

*Christie Wilke, MA, LPC Associate
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Supervised by Ellen C. Melton, PhD, LPC-S • 512 850-7191

Therapy Agreement

The circumstances that lead an individual to seek counseling are quite varied. Some enter the relationship with a clearly defined intent while others are driven by a vague sense of personal dissatisfaction. My role as your therapist will be to facilitate an exploratory process enabling you to evaluate your current situation, recognize your strengths, and help you discover what is preventing you from using those strengths to become the person you want to be. This process involves a thorough examination of your current state, including your thoughts, feelings, and behaviors.

The therapeutic process involves distinctive working stages from the initial session to the conclusion and termination of therapy, each of which contains therapeutic value. There is no prescription or formula to provide a fix. As your therapist, I will play a supportive role in guiding you through the progression of each stage. You can expect to be treated with respect at all times during our work together. I view the therapeutic relationship as a collaborative effort between client and therapist. Therapeutic gains do not typically arise spontaneously, nor will your circumstances improve without genuine effort on your part. As a client it is to your benefit to participate in the process of setting goals and planning your therapeutic treatment. If for any reason I am unable to meet your needs as a therapist, I will provide referrals to other qualified practitioners.

There are potential risks associated with psychotherapy of which you should be aware. First and foremost, know that the process of change may be uncomfortable. You may acquire insight into information that is unpleasant and difficult to process. Family members and significant others may be reactive to changes you initiate as a result of therapy, and you could experience loss in relationships as you gain awareness and implement changes in your own behavior. In many cases, individuals and families experience escalations in problems before improvements are realized.

My psychotherapy style is comprised of techniques from various theoretical perspectives and includes an educational component intended to impart knowledge and skills that will ultimately enable you to proceed independently with confidence and hope after our therapeutic relationship has ended. The length of time required to accomplish our goals will depend on the specific nature and complexity of the issues surrounding your unique situation.

Although the therapeutic relationship involves an intimate connection between client and therapist, it is imperative that our relationship remain purely professional in nature. All of our sessions will become a part of your clinical record. As such, the information you share with me is confidential and may not be disclosed without your written consent. Certain exceptions do exist. More specifically, disclosure of confidential information may be required in situations in which: (1) I determine that you are a danger to yourself or others, (2) I become aware of abuse or neglect (whether physical or sexual) involving a child or aged adult, (3) I am ordered by a court of law to disclose your information, (4) you authorize me to inform someone else as in the case of insurance reimbursement or consultation with another professional.

_____ client initials _____ parent initials

As a Licensed Professional Counselor Associate, I will engage in weekly staffing, consultation, and supervision with my supervisor, Ellen Melton, PhD, LPC-S as a means of providing better services to you as I develop as a professional counselor. However, specific information revealing client identity will remain confidential according to the limits of confidentiality. If by chance our paths cross outside my office (I happen to run into you in a public setting such as a restaurant, grocery store, etc...) please know that I will respect your confidentiality and refrain from acknowledging or communicating with you. If you are comfortable and you choose to acknowledge me, know that I will follow your lead with regard to communication and that I will not be offended if you choose not to acknowledge me in public.

_____ client initials _____ parent initials

Parents and Guardians: If you are seeking psychotherapy services for a child or adolescent, you may be required to contribute information to the therapy process for it to be successful. Children are not always perceptive and may not understand why things are hard for them. You should also know that it is within your rights, as parents or legal guardians of minor children (under the age of 18), to request information concerning your child's progress and treatment. However, it is often harmful to the therapeutic process if I am not able to assure your child that our work will remain confidential. I believe that therapy is only beneficial if it provides a safe environment in which clients, of all ages, can openly explore their own value system and examine their choices and behaviors in a non-judgmental context. To this end, I will not be sharing with you everything that your child talks about in therapy. As parents/guardians, I ask that you agree not to ask specific questions concerning the detail or content of information disclosed during individual sessions with your child. In turn, I agree to work collaboratively with your child in an effort to provide you with general updates when requested and disclose information to you in preservation of the therapeutic relationship. Trust that I will let you know if I do not think your child is benefitting from therapy.

