. I am pleased you have selected me as your counselor and have designed this document to inform you about my practice and to insure that you understand our professional relationship. Please read, sign, and return a copy to my office.

1. **Description of Professional Services.** Counseling services may include the following: Initial Evaluation, Consultation, Individual, Couples, and/or Family Psychotherapy, or Telephone/Video Conferences. The purpose of these services is to promote healthy individual and relational functioning. My role is to use my professional training and experience to promote client competence and goal attainment.

2. **Appointments.** The first appointment is an Initial Consultation that lasts approximately one hour. Prior to the first visit, you will be sent forms that provide important information for the first meeting. Please bring them with you on your first visit. Individual, Couples, and Family therapy sessions are 45-50 minutes. Couples and Family therapy may be attended by some or all family members. Telephone/Video Conferences may be used when a client is traveling or lives outside the local area.

3. **Length of Therapy.** The number of psychotherapy sessions varies greatly from client to client. Some clients decide they need only a few sessions to achieve their goals, while others may require months or even years of counseling. I invite conversation about this and will be supportive of your decision. If counseling is successful, you should feel that you are able to face challenges in the future without my support or intervention.

4. **Nature of Counseling.** Although our sessions may be very intimate emotionally and psychologically, it is important for you to realize that we have a professional relationship rather than a personal one. Our contact will be limited to the paid sessions you have in my office. Please understand that I can't accept gifts, invitations to social gatherings, or invitations to join social networking sites such as Facebook. My experience indicates that clients are best served if the client-counselor relationship remains strictly professional and sessions concentrate on your concerns. You will learn a great deal about me over the course of our work together, but it is important to remember that you are experiencing me only in my professional role.

5. **Client History.** For the purposes of therapy and/or evaluation, it is often important to assess current functioning in light of family history. Questions may be asked about individual and family social, medical, psychiatric, and psychological history.

6. **Confidentiality.** Professional ethics and state law require complete confidentiality of information shared as a result of counseling services rendered. What we discuss in sessions will not be discussed with anyone without written consent, except as follows:

1. There is reason to believe you are a danger to self or others,
2. There is reason to believe that you are involved in or have knowledge of child or elder abuse,
3. A judge legally compels me to testify in court or subpoenas your records,
4. To insurers for claims payments,
5. To mental health professionals who are "on call" during my absence, or for supervision/consultation.

7. **Cancellations and Missed Appointment Policy.** Clients are expected to notify my office 24-hours in advance if they must cancel. Missed appointments or those canceled with less than 24-hour notice are charged the full fee of \$190. This fee is payable before or at the time of the next appointment. The client, not the insurance carrier, is responsible for this charge.

8. Payment for Professional Services Rendered. The fee, or the agreed upon co-payment, is required at the time of services rendered, unless prior arrangements have been made. I accept cash, checks, or credit cards. Fees are as follows:

- Initial Consultation/Intake Assessment (60 minutes) = \$200
- Individual, Couple, or Family Therapy (50 minutes) = \$190
- Couple or Family Therapy (75 minutes) = \$250
- Group Psychotherapy (75 minutes) = \$75
- Reports or letters = \$150
- Court or Deposition Services = \$500/hour (travel time will be charged)
- No Call or No Show without 24-hour notice = \$190

9. Insurance. My office (through the billing services of Cen-Tex Medical Claims) can verify insurance for you and file claims. You will need to determine the types of mental health providers that are covered by your policy, as well as which types of diagnostic categories and counseling services are covered. Clients will be responsible for services that exceed benefits outlined in their policy or managed care plan, or if their insurance is terminated while in therapy. Please understand that you are responsible for all fees incurred should your insurance decline reimbursement for any reason. Accounts are considered delinquent after 30-days of nonpayment. If an account reaches \$190, routine visits will terminate unless payment of the entire amount due is made at the time of service. Delinquent accounts will be turned over to a collection agency, with a surcharge of 30% added.

10. Client Questions and Referrals. Clients and parents/guardians are encouraged to directly address any and all questions about services to Jeff Lutes, M.S., LPC. If for any reason you are dissatisfied with my services, please speak to me directly so that I can try to resolve your concerns. If I am unable to do, I will refer you to other mental health professionals in the community if you wish. You may also report concerns directly to the Texas Board of Examiners of Professional Counselors at 512-834-6658.

Consent for Therapy:

My signature attests to the following: 1. I have read this information, understand it, and consent to counseling services; 2. I authorize Jeff Lutes, M.S., LPC, to release any pertinent information acquired in the course of therapy to my insurance company; 3. If pertinent, I authorize my insurance benefits to be paid directly to Jeff Lutes, M.S., LPC, and I understand I am financially responsible for non-covered services; 4. I understand that Jeff Lutes, M.S., LPC is not “on-call” after office hours or on weekends; 5. I understand that Jeff Lutes, M.S., LPC is a sole practitioner in independent practice and not part of a group practice.

Client Signature Date _____

Client Signature Date _____

Counselor Signature Date _____