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### **OFFICE POLICIES**

Welcome to my practice. I am pleased to have the opportunity to serve you and hope that this handout will provide information helpful in making an informed decision concerning my services.

**FEES:** My fee for a 55-minute individual or couples session is \$150. Phone sessions for urgent needs that arise between sessions are \$80 per half hour. Phone sessions differ from calls about administrative matters and will be labeled as a phone session at the beginning of the call or ahead of time. Changes in these fees or fees for other services will be discussed with you in advance.

**PAYMENT FOR SERVICE:** Clients are expected to pay at the time services are provided unless other arrangements have been made. Payments or copayments may be made by cash, check, or credit card and are due at the beginning of the session. Clients are responsible for payment of all fees even if planning to bill an insurance company. Payment for phone sessions is due at the next visit or to be mailed within the week following the phone call.

**CANCELLATIONS:** Should you need to reschedule or cancel your appointment, please contact me a minimum of 24 hours in advance. Canceling within less than 24 hours, or arriving more than 15 minutes late for an appointment, will result in fees. The fee for the first missed session is \$30. The full fee will be charged for any further missed sessions without such notification. Please note that insurance will not pay for missed sessions.

**METHODS OF CONTACTING ME:** The best way to reach me between sessions is to call me and leave a voicemail. Email is not a secure medium. Both of these methods should be used only for administrative reasons, including but not limited to scheduling appointments. Messages are generally returned within 24 hours during the week or 24–48 hours on the weekend.

While technology provides other ways for people to communicate, the relationship between a therapist and client is unique, and so these methods are not a viable way for us to interact. To this end, I do not “friend” clients on sites like Facebook, accept friend requests, text with clients, or use Twitter, blogs, or messaging sites to communicate with clients. I believe that using these other methods for communicating may compromise your confidentiality and can blur the lines of the therapeutic relationship.

**EMERGENCIES:** I see clients at scheduled appointment times only. If an urgent need arises and you would like to schedule a half-hour phone session, please call my cell phone (instead of emailing) and indicate that you need to talk as soon as possible. We can then discuss arranging a phone session.

If you are in need of immediate crisis intervention or are in danger of harming yourself or others, it is expected that you would contact one of the following emergency services instead of waiting for our next session or a returned phone call:

24-Hour Crisis Hotline

512-472-4357

**PHYSICAL OFFICE GUIDELINES:** Weapons are not permitted in the office, and persons in the office may not be under the influence of substances such as drugs or alcohol. To reduce the risk of COVID-19 in the office, please do not come into the office if you have any of the following: fever, sore throat, new or worsening cough, chills or aches, loss of taste or smell, shortness of breath, or have been exposed to someone with COVID-19. As guidelines may change based on local numbers and recommendations from health experts, we will be in contact about whether or not we will wear masks. If we are wearing masks, please wear them in the waiting area.

**UNPAID ACCOUNTS:** If you experience difficulty in meeting your payment obligations, please contact me so we can establish a reasonable payment plan. Overdue accounts (i.e., those that remain unpaid for 90 days or for which an agreed-upon payment plan has not been followed) may be turned over to a collection agency as a final resort for nonpayment. Overdue accounts may also be subject to interest charges and collection fees.

**INDEPENDENT PRACTICE:** I am an independent practitioner and have no professional affiliation with any of the other therapists who practice in this office.

**CONFIDENTIALITY:** The confidentiality of our sessions is extremely important to me. To the degree allowed by law (please reference “Notice of Privacy Practices”), information about your contact with me and my office will not be disclosed to any person or organization unless you give me a specific, written release to do so. Although you are free to discuss anything that occurs in our sessions with anyone, I am required not to discuss such matters without your written authorization. In all aspects of my practice, communication between my clients and me (or between me and those whom my clients have authorized me to contact) is protected by confidentiality regulations as stipulated by federal and state laws, and by professional standards and ethics.

There are, however, some situations written into law that deny me complete control over confidentiality of communication as follows:

1. I am legally required to report any situation of suspected child abuse or neglect to the proper authorities. I am also legally required to report suspected abuse, neglect, or exploitation of an elderly or disabled person.
2. In some circumstances, my records may be subject to a subpoena issued by the court. In particular, confidentiality may be waived with regard to any suit affecting the parent-child relationship.
3. If I believe that a client may harm her/himself or another individual, I am permitted by law to break confidentiality by contacting law enforcement officials and/or medical authorities who may then take protective actions.
4. If I am contacted by an insurance company or an auditor, I may be required to release client information as dictated by law. The law also permits me to release information to a collection agency in order to collect on an overdue account.
5. If a client discloses to me the identity of a mental health professional who engaged in sexual contact with him or her during the process of treatment, state law requires me to report that

professional. In this situation, I am not permitted to disclose the identity of the client if he or she does not wish to be identified.

