



AGREEMENT FOR SERVICE / INFORMED CONSENT

Introduction

This Agreement is intended to provide the client (herein “Client”) with important information regarding the practices, policies and procedures of Brittany Gomola LPC (herein “Therapist”), and to clarify the terms of the professional therapeutic relationship between Therapist and Client. Any questions or concerns regarding the contents of this Agreement should be discussed with Therapist prior to signing it.

Risks and Benefits of Therapy

Psychotherapy is a process in which Therapist and Client discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so Client can experience his/her life more fully. It provides an opportunity to better and more deeply understand oneself. Psychotherapy is a joint effort between Client and Therapist. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors.

Participating in therapy may result in a number of benefits to Client, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on the part of Client, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times in which Therapist will challenge Client’s perceptions and assumptions and offer different perspectives. The issues presented by Client may result in unintended outcomes, including changes in personal relationships. Client should be aware that any decision on the status of his/her personal relationships is the responsibility of Client.

During the therapeutic process, many clients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. Client should address any concerns he/she has regarding his/her progress in therapy with Therapist.

Records and Record Keeping

Therapist may take notes during session and will also produce other notes and records regarding Client’s treatment. These notes constitute Therapist’s clinical and business records, which by

law, Therapist is required to maintain. Such records are the sole property of Therapist. Therapist will not alter his/her normal record keeping process at the request of any client. Should Client request a copy of Therapist's records, such a request must be made in writing. Therapist reserves the right, under Texas law, to provide Client with a treatment summary in lieu of actual records. Therapist also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider.

Confidentiality

information disclosed by Client is generally confidential and will not be released to any third party without written authorization from Client, except where required or permitted by law. Exceptions to confidentiality include, but are not limited to, reporting child, elder and dependent adult abuse, when a client makes a serious threat of violence towards a reasonably identifiable victim, or when a client is dangerous to him/herself or the person or property of another.

Client Litigation

Therapist will not voluntarily participate in any litigation, or custody dispute in which Client and another individual, or entity, are parties. Therapist has a policy of not communicating with Client's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in Client's legal matter. Therapist will generally not provide records or testimony unless compelled to do so. Should Therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving Client, Client agrees to reimburse Therapist for any time spent for preparation, travel, or other time in which Therapist has made him/herself available for such an appearance at a rate of \$400 per hour.

Fee and Fee Arrangements

The usual and customary fee for service is \$125 for initial 45–50-minute assessment, \$100 per 45-50 minute session for individual therapy, and \$110 for couples. Sessions longer than 50-minutes are charged for the additional time pro-rated. Therapist reserves the right to periodically adjust this fee. Client will be notified of any fee adjustment in advance. In addition, this fee may be adjusted by contract with insurance companies, managed care organizations, or other third-party payors, or by agreement with Therapist. Clients are expected to pay for services at the time services are rendered. Therapist accepts credit cards, Zelle, or Cashapp.

Insurance

Brittany Gomola MS LPC will kindly bill your insurance company. I participate with few medical insurance plans. Please realize that you have the ultimate responsibility of verifying the coverage with your insurance. You acknowledge that Brittany Gomola MS LPC may be an out of network provider with your insurance. You are also aware that in some circumstances your insurer will send payment directly to you. You agree to endorse the insurance check and forward funds to the appropriate entity above within 30 days of receipt. You will be responsible for any balance not paid or denied by your insurance carrier. Patients who do not supply accurate

insurance information will be considered self-pay. You must inform our office of any changes in your insurance, as you are the policyholder and it your responsibility

Cancellation Policy

Client is responsible for payment of the agreed upon fee for any missed session(s) canceled with less than 24 hours' notice. Clients using insurance should understand fees for sessions canceled less than 24 hours in advance are the sole responsibility of the Client and will not be billed through insurance. Client is also responsible for a No-Show/Cancellation fee for which Client failed to give Therapist at least 24 hours' notice of cancellation. Cancellation notice must be left on Therapist's voicemail

Credit Card information for No-Show:

Must be filled out to reserve appointment.

Name: _____

Card Type: Master Visa Discover American Express Other _____

Card #: _____ Expiration: _____ CVC Code: _____

I understand that this card will remain on file and will not be charged unless factors listed in the above cancellation policy apply.

Client Name: _____

Client Signature: _____ Date: _____