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CLIENT INFORMATION

Confidentiality. Except in the circumstances indicated below, absolutely no information that identifies you as a client will be given to any individual or organization without your consent. Exceptions include situations required by state law, court order, and psychiatric or medical emergencies. For instance, I am legally required to report any suspected child or elderly abuse I am aware of unless I know that it has already been reported to the authorities. If a client divulges a history of having been abused by a previous therapist, state law requires that I report this, although I may keep the client's name anonymous. If a client is determined to be of danger to self or others, I am required by state law to take steps to promote the safety of the client or others, even if it compromises the client's confidentiality. If the client submits an insurance claim for reimbursement, it will be necessary for me to give the insurance company a diagnosis.

Sessions. Session lengths are 45 minutes for individual and couple's sessions, and 90 minutes for group. Sessions begin at the appointment time.

Cancellation of sessions and missed appointments. Sessions take place on a regular basis at a pre-arranged day and hour each week. I reserve the time for you and prepare for that appointment. If you need to cancel or reschedule a session, please notify me as soon as possible (preferably a week in advance). If you cancel an appointment with less than a 24-hour notice, or fail to keep an appointment, I will charge you the regular fee for that appointment.

Fees. Payment is due at the beginning of each session. I accept checks mailed to the address above, or Zelle payments sent to the phone number above. I will provide a receipt which can be used if you want to be reimbursed by your insurance company.

Messages. You may leave me a message at my office number listed above. Be sure to include a phone number where you can be reached. I will return your call as soon as possible.

Emergencies. In case of emergencies, you may call me at the number listed listed above. If you do not reach me, you may leave me a message, and I will return your call. If it is after normal business hours, I may not return your call until the next day. If you need immediate assistance and are not able to reach me, emergency resources include the 24-hour crisis hotline at 512-472-4357, and 911. You can also get help at an emergency room at a local area hospital such as Brackenridge or Seton.

I acknowledge that I have read and understood the above and agree to the terms, and have received my own copy of this information statement. If I will be making insurance claims, I authorize the release of any information necessary to satisfy the health insurance claims.

Signature _____ Date _____