6. Confidentiality does not extend to criminal proceedings in Texas.

In addition, there are benefits to a therapist consulting with other professionals in order to enhance knowledge, skill, and insights. If I believe that it is beneficial, I may at times consult with professional colleagues about our work without asking permission, but your identity and specifics about your case will be disguised.

This list is not exhaustive, but these are the most common circumstances that may occur. The situations outlined above are out of the ordinary and have no impact on the large majority of people seeking professional mental health services. I share this information with you so that you can be fully informed and your questions and concerns can be addressed.

**COUNSELING SERVICES:** Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and the client and on the particular problems you bring forward. Psychotherapy is not like a medical doctor visit. Instead, it calls for very active effort on your part. In order for the therapy to be most successful, you will have to work on the things we talk about both during our sessions and between sessions.

There are many different methods that I use to deal with the problems that you hope to address. Some of the techniques that I use include dialogue, interpretation, cognitive reframing, exploration of thoughts and feelings, awareness exercises, behavioral practice, writing exercises, and reading. I am trained in Eye Movement Desensitization and Reprocessing (EMDR) and have training in Somatic Experiencing. I am also a Registered Yoga Teacher and often incorporate yogic philosophy in my work. I can also incorporate yoga asana (postures), meditation, mantra, and breathwork into our therapy. This would be done with your permission, and I recommend that you seek the guidance of your physician before starting a new physical practice. I may recommend that you consult with another health care provider, or suggest other approaches as an adjunct to our therapy (e.g., group therapy, psychiatric consultation).

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings such as sadness, guilt, anger, frustration, loneliness, and helplessness. Making changes in your beliefs or behaviors can be difficult, and can sometimes be disruptive to the relationships you already have. You may find your relationship with me to be a source of strong feelings. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Most people who take these risks find that therapy is helpful, and I will do what I can to help you minimize risks and maximize positive outcomes. However, there are no guarantees of what you will experience or the outcome.

Our first few sessions will involve a process of evaluating your needs. By the end of the evaluation, I will be able to tell you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me.

The duration of therapy is something that is very difficult to predict in advance. Some clients may get the help they need in only a few sessions, while others may choose to continue therapy for months or years. Please feel free to discuss this with me if you have any questions or concerns.

You have the right to ask questions about anything that happens in therapy. I am always willing to discuss the rationale for my approaches, and to consider alternatives that might work better. You may feel free to ask me to try something that you think will be helpful, and you can ask me about my training for working with your concerns. You are free to leave therapy at any time.

**TERMINATION OF SERVICES:** In most cases, termination or ending of therapy is an event that we plan and discuss. As mentioned above, therapy may end if another referral is needed or when treatment goals are met. I believe that it is helpful to the therapeutic process for us to discuss our ending in person. Also, if you decide that I am not the right therapist for you, please discuss this with me and know that I am available to help with referrals.

There may be times when immediate termination of services may be necessary. Examples of these situations may include, but are not limited to: consistently canceled appointments, threatening or abusive behavior, or nonpayment for services.

**INSURANCE REIMBURSEMENT:** If you have health insurance, your plan may provide out-of-network coverage for mental health treatment. I will provide you with a bill of services on a monthly basis, if requested; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what your insurance policy covers.

**RECORDS:** The laws and standards of my profession require that I keep treatment records. Rights to access these records are discussed in the “Notice of Privacy Practices.”

**HIPAA:** The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a “Notice of Privacy Practices” for use and disclosure of PHI for treatment, payment, and health care operations.

**CLIENT AGREEMENT:** I hereby grant my permission for any counseling that may be deemed necessary by my therapist. I understand that therapy is a joint effort between the therapist and client, the results of which cannot be guaranteed. Progress depends on many factors including motivation, effort, and other life circumstances. I agree that I will be responsible for the payment of all professional fees. I know that I can end therapy at any time I wish and that I can refuse any requests or suggestions made by my therapist. I have read, understand, and agree to the Office Policies described above, and I have reviewed this office’s “Notice of Privacy Practices.” I have been offered a copy of these Office Policies, revised 1/30/2022, and the “Notice of Privacy Practices.”

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

Full Name (please print) \_\_\_\_\_

Therapist Signature \_\_\_\_\_

Date \_\_\_\_\_