

Leslie C. Simmons, LCSW
Professional Counseling & Psychotherapy

p: 512.660.8006 (text only)

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.

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, please see attached rate schedule.

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 24/7. 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 under the provisions, guidelines, and limits delineated above.

Printed name

Signature of client

Date

Signature of parent of minor child, under 18

Date

Leslie C. Simmons, LCSW
Rate Information - 2026

Current rate schedule:

Initial Assessment (45-50 min) \$195

Individual Therapy (45-50 min) \$175

Parent session, siblings, parent-child, couple (50-90 min \$175-250)

Court appearance, testimony, record requests \$350/ hour (4 hour minimum)

*Case management (*Case management (includes documentation requests, letters, misc)
\$150/hr*

*Emotional Support Letters \$150 (*must be current client of record)*

Cancellation Policy

When a client does not provide MORE THAN 48 HOURS NOTIFICATION for a cancellation or does not show up for an appointment, the same session fee is charged in full for the service. A credit card is kept on file and will be charged automatically in the event of this circumstance. In addition, if a client is 15 minutes or late for an appointment, a missed session fee will be assessed in the appointment will be rescheduled.

Statement of Fee-for-Service Policy

I am a fee-for-service provider which means I do not accept in-network insurance. This decision allows me professional latitude to manage your care, free from the constraints placed upon practitioners by insurance companies who control mental health care many times without regard for client privacy, best practice standards and the clients overall best interest. In a fee-for-service business model, I am able to control your privacy and mental health records as well as manage your care with the utmost ethical standards.

If you have insurance which allows out-of-network benefits, you can request a claim form and file a claim for reimbursement. Upon request, I will provide a monthly invoice (Superbill). I do not guarantee reimbursement and I don't administrate claims. Before initiating therapy, be sure to contact your insurance provider to determine the limits for out-of-network providers.

All session fees are due at time of service unless arrangements have been made in advance.

Returning clients must complete a new assessment, if more than one year has lapsed since the last visit.

I accept cash, check, debit cards, credit cards and HSA/FSA cards (cards are subject to a 4% service fee)

Signature

Date

Print Name