Anne Crowley, Ph.D., Licensed Psychologist
INFORMED CONSENT

CONSENT FOR CARE: I give full consent for the completion of my evaluation and provision of treatment as necessary to Anne Crowley, Ph.D. until otherwise notified. I understand that no promises have been made as to the result of treatment or procedures provided by this therapist. If I have any questions about the following information or about anything related to my treatment, I will discuss this with the therapist.

CONFIDENTIALITY: I work with a group of independent mental health professionals, and as a group, we share certain expenses and administrative functions; however, I am completely independent in providing you clinical services. My professional records are separately maintained and no member of the group can have access to them without your specific, written permission.

Psychologists have an ethical and legal obligation to keep information discussed in sessions private. Information concerning your therapy will not be disclosed without your prior written permission unless required by law. Texas law requires psychologists to report under the following circumstances:

1. Imminent danger of client's harm to self or others.
2. Suspected child or elder abuse by the client or anyone else (made to the Child/Adult Protective Services and/or the appropriate law enforcement agency).
3. Court ordered treatment or court order for clinical records, if client is involved in legal proceedings.
4. An insurance benefit is filed and the claims payer requires information such as diagnosis, types of treatment, dates, etc.
5. Sexual exploitation by a previous mental health services provider.

FEE POLICY: Clients are responsible for full payment of fees, even in situations where insurance claims are being filed. All copayments, unmet deductible expenses, and services or charges not covered by insurance are due at the time of service. In cases where the non-custodial parents are paying the fees for their child or children either by court or agreement, the custodial parent is expected to pay the fee at the time of service and pursue reimbursement with the non-custodial parent. Any returned checks are subject to a $25 charge. If fees are not paid, the account will be turned over for collection and legal action may be taken. If the account is referred for collection, the client agrees to pay 6% interest plus a $25 collection fee in addition to all reasonable attorney fees and/or court costs.

FEES:

Therapy:

Initial Consultation (80 min):	individual $300	couple/family $375	*Missed Appointment: **Full Fee**
Individual Psychotherapy (50 min):	$200	(80 min): $300	Donor (Psychological) Evaluation $180
Couple/Family Psychotherapy (50 min):	$250	(80 min): $375	
Telephone consultation (15 min increments):	$45		
Copy of Records:	$35		

Court fees*: * all court fees are to the nearest 15 minutes & **Minimum retainer of 4 hours

Legal/Professional Consultation:	$500 (50 min)	Telephone calls with attorneys:	$500 (50 min)
Review legal documents:	$200 (50 min)	Court testimony/Deposition:	$500 (50 min)
Report writing:	$200 (50 min)		

CANCELLATION POLICY: Appointment times are individually reserved. When appointments are cancelled at the last minute, it keeps others who want an appointment from being scheduled, for this reason **you will be charged for appointments changed or cancelled less than 24 hours in advance (see fee schedule).** Exceptions to this policy may be made for unforeseen emergencies but must be discussed on a per case basis with the therapist.

EMERGENCIES: Medical and/or psychiatric emergencies should be directed to 911 if life or safety is threatened. During business hours you may call the office number (512) 659-7999. In case of an emergency where the therapist is unavailable, you may contact the help line at 472-HELP (4357).

BENEFITS AND CONSEQUENCES OF THERAPY: Though psychotherapy may be tremendously beneficial for some individuals, persons contemplating psychotherapy should realize that clients frequently make significant changes in their lives. No specific outcome can be promised or guaranteed. If you have any questions, please feel free to talk with your therapist.

I UNDERSTAND AND AGREE TO THESE POLICIES

Client's Signature: _____ **Date:** _____

Print Name: _____

CONFIDENTIAL