

# Neena Hamamcy MA, LPC, LMFT

1210 Parkway, Austin, TX. 78703.  
512-628-3138

## Client Agreement / Informed Consent

### **Services Offered:**

Psychotherapy services are offered to individual adults, couples, families, and children, usually on a once-per-week basis. Clients of all ages and diversities are welcome and there is no limitation on number of sessions attended. Psychological services offered depend on the personality of the therapist and the client and the particular problems the client is experiencing. Thus, Mrs. Hamamcy may use a variety of methods to meet individual needs of the client.

### **Confidentiality:**

I understand that Texas state law requires that information provided to mental health practitioners remain confidential, and every effort to insure confidentiality is maintained with respect to all aspects of your treatment. As a client, you agree to the following exceptions to confidentiality, in which case information may be disclosed to the appropriate authorities/agencies/individuals:

- If your therapist has reason to believe that you may harm yourself or others.
- If your therapist has reason to believe that you are involved in or have knowledge of abuse or neglect of a child; or abuse, neglect, or exploitation of a person who is elderly or has a disability.
- Ordered disclosure by state or federal courts

In addition, disclosure of confidential information may occur in the following circumstances:

- A signed release form granting permission to designated third parties to receive information. (as needed)
- Discussion of the case with therapist's clinical supervisor.
- In the case of minors, parents or legal guardians have access to their child's records, unless emancipated.

### **Appointment Scheduling/Attendance/Cancellation**

The primary service offered is weekly psychotherapy. The time and day of your appointment should be coordinated with your therapist.

- If I cannot attend a session, I agree to notify my therapist at least 24-hours in advance whenever possible.
- I understand that I will be charged for any session cancelled with less than 24 hours notice.
- I understand that non-adherence may result in termination or suspension of services.
- The therapist reserves the right to transfer/terminate services at any time, for any reason they consider therapeutically appropriate.

*There are policies/procedures in place allowing for exceptions to the above policy. Please discuss any concerns or special circumstances you may have with your therapist. Please note that exceptions to the above attendance policy do not necessarily relieve responsibility for payment of those sessions.*

### **Length and number of sessions**

Sessions typically last 50 minutes. They are expected to begin promptly, and end at the scheduled time. Although it is understood that there may be instances when you arrive late for a session, late arrival will not extend the scheduled ending time for the session. The therapist is also expected to be on time, and will offer appropriate remedy if late, such as making the time up, pro-rating the fee, etc. The total number of sessions is dependent on a number of factors including your goals, timeframe, rate-of-progress, etc. It should be noted again that psychotherapy resulting in lasting change is often a long-term process, lasting several months or longer. Please discuss any issues/concerns you have with your therapist so that an appropriate treatment plan can be formulated which will best suit your needs/desires.

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### **Fee/Payment:**

Fees are set to ensure that everyone has access to treatment. Fees are set at \$85/ hour for individual counseling and for couples, family therapy and in-home sessions. Cash, checks, PayPal and money orders are accepted for payment of services. Third party payments are not accepted at this time. Utilizing insurance for reimbursement of psychotherapy services carries a certain amount of risk in regards to your confidentiality, privacy, or future capacity to obtain health or life insurance. Third party payers can additionally limit the effectiveness of psychotherapy by placing restrictions on frequency and number of sessions.

With regard to payment for services:

- Payment is due at time of service delivery.
- If payment cannot be made for the current appointment, arrangements must be made for payment to occur by the end of the following appointment.
- If payment for the current appointment is not made by the end of the following appointment, sessions may be suspended until payment is made.
- If more than one-session-delinquent with regard to fee payment, termination or suspension of services may result.
- I agree to pay a \$25.00 service charge for each check that is returned.

### **Outstanding Balances:**

If you are currently experiencing financial difficulties, every effort to establish a payment plan that is acceptable for both parties will be assessed. If you have an outstanding balance at the termination of your treatment, a check or cash will be required at the last session for the entire balance of your account. A collection agency will be utilized for all payments overdue by 120 days, unless other arrangements were established. Furthermore, if it is necessary to use a collection agency, small claims court, or any other legal methods to resolve the outstanding balance, its costs will be included in the claim. In most of these types of situations information that includes your name, address, telephone numbers, nature of services rendered, and amount due will be released for collection purposes.

*Every effort will be made to work with any client having difficulty remaining current with regard to fee payment or attendance. There are policies in place allowing for a temporary fee reduction or waiver, fee reassessment, etc. If a client is unable to pay their fee or maintain a regular appointment schedule, please discuss these issues with the therapist.*

### **Risks of Counseling**

There are certain risks associated with the counseling process that should be understood before work progresses. These risks are sometimes associated with ignorance of the process, while most, when experienced, are direct consequences of positive therapeutic movement. Some of the more common risks that you should be aware of are:

- Long-lasting psychological change often requires a significant investment of time, often longer than a client's initial perception.
- Clients often experience deterioration in emotional and psychological stability at different times during the therapeutic process. This often occurs during the beginning stages of therapy, but may occur at any point, often brought on by an awareness of previously unconscious, emotionally laden material.

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- Relationships are often affected as a result of therapy. Significant relationships will often experience varying degrees of tension. This is often the most prevalent within family relationships, but may extend beyond into one's social and professional life.

### **Therapeutic Relationship**

The relationship between therapist and client is the instrument through which client change can take place. As such, it is often one in which close emotional bonds develop. It is also a professional relationship, in which appropriate boundaries must be maintained. For the most part, the therapeutic relationship begins and ends at the therapy office. Although this is sometimes difficult to understand, it is a necessary requirement for maintenance of the therapeutic environment. As such, your therapist cannot be expected to be involved in a social relationship or friendship of any kind that exists outside of the therapy room.

### **Therapist Orientation and Credentials**

Mrs. Hamamcy received her Master's in Marriage in Family Therapy from St. Mary's University and her B.S. from Trinity University in San Antonio, TX. She is a Licensed Marriage and Family Therapist (LMFT) and Licensed Professional Counselor (LPC). There are many different approaches to the therapeutic process; thus services will be conducted so that you are provided you with the most appropriate interventions for your particular issue(s)/goals. Please discuss any concerns or questions you have regarding your treatment at any time during the process.

### **Confidentiality with regard to Minors**

The parents or legal guardians of clients under the age of 18 have the right to access their child's psychological records. The exception to this is in the case of an emancipated minor. A minor is emancipated if he or she is on active duty with the armed services, is married, or is 16 years of age or older and resides separate and apart from his/her parents, managing conservator, or guardian and manages his/her own financial affairs. Your child's therapist will discuss with you the limitations, procedures, and implications with regard to your child's records and progress.

### **After Hours Policy/Procedure**

If you need to contact your therapist at any time, you may do so by leaving a message on the confidential voice mailbox at 512-628-3138. If you are in an **EMERGENCY** situation, **you will need to call 911 or the 24-hour crisis hotline at 512-472-HELP**. You may also wish to go to a hospital emergency room for evaluation if you are concerned that you may be suicidal or homicidal. Please note that telephone or email counseling is not offered, therefore please call only to schedule or cancel an appointment. If you are in a crisis situation your therapist will do everything possible to schedule an appointment immediately; if the schedule does not allow for an immediate session to take place then the client and therapist will discuss other options available.

### **Grievance/Complaint**

I understand that I have the right to file a confidential grievance if I have an unresolved concern regarding therapy/therapist. Any grievance should be addressed to:

The American Association for Marriage and Family Therapy  
112 South Alfred Street  
Alexandria, VA 22314

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I have read, understood, and agree to abide by this agreement.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Neena Hamamcy MA, LPC, LMFT  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date