_____ client initials _____ parent initials

Good Faith Estimate: Therapists are required by law to provide a good faith estimate when requested. This paragraph is to fulfill that requirement. Current fees are as follows:

\$0 initial 15 minute consultation

\$ 110 individual sessions (typically 45-50 minutes)

\$ 110 family sessions (typically 45-50 minutes)

\$60 late cancellation or no-show for session charge

If we were to meet once a week for a year, you will pay \$ 110 times 52. This does not include any special sessions, additional sessions requested, or any fee changes that might occur. If you are a SIMS client, this fee will be the amount of your copay. Please note that SIMS does not pay late cancellation or no show fees, & you will be responsible for those fees.

You are responsible for payment of the fee for psychotherapy by cash or debit/credit card at the time of therapy. If your credit card is declined, you will be required to make future payments by cash. After-hours calls, emergencies, or out-of-office therapy will be billed at the rate of your regular fee plus 25%, billed by the quarter hour. Fees are subject to change. Notice will be provided of any fee changes.

If you arrive late for your scheduled session, that session will be shortened by the amount of time that you are late. In the event that you are unable to keep a scheduled appointment, please provide as much advanced notification as you can. Cancellations with less than 24 hours notice will be billed the above listed "Late Cancellation or No-show" fee. Frequent cancellations indicate a need to address the issue during the next therapy session. 3 cancellations will result in me not being able to hold your regular appointment time.

Please be aware that, as a Licensed Professional Counselor Associate, I am not able to file insurance claims. For clients who chose to file insurance claims: Be aware that in order for you to be reimbursed by your healthcare provider, I may be required to diagnose a mental health condition & provide supportive documentation of such to your insurance provider. Said diagnosis will then become a part of your medical or insurance record. Be aware that some if not all services may not be covered by your insurance provider.

_____ client initials _____ parent initials

Termination of therapy is ordinarily a planned event. However, in some cases, immediate termination of services may be necessary. Examples of these cases are non-payment for services, threatening or abusive behavior, or consistently cancelled appointments.

In the event of an emergency you may contact me at 512 915-0763. If I am unavailable and your situation requires immediate attention, please contact your local police department or go directly to the nearest emergency room. You may also call the Crisis Hotline at 512 472-4357. There may be times when I am away from my office for an extended time. During these times, I will provide you with ample notification of my absence and how to contact me if needed. If for any reason I am abruptly unable to provide service due to some unforeseen emergency, my files will be transferred to Ellen Melton, PhD, LPC-S.

I hold a Master of Arts in School Psychology, supplemented by additional counseling credits & have licensure as a Licensed Professional Counselor Associate. I am qualified to provide counseling by the TX State Board of Examiners of Professional Counselors as an Associate under the supervision of Ellen Melton, PhD, LPC-S

If at any time you are dissatisfied with my services, I encourage you to discuss your concerns with me directly and alternately my supervisor Ellen Melton LPC-S. If for any reason we are unable to resolve the situation to your satisfaction, you may file a complaint with the Texas State Board of Examiners of Professional Counselors, Texas Department of State Health Services, Mail Code 1982, P.O. Box 149347, Austin, Texas 78714-9347 at 800 942-5540 or 512 834-6658.

This document is to inform you about your rights as a client. If at any time, questions or concerns arise about any aspect of your psychotherapy, I welcome and encourage you to discuss them with me directly.

My signature below acknowledges that I have read and fully understand the information contained in this contract. Any questions I may have had about this document have been addressed and answered to my satisfaction. I furthermore agree to release Christie Wilke, MA, LPC Associate and Ellen Melton, PhD, LPC-S from any and all liabilities.

Client Signature

Date

Parent/Legal Guardian Signature (if client is a minor)

Date

Christie Wilke

Christie Wilke, MA, LPC Associate
Supervised by Ellen Melton, PhD, LPC-S

Date