

Informed Consent

Heath Collins, LCSW

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Sessions

Individual and couples' therapy sessions are 50 minutes long. Typically, we will schedule a regular day and time to meet. I welcome your active involvement in each session.

Fees

Payment is due at each session. Current fees are as follows:

- Individual Therapy Session - \$125.00

If you are experiencing financial difficulties, please let me know. I offer a limited number of sliding-scale availabilities.

Cancellations

Therapy is most effective when we are able to meet on a regular basis. If you need to cancel, please contact me via telephone or email at least 24-hours in advance, otherwise you will be charged the full fee for the session.

Confidentiality

Your privacy and confidentiality are important to me. Everything that we discuss in session will be confidential and will not be shared with others. All documentation related to your sessions will be stored in a secure location. However, there are specific circumstances which limit confidentiality. Please refer to the Rights & Responsibilities section of this document, or to the HIPAA Notice of Privacy Practices form.

Staff and Client Treatment

You have the right to be treated with dignity and respect. You are also expected to protect the confidentiality of other clients who may be in the building when we are meeting. I reserve the right to not begin or to terminate a session if I believe that you may be under the influence of drugs or alcohol. You will be required to find a safe method of transportation if you arrive to the building under the influence of drugs or alcohol.

Texting

If you need to cancel or reschedule an appointment, you are welcome to text me to let me know. However, I do not provide after-hours treatment or provide therapy via text. If you are experiencing a crisis or emergency between sessions, please refer to the Emergencies section below.

Emergencies

I do not provide 24-hour or emergency therapy sessions. If you, or someone you care about, is experiencing a psychiatric emergency, please contact the National Suicide Prevention Lifeline at 1-800-273-8255, or call 9-1-1 for immediate assistance.

Rights and Responsibilities

- I do not discriminate on the basis on sex, gender, sexual orientation, race, ethnicity, national origin, age, economic status, disability, marital status, HIV/AIDS status, religion, Veteran status, or political beliefs.
- You have the right to discuss any dissatisfaction or disagreements you may have with your therapy. I believe that therapy is best when it is tailored to the individual's needs. I encourage you to feel safe discussing any concerns about our work together with me.
- You have a right to confidentiality. Your records will be maintained according to the standards of HIPAA. Please be aware, however, that I cannot guarantee confidentiality in your physical surroundings while we meet. It is your responsibility to check your surroundings before each session to ensure that our conversation will be private. Additionally, there are limits to confidentiality in certain circumstances, including –
 - If I believe that you may be an immediate danger to yourself or others
 - If I am told that abuse or neglect of a child, elderly, or disabled person has occurred, even if that abuse has happened in the past. Sexual activity between an adult and a minor must be reported, as well as sexual activity between a child and an older child who is three years older than the younger child.
 - If I am told about inappropriate behavior by a previous therapist, I am obligated to report such abuse to the appropriate licensing board. However, your identity will not be disclosed without your consent.
 - If your records are court ordered by a judge.
 - If you provide a written consent for release of information.
- You have the right to refuse or terminate your services at any time. If you would like help finding another therapist, please let me know so that I can help you obtain a referral.

I have read and understand this informed consent statement and any questions that I may have had about this document or the therapy process have been answered to my satisfaction.

I have received a copy of the HIPAA Notice of Privacy Practices document.

Full Name

Date