

**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 document contains important information about my professional services and business policies. It is important that you 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 fifty-minute session is 150.00, and an extended session (75 minutes) is \$175.00. 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.** To cancel an appointment, call me at 512-441-8334 and leave a voice mail.

## 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 10<sup>th</sup> of the following month.

## 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 which 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 often and can usually return calls within 24 hours. 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. If you cannot reach me in an emergency, 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, I will arrange for a colleague to take calls while I am gone.

My preference is not to receive texts, or emails to protect your confidentiality. If you choose to text me, please only use it to confirm an appointment, let me know if you are running late.

While technology provides other ways for people to communicate, the relationship between a therapist and client is unique. To this end, I do not accept friend requests on sites like Facebook or Linked In.

## 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

All interactions with your therapist are confidential and will not be released without your permission. For the vast majority of clients, no exceptions to confidentiality are made.

However, the law requires therapists to make exception in the following circumstances:

- You may request, in writing, that information be released to persons you designate.
- If there is evidence that you pose a clear and imminent danger of harms to yourself and or others, I am legally required to report this information to the proper authorities. .Texas law requires that anyone who learns of or has a strong suspicion of neglect of any person under 18 years of age or of an elderly or disabled person must report this information to proper authorities.
- A court ordered subpoena can require me to release information contained in records or require me to testify in a court hearing.
- If you tell me of any sexual involvement with a mental health professional, I must report this to the appropriate State Examining Board.
- I am required, under the Patriot Act, to disclose your personal health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials. Under this law, I cannot reveal when I have disclosed such information to the government.

## 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”. A copy of this document will be provided to me upon request.

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

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