



Welcome,

I'm glad you are taking this first step. Between now and the first time you come in, I encourage you to do some thinking about what you want to accomplish in our work together. Don't worry if you're still unsure about it; we'll talk about it during our sessions.

Our work will be a partnership. If we are heading in a direction you don't understand or agree with, please let me know. Success in therapy requires clients to do hard work. Progress depends as much on what you do between counseling sessions as on what we discuss in session.

As a rule, I will keep your visits and what you talk about during them confidential. Except for occasions in which I may consult with my supervisor here at the Austin Family Institute, I will not let anyone know anything about your visits without your written permission. However, there are a few circumstances in which I must break confidentiality, either because I am required by law to do so or to keep you or someone from harm.

Although these situations rarely occur, you should be aware of these requirements. I may break confidentiality when:

- 1) I suspect a child is being neglected, physically or sexually abused, and it hasn't been reported to authorities.
- 2) I discover that you are an immediate threat to someone's life (yours or someone else's).
- 3) Your records are demanded under a court order.

I do not file insurance claims, but if you need documentation to provide your insurance company for out-of-network reimbursement, I can provide you with the required information.

I look forward to learning about you and am hopeful this first step you are taking will lead to positive change in your life.

I look forward to meeting you.

Sincerely,

Robyn Strelitz
Austin Family Institute
Licensed Marriage and Family Therapist—Associate

Austin Family Institute Informed Consent

Austin Family Institute (AFI) was founded in 1996 as a Mental Health Counseling and Training Center. AFI is a 501 (c) (3) non-profit facility dedicated to serving the greater Austin community regardless of income. AFI uses Family Systems Theories because we believe those offer a more holistic approach to counseling.

About Therapy

Therapy, by definition, is the process of change. Some change is forced upon us, while at times, individual, couples, and families face stress due to life changes and transitions. Death of a loved one, separation, divorce, job loss, relocation, illness, trauma, marriage, step-parenting, relationship conflict and abuse are just some of the situations that can result in feelings of anxiety, depression, and hopelessness as well as strained relationships. Therapy is a collaborative process between the therapist and the individual/family in order to help the individual/family make the necessary changes in their life.

The effectiveness of therapy is in the nature of the relationship between the client(s) and the therapist. It is very important that clients feel comfortable and safe when working with the therapist. This takes time; it also requires honesty about one's behavior and any concerns about therapy or the therapist. Honesty and safety create a trusting relationship upon which the most effective treatment will occur.

Honesty, safety, and trust because the change process can be uncomfortable, even painful at times:

- Client may have insights, memories or gain information that may be unpleasant.
- Clients may experience loss and change in relationships as they grow and change their behavior.
- Families and individuals often experience an increase in life challenges (as problems become more overt) prior to experiencing improvement.
- Family members and significant others may react to or resist changes a client makes as a result of psychotherapy.

The therapeutic relationship is a unique, professional relationship. While clients may develop a close emotional bond with the therapist, clients must understand that therapy cannot include a social relationship or friendship.

Appointments

Appointments are booked on an hourly basis for 50-minute sessions except as designated by your therapist. Appointments are either made at the end of a session for the next session or by the use of the AFI telephone: 512.329.6611. Appointments are not made via the internet or other telephone lines.

CANCELLATION POLICY: In order to cancel or reschedule your appointment for another time, call AFI. Cancellations with less than 24-hour advance notice will be charged a full session fee.

Fees and Payments

Payment is due at the time of services. AFI accepts cash, checks or debit/credit cards for payment.

Fees are based on a sliding scale. The fee schedule should be discussed with you during the time of scheduling your first appointment. If you have questions about the fee at any time, your therapist will be happy to answer them. Since life circumstances may change, AFI reserves the right to reassess fees to determine any increases or decreases that may need to occur.

I agree to the fee of _____ for services based on Austin Family Institute's sliding scale. I understand that this fee is due at the beginning of each clinical hour session and that payment by cash, check, debit or credit card (Visa or MasterCard) will be accepted. I acknowledge that my signature indicates my responsibility for payment of the fees for service herein described.

I understand that the use of a debit or credit card to pay for services will require an administrative fee of _____ which is based on the sliding scale fee quoted above.

