

Wendy K. Heckler, LCSW  
4131 Spicewood Springs Rd., Q1  
Austin, Texas 78759  
(512) 571-3735

### **Informed Consent Agreement**

I am licensed by the Texas State Board of Social Worker Examiners as a clinical social worker (LCSW #50942) in the state of Texas. This license allows for independent practice and to bill for psychotherapy services.

**Risks/Benefits of Treatment:** Clients are urged to consider the risks that major psychological transformation may have on current relationships and the possible need of psychiatric consultation during periods of extreme depression or agitation. Not all people experience improvement from psychotherapy and therapy may be emotionally painful at times. Patients have the right to refuse or to discontinue services at any time and complaints can be addressed to the Texas State Board of Social Work Examiners.

The services provided will be directed to treatment goals that are mutually agreed upon by the client and the therapist. The initial goal will be consultation, which will allow for an examination of the reasons for the clients seeking treatment and to discuss possible treatment options.

### **EMDR**

Eye Movement Desensitization and Reprocessing is an evidenced-based psychotherapy for Posttraumatic Stress Disorder. EMDR utilizes Bilateral Stimulation (BLS) which includes either eye movements, alternating taps which can be either audio or tactile. Some clients may not be appropriate for EMDR therapy; the clinician will evaluate the appropriateness of this intervention and a client's ability to tolerate the use of BLS in the practice of EMDR.

**Termination of Treatment:** The therapist may terminate treatment if payment is not timely, and/or due to 2 or more no show appointments, or excessive late cancellations. Sessions and/or treatment may also be terminated should the client exhibit high risk behaviors in session, such as, but not limited to: intoxication, aggression (verbal/physical), possession of weapons on the premises. Firearms are not permitted on the premises under any circumstances. If you miss a scheduled visit, and do not call the clinician within seven days to reschedule, the clinician will accept that as your notice to terminate counseling services.

In the event that a problem or issue emerges that is not within the scope of competence of the therapist, referrals to specialized treatment in addition to, or in place of current treatment may be warranted. In the event of a transfer of care, clinician will make efforts to facilitate communication with the new provider(s).

**Fees and Payment:** Payment is due at the time of service. Cancellations without 24 hour prior notice and failed appointments will be billed at a rate of \$75.00. The client is responsible for deductibles, copays, coinsurance, late fees, and/or out of pocket fees at the time of the appointment. Billing statements are provided by request.

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Initial evaluation: \$175  
Individual session – 60 min: \$150  
Late Cancellation / No Show - \$70

**Court and Legal Fees:**

In the event that the clinician is subpoenaed to testify in court or depositions, the rate of payment is \$340.00 per hour that the therapist is present at the courthouse, plus the cost of legal representation for the clinician. By your signature below, you agree to pay legal fees in advance.

**Request for Records:** Clients may submit a written request to obtain a copy or summary of their private health records. It is recommended that records are reviewed in consultation with the therapist. A therapist may legally decline to release records if the clinician believes that the information contained in the record could cause harm to the client.

By your signature below, you agree that in the event of your clinician's death or disability, the office may designate a proper custodian to be responsible for the care and disposition of your records.

**Scheduling:**

You may call **512-571-3735** to schedule, cancel, or reschedule an appointment. No show appointments and late cancellations will be billed to the client. I attempt to return phone calls within 24 hours or the next business. I return phone calls during office hours: 9:00 am - 3pm Monday through Friday.

**In a crisis situation, call 911, your primary physician's on call service, and/or (512) 472-HELP. Due to being a solo practitioner, I am not able to take crisis calls or be available for emergencies outside of office hours.**

**Electronic Communications:** Text and email communication are not secure forms of communication. Text and/or e-mail communication may be used with your permission for appointment cancellations or reminders, or to give/receive other business related information. All efforts are made to preserve confidentiality, and it is the client's responsibility to ensure the therapist has the correct phone number, email, and contact information at all times. To protect your confidentiality, voicemail, text and email communications should be brief and limited to only essential business information, and not for the purposes of therapeutic consultation or in the case of an emergency.

\*Please be aware that e-mails and text communication are considered part of your permanent health record.

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**Social Media:** Professional boundaries prohibit mental health professionals from connecting with clients (past or present) through social media outlets such as FaceBook, LinkedIn, Twitter, etc.

**Independent Practice:** While I share office space with other mental health professionals, our professional practices are independent. I am not partners with, nor do I have any legal association with any other mental health professional.

**Limits of Confidentiality:** Therapists are mandated by law to report suspected child abuse, elder abuse, and abuse of a disabled/vulnerable adult. This includes physical, sexual, verbal/emotional abuse, exploitation, and physical or emotional neglect. A client may choose to sign a HIPAA release of information for clinician to communicate with other health professionals or family members.

When filing with insurance companies for reimbursement, a diagnosis is required for treatment. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. This diagnosis becomes a part of your permanent medical record. There are some risks associated with having a diagnosis on your medical record, and those may be discussed with the therapist if you have concerns.

By your signature below, you agree that you have read the service and fee agreement and the terms of the office policies described.

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Signature of the Client

DATE