



Patricia Florence, MA, MSW, LCSW, CGP

700 West 34th Street Austin
78705
512-320-4582
www.patriciaflorence.com

Office Policies and Procedures

FEES: Fees for therapy are based upon a rate of \$200 per individual 50-minute appointment, and \$225 per couples session, unless otherwise negotiated.

PAYMENT: All fees for therapy are payable at the time of the appointment, unless alternate arrangements have been made prior to the session. I accept checks and cash.

LEGAL FEES: Any fees relating to foreseen or unforeseen legal actions that require me to reproduce records or participate in depositions or court appearances will be the responsibility of the person signing below. Such fees are substantially higher than therapy fees, and are not usually covered by insurance. This is without regard to who files the subpoena or initiates the legal action. It is the signor's responsibility to obtain reimbursement for any other party. These fees must be paid in advance.

CANCELLATIONS: A charge is made for all appointments unless cancelled 72 hours in advance. Cancellations made within 48 hours will be charged full fee. Group therapy sessions cannot be cancelled and payment is required regardless of attendance.

EMERGENCIES: I check my voice mail in the morning, mid-day, and afternoon. I may not be available when you urgently need to speak with someone. In an emergency, I ask that you call your doctor, the 24 hour Crisis Hotline (472-4357), or 911. You may also take yourself to the nearest emergency room if you believe you are in danger of hurting yourself.

CONFIDENTIALITY: The privacy of your sessions and the information you share are extremely important. While you are free to discuss anything of our work together, I will not discuss such matters without your written consent or under one of the rare exceptions noted below. In all aspects of my practice, communications between my clients and me are treated with strict confidentiality. To the degree allowed by Texas law and the ethical codes of my profession, your contact with my office and me will not be shared with any person or organization unless you instruct me to do so.

There are, however, situations written in the laws that deny me complete control over confidentiality of communication. I believe it is important that you are aware of these circumstances so that we may discuss in what ways your work with me might be affected. I am legally required to report instances where either abuse or threat of harm exists. These instances includes when I become aware that a client has been sexually involved with a treating therapist, and when I believe my client is intending to cause physical harm to him/herself or a potential victim. I am also ethically and legally bound to report child and elder abuse. My records are subject to subpoena by the courts. The law also permits me to share records of client appointments with insurance companies and collection

agencies for obtaining payment. If you are here for treatment relating to a legal proceeding, the report will be shared with other parties involved in the matter. In such a case, you will be asked to sign a release of information form. At times, I will be professionally and ethically bound to seek consultation with other psychotherapists. If your case is discussed, no identifying information will be given.

This list is not comprehensive, but these are among the most common circumstances that could occur. I will inform you if such an obligation arises about your records. The situations outlined above are not routine, and have no impact on the large majority of people seeking professional services.

COMPLAINTS: I am a clinical social worker licensed by the State Board of Social Work Examiners (Texas License #37916) to provide evaluation, diagnosis, and treatment to individuals, families, or groups who are affected by social or stress or health impairment. You have the right to contact the state board with complaints about the professional conduct of any licensed social worker at 1-800-232-3162.

I have read and understand the office policies listed above. I understand that therapy is a joint effort between therapist and client and agree to discuss with my therapist any questions I may have about the process of therapy.

Client Signature

Date

Parent or Legal Guardian (If client is under 18 years of age)