Initial _____

Date _____

Initial _____

Date _____

Confidentiality

AFI understands therapy is a relationship based on trust, sharing of voluntary information and competency. During the period of time you are being seen at AFI your therapist will have the opportunity to share your pertinent information without revealing your identity to other therapists or treatment team within AFI in order to determine the best way to facilitate your progress. AFI is a training facility for interns and graduate students working toward graduate degrees and licensing requirements.

Sessions may be audio or video recorded for review by the clinical supervisors for instructional purposes only. (We should add a statement that the recording is erased and never leaves the facility.) At any time you may refuse to have your session recorded.

AFI associates are supervised by AFI Directors or AFI Affiliate Clinical Supervisor. Clinical supervision occurs weekly in one hour of individual face-to-face supervision and one hour of group supervision. Supervision complies with the Texas State Board of Examiners of Marriage and Family Therapists and the State Board of Professional Counselors. The Texas Administrative Code, chapter 681 and the Health and Safety code, Chapter 611, bind Austin Family Institute.

The limits of confidentiality: Applicable law and ethical standards require a therapist to disclose information about your clinical records without authorization in a limited number of situations.

Those situations are:

- Required by Texas state law, such as the mandatory reporting of child, elder, or disabled person.

- Investigations or audits by government agencies such as Licensing Boards of Marriage and Family therapists or Professional Counselors or the Health Department.
- Required by Court Order

Necessary to prevent or reduce a serious and imminent threat to the health or safety of a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Termination

Our aim is to help the client discover and create effective and meaningful relationships through developing skills necessary for those relationships. Once those skills are developed the client and the therapist will mutually agree upon termination. It is also possible that as new relationships and life situations are presented the client may choose to enter therapy again. If more than 3 months occurs without contact between the client and the therapist the therapeutic relationship will automatically terminate.

Social Media Policy

If you have any questions concerning any of the following policies, please feel free to discuss them as needed.

“Friends” / “Fans” We do not accept “friend,” or “fan,” or “like” any contact requests from current or former clients on any social networking site. Doing so incurs significant risk for breach of confidentiality, and blurs the boundaries of the therapeutic relationship.

Texting/Interacting The only means of communicating will be through the Austin Family Institute telephone landline. Voice messages may be left in the evening and weekends. Your call will be returned on the following workday. (Should you have an emergency please call 911 or go to your nearest emergency room.)

Search Engines As a matter of practice we do not search clients through Facebook or any other online search engine for clients or client information. There may be cases of serious emergency where these methods might be used to locate information on a client, friends, or family. This would be an extreme and very rare situation, which would be documented and discussed with the client at the earliest opportunity.

Email According to Texas and Federal law regarding electronic communications, email is not considered a secure form of transmission. Voice phone calls and standard mail are considered secure forms of communication. Therefore, while it might be necessary to occasionally use email for scheduling or brief communications AFI therapists do not engage in substantive email communication. Using email puts the provider at significant legal and financial risk, and theoretically could compromise confidentiality. Again, communications via the AFI telephone and voicemail are considered secure.

I have read, understood and consent to the above conditions as stated. I have had an opportunity to ask questions about and understand these policies.

Client (guardian/conservator)

Date

Client (guardian/conservator)

Date

I acknowledge that I have read and am aware of Austin Family Institute's Privacy Policies (as outlined on the following laminated pages). I am also aware that I may request a copy of these policies for my own records, should I desire.

Client (guardian/conservator)

Date

Client (guardian/conservator)

Date

Date: _____

Austin Family Institute

Client Information Sheet

Name of Client: _____ Date of Birth _____ Age _____

Home Phone _____ Cell Phone _____ Work Phone _____

Gender _____ Ethnicity: _____ Languages Spoken: _____

Home Street Address _____

City _____ State _____ Zip Code _____

Marital Status: Single ____ Married ____ Divorced ____ Widowed ____

 Separated ____ Partnered ____ Living with Partner ____

 If married or living with partner, how long? ____

Gross Family Income _____ Education: _____

Occupation: _____ Employer: _____

Referral Source _____ Other Agencies Involved _____

Members of household:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Medications</u>	<u>Other Physicians</u>	<u>Treatment Length</u>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Presenting Problem(s): Please describe why it is that you have come here today.

Therapist's Name: _____