

STATEMENT OF UNDERSTANDING AND TREATMENT CONSENT

Lisa Judge, PhD, LCSW, PLLC

Services Provided

I provide psychotherapy for adults and couples. The first 1-3 sessions are an assessment period. We will work together to define your presenting concerns and treatment goals in therapy. I will also ask for information regarding your familial, education, social, medical, and vocational history, plus other information you feel is relevant to our work. If we decide I am unable to meet your therapeutic needs, I will give you appropriate referrals.

I prefer to meet once per week on an ongoing basis. I am, however, flexible and, assuming it is clinically appropriate, we can arrange another schedule if you are unable to meet weekly.

Confidentiality

The information you give me is confidential. I will not release information regarding you or your issues to anyone without your written consent. If you request that I contact someone on your behalf, you will need to sign an information release form.

State and Federal laws, including HIPAA compliance, require me to file a report with or otherwise notify the appropriate social service or laws enforcement agencies when a person (1) is a danger to him/her/their self (is actively intending to harm oneself; (2) is a danger to others (is actively intending to harm someone else); or (3) has information regarding the current abuse of a child or an elderly person. So if you tell me you have a plan, with intent to follow through, of suicide or homicide, I will make arrangement to ensure your and others' safety. My goal is to discuss options with you in the office and to involve you as much as possible in whatever arrangements are necessary.

In addition, I must release a client's records if ordered to do so by a court of law. Also, for my own clinical supervision as a therapist, I periodically consult with a professional colleague(s) regarding cases. I will, however, always preserve your anonymity, i.e., I never reveal names or identifiable details and information.

Fees and Sessions

My fee is \$130 for a 50-minute session. I also work with insurance companies, managed care groups, and EAPs. So, depending on your insurance coverage, you may pay only a co-pay or no direct fee at all. If your insurance/EAP refuses to pay,

you are ultimately responsible for the balance of the bill. My phone policy, for time outside the hour, is not to charge for the first ten minutes; after that the rate is based on what your insurance pays per hour/per minute or on my fee per hour/per minute. My fee for other services outside the hour, such as writing letters on your behalf, is the same as the phone fee. I will not bill you for time outside the hour without discussing the charge with you first and receiving your agreement. **I ask you to give me at least 24 hours notice of a cancellation or I will bill you \$60 for the session; this same fee applies if you no-show for a session.** If you no show for an appointment and do not call me, I reserve the right to fill that appointment time for the following week(s). You may call my office voicemail, 512-467-0655, 24/7.

I have read this form and understand its contents; and I have been given the opportunity to discuss any concerns and issues related to this handout and its contents. I understand, also, that I am encouraged to ask questions regarding the above information at any time.

Signature of Client

Date

Signature of Therapist

Date