



## **Informed Consent**

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Licensed Professional Counselor  
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Austin TX 78756  
512-697-9613

This document contains important information about my professional services and business policies. Please read it carefully and note any questions you might have so you can discuss them during your intake.

### **Qualifications**

I earned a Masters of Arts in Professional Counseling from Texas State University in San Marcos. I hold a license as a Licensed Professional Counselor with the Texas State Board of Examiners of Professional Counselors, 1100 W. 49th Street, Austin, Texas 78756. The telephone number for the board office is: 512-834-6658.

### **Nature of Counseling Services**

Psychotherapy is the process where mental health distresses and disorders are assessed, prevented, evaluated, and treated. There are a variety of techniques that can be utilized to deal with the issue(s) that brought you to therapy. These services are generally unlike any services you may receive from a physician in that they require your active participation and cooperation.

Psychotherapy has both benefits and risks. Possible risks include the experience of uncomfortable feelings (such as sadness, guilt, anxiety, anger, frustration, loneliness, or helplessness) or the recall of unpleasant events in your life. Potential benefits include significant reduction in feelings of distress, better relationships, better problem-solving and coping skills, and resolutions of specific problems. Given the nature of psychotherapy, it is difficult to predict what exactly will happen, but I will do my best to make sure you will be able to handle the risks and experience at least some of the benefits. However, psychotherapy remains an inexact science and no guarantees can be made regarding outcomes.

### **Fee-Related Issues**

My Fee for services is \$130 for a sixty minute session, \$105 for a 45 minute session. All payment is due at the time of service and can be paid by check, credit card or cash. Any phone consultations except for the initial consultation will be billed at \$130 an hour per 15 minute increment.

I am currently accepting BCBS PPO, BCBS HMO, Traditional Medicaid, Superior Medicaid, and Ambetter for other insurances upon request I can provide documentation for you to provide to insurance for out-of-network services.

If you become involved in legal proceedings that require participation by me, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$250 per hour for attendance at any legal proceeding including court testimony and depositions.

Returned checks will be assessed a \$15 office administrative fee as well as any bank charges.

### **Cancelled Appointments:**

Please provide 24 hours notice if you need to cancel or reschedule. For appointments cancelled or rescheduled without the 24 hours notice there will be a \$25 charge to the client.

### **Missed Appointments:**

Initials: \_\_\_  
last modified: 01/2018



Any missed appointments without notification will be charged at the session rate of \$130 or \$105 respectively.

## Contact Hours

I am available from 9 -5 pm Mon through Friday to return phone calls. If you are in need of immediate emergency assistance please call 472-HELP, Seton Shoal Creek at 324-2029, or dial 9-1-1.

## Record-Keeping Procedures

Both law and the standards of the counseling profession require that I keep treatment records. You are entitled to receive a copy of these records, unless I believe that seeing them would be emotionally damaging to you. If this is the case, I will be happy to provide your records to an appropriate mental health professional of your choice. Although you are entitled to receive a copy of your records if you wish to see them, I may prefer to prepare an appropriate summary instead. Because client records are professional documents, they can be misinterpreted and can be upsetting. If you insist on seeing your records, it is best to review them with me so that we can discuss their content. Clients will be charged an appropriate fee for any preparation time that is required to comply with an informal request for record review. If you are under 18 years of age, please be aware that the law may provide your parents with the right to examine your treatment records. It is policy to request an agreement from parents that they consent to give up access to your records. If they agree, I will provide your parents only general information on how your treatment is proceeding unless there is a high risk that you will seriously harm yourself or another person. In such instances, I may be required by law to notify your parents of my concern. Parents of minors also can request to be provided with a summary of their child's treatment when it is complete. Before giving your parents any information, I will discuss this matter with you and will do the best I can to resolve any objections you may have about what will be discussed. The State of Texas requires that I keep your records for 5 (five) years after termination of counseling services. Please note that I do not provide treatment of minors without their parents' consent.

In the event of my death or the closure of my practice custodial care of your records will be held by Jennifer Wilhelm, LCSW, 3906 N Lamar, Blvd #205, Austin, TX 78756. Phone- (646) 705-3106.

## Confidentiality

In general, the law protects the confidentiality of all communications between a client and a therapist, and I can release information to others about your therapy only with your written permission (in the form of a Release of Information). However, there are a number of exceptions where:

- client is a danger to self / others,
- client requests release of information,
- court orders a release of information,
- counselor is engaged in a systematic supervision process
- a child is abused or neglected,
- an elderly person is abused or neglected, and
- an insurance company or managed care company requests a diagnosis and/ or relevant clinical information for payment of treatment or continued payment of treatment.

## Physical Health

Psychological disorders and symptoms often have a strong correlation with medical illnesses. At times, some medical conditions require a medical differential diagnosis to determine symptom etiology. If your presenting symptoms are organic in origin, it is critical that you obtain medical treatment. Therefore, if you have not had a physical in the last 6 months it is recommended that you do so. In addition, prescription and nonprescription medications may have significant side effects that may be important for us to consider. I expect full disclosure of all medicines and drug intake and may request a Release of Information so that I can coordinate therapeutic services with your physician.



### Signatures Verifying Agreement

Your signature below indicates that you have read the information in this document, that you have understood it, and that you agree to abide by its terms as long as you are a client.

**Client Name:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guradian (if under 18)**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_