

**Kalila B. Homann, MA, LPC-S, BC-DMT**  
**Integrative Psychotherapy Offices**  
**1310 South First Street, Suite 200**  
**Austin, Texas, 78704**  
**512.441.8334**

### Psychotherapist-Client Services Agreement

Welcome to my practice. This contains important information about my professional services and business policies. Read them carefully, and bring any questions you may have so that we can discuss them at our next session. When you sign this document, it will represent an agreement between us. You may revoke this agreement in writing at any time.

Therapy is a deeply collaborative process engaging both client and therapist. I have been in practice for over twenty-five years and incorporate a variety of nonverbal and verbal approaches to psychotherapy. My therapeutic orientation includes psychodynamic, developmental, and relational models of psychotherapy.

Depending on your needs and interests, your therapy can integrate expressive arts and movement therapy alongside verbal therapy. The clients I work with come from many different backgrounds with a wide range of concerns. These can include depression and anxiety, and/or somatic difficulties such as immune system dysfunction, trauma recovery, relational concerns, and other personal and life challenges. I work with individuals, couples, and groups.

Psychotherapy will ask you to engage deeply with yourself, and in order to be successful, will involve your active engagement between as well as during our sessions. I normally begin with an evaluation that takes between 2 to 4 sessions. After this initial period, I will be able to offer some impressions of what our work together will include. You should evaluate this information along with your own opinions about whether you feel comfortable working with me. If you have questions or doubts about my procedures, it is important that we discuss them whenever they arise.

### Length and Frequency of treatment

Psychotherapy typically involves regularly scheduled fifty-minute sessions at least once a week. Longer or more frequent sessions may be helpful depending on the nature of your work in psychotherapy. Length of treatment varies according to the nature of your work in psychotherapy.

### Professional Fees

The fee for a standard 50 minute session is 175.00 and the charge is 195.00 for an extended (75 minute) session. I also charge this pro-rated fee for other professional services you may need, including reports, telephone conversations over 10 minutes, and consultations with other professionals regarding your treatment. Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. It is important to note that insurance companies do not provide reimbursement for cancelled sessions.

## Billing and Payments

For individual clients, I typically provide a statement at the end of the month for services rendered during that month. You will be expected to pay for each month's sessions by the 10th of the following month. Electronic billing is also an option.

## Insurance

As a licensed professional counselor, I am most often reimbursable for services if your insurance covers mental health counseling. I can give you a statement upon payment with the required information that you can file with your insurance company. It is important to verify coverage, please call your insurance company if you have any questions.

## Phone and emergency contact

My office phone and voice mail number is 441-8334. I listen to my messages daily and can usually return calls within 24 hours. Email and texting are not confidential and should be used minimally. I am not always available in person for crisis emergencies. If you feel you need to work with someone who is frequently available in person for emergencies, I would be glad to give you a referral. You can find emergency services at the Pavilion at St. David's Hospital. The telephone number is 867-5800; call first. If I will be out of town, we can make a plan to support you while I am gone.

## Physician Contact

Physical and psychological conditions always interact, and some medical conditions will appear as if they are primarily psychological. I encourage you to seek medical consultation if warranted. In some cases, medication, nutritional interventions and/or alternative medicine such as acupuncture can be helpful for psychological problems, especially when used in conjunction with psychotherapy. When appropriate, I can arrange a referral for medical evaluation.

## Confidentiality

The law protects the privacy of all communications between a client and psychotherapist. In most situations, I can only release information about your treatment to others if you sign a written consent form that meets certain requirements. The notice of policies and practices regarding specific circumstances in which client information is to be shared will and the written consent will be given to you in a separate document. If I discuss our work with a consultant, I will disguise identifying information. Confidentiality is not guaranteed in life threatening situations involving yourself or others, or in situations in which children or elderly individuals are put at risk through abuse or neglect.

## Termination

You have the right to end therapy at any time. However, by entering into therapy with me, you agree to see me for at least one session after you inform me of your desire to terminate therapy. Termination is an important part of the therapeutic process, and successful terminations are planned in advance with the therapist.

## Questions

I encourage you to ask me all of the questions you have about my policies so that you get the information you need before signing this agreement.

At any time in the treatment process, if you have questions or concerns, it is important that we discuss them whenever they arise.

## Informed consent

“I have read and understood the preceding statements”. I have had the opportunity to ask questions about them, and I agree to the terms of this contract”.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Therapist Signature: Kalila Homann, MA, LPC-S, BC-DMT

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Receipt and Acknowledgement of Notice for the Health Insurance Portability and  
Accountability Act (HIPAA) Regulations

I, \_\_\_\_\_, acknowledge that I have  
received a copy of the Notice of Policies and Practices for Protection of the Privacy of  
Client Health Information. I understand that I have had the opportunity to ask questions  
regarding this document, and that I may contact Kalila Homann if I have questions or  
concerns in the future.

Print Name \_\_\_\_\_ Date \_\_\_\_\_