

Leslie C. Simmons, LCSW  
Professional Counseling & Psychotherapy  
@ The Overlook  
589 N. FM 1626, Suite 307  
Buda, Tx 78610  
p: 512.660.8006 f:512.262.0373

#### CLIENT CONSENT AND AGREEMENT TO COUNSELING FORM

**Welcome** to my practice! It is important you understand my office policies so you are able to make informed decisions about my therapeutic services. Please feel free to ask questions at any time.

**Consent of care:** By signing this, you are giving full consent for counseling services. The length of time for therapy is determined by you. You have the right to terminate treatment at any time but it is highly recommended this plan be discussed prior to your final session.

**Services:** Leslie C. Simmons, LCSW has a Master's Degree in Clinical Social Work and is a Licensed Clinical Social Worker in the State of Texas, license number 29200. Therapy is provided to children and adults in areas such as: depression, anxiety, relationships, grief, abuse and parent education.

Services include assessment, ongoing therapy and referral to appropriate resources to enhance your mental health and overall wellness.

**Payment:** Fees for these services are due and payable at the time of receipt. Individual therapy is \$145 for an initial assessment and \$125 ongoing. Length of sessions will vary but usually are between 40-60 minutes. Rates are subject to change and appropriate notice (usually two weeks) will be given in the event of a rate increase. If you need to cancel a scheduled appointment, please give 24 hours notice to avoid a full session charge to your credit card which will be held on file to guarantee payment. Failure to give the 24 hours notice will result in a \$130 charge. Returned checks will incur an additional \$30 charge to your guaranteed credit card.

The first session is an "intake" and will consist of time spent completing/discussing the intake paperwork. Discussion of the forms and information will facilitate an understanding of how counseling can benefit you. At the end of the intake session, a plan will be recommended to best meet your needs. This plan will consider whether a referral to another professional or agency may be more appropriate. By signing this agreement, you are authorizing the exchange of information between Leslie Simmons and any professional or agency to which you agree to be referred.

In the event of legal proceedings, all fees will be charged in advance in the amount of \$225.00 per hour at a four hour minimum. This includes any forensic services such as responding to subpoenas, talking to attorneys and making appearances in court; etc. These fees are the responsibility of the below-referenced client who has granted consent.

**Process:** Participation in counseling may result in many benefits including insight, improvement of interpersonal relationships, reduction of distressing feelings and resolution of specific problems. It is also important for you to know that counseling may involve difficult feelings, and may result in the disruption of relationships as well as changing long held assumptions about behavior. You may feel worse at times than better. There is no guarantee your issues will be resolved. The client and the counselor both have responsibilities. The counselor is responsible for listening in a caring manner, sharing experience, insight and education as they

apply to the presenting situation. The client is responsible for fully disclosing information in an honest way about the issues at hand.

**Confidentiality:** In general, the confidentiality of communication between a therapist and a client are protected by law and the release of information is protected under HIPPA (the Health Insurance and Portability and Accountability Act). Confidentiality does have limitations. If the counselor is made aware of the client's intent to harm self or others, or in the case of abuse of a child, elderly or disabled person, the therapist must attempt to report to the appropriate agency, individual or family member. If you are under 18, your parents or legal guardians are legally privy to information disclosed during sessions. In certain legal proceedings, a judge may order the disclosure of relevant information or documentation.

**Emergencies:** In the event of an emergency, please call 911. Also be aware Shoal Creek Hospital and Seton Hays are open 24 hours a day and can assess mental health issues. **Leslie Simmons is not on call 27/7. All messages will be returned during regular business hours. Email is not considered legally confidential.**

*Complaints can be made to:*

*Texas State Board of Examiners of Social Workers  
Complaints Management and Investigative Section  
P.O. Box 141369  
Austin, Texas 78714-1369  
phone: 1.800.942.5540*

I have read this agreement and fully understand each section of this form and agree to participate in counseling services with Leslie Simmons, LCSW-S under the provisions, guidelines, and limits delineated above.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent of minor child, under 18

\_\_\_\_\_  
Date