

Welcome Suggestions, PLLC

12319-B Willow Wild Drive – Austin, Texas 78758

Phone Number: (512) 829-1701

Email: info@welcomesuggestions.com

Client's Rights & Responsibilities

- ❖ Please note that staff members regularly consult with other professionals within the agency to provide you with the best possible service.
- ❖ Limits to confidentiality include: when a person is believed to be an imminent danger to themselves or others; or when legally required to report abuse or neglect of children, the disabled, or the elderly; when records are court-ordered by a judge; when a person provides written consent to disclose information.
- ❖ If you fail to keep a scheduled appointment and fail to provide notice of 24 hours, you will be charged the full amount agreed per session, as stated above. To continue services, you will need to pay the balance in full prior to the next session.
- ❖ If subpoena, there will be a **\$2,000** additional fee for court appearance.
- ❖ Not be discriminated against in the provision of services on the basis of race, color, national origin, sex, age, sexual orientation, disability, religion, or political beliefs. If you believe discrimination has occurred, contact: Director, Civil Rights Division, Texas Health & Human Services Commission, P.O. Box 149030, MC W-106, Austin, Texas 78714-9030, or the USDA Director, Director of Civil Rights, Washington, D.C., 20250. Note: Discrimination complaints based on religious or political beliefs must be referred only to the Director, Civil Rights Division, Texas Health & Human Services Commission.

Client Signature

Date

Parent/Guardian Signature

Date

**WELCOME
SUGGESTIONS**

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Consent of Services

Client's name: _____

Date of Birth: _____

Initial to confirm authorization

Consent to receive counseling services

_____ *I give consent to receive counseling services and participate in sessions offered by the person represented by Welcome Suggestions, PLLC.*

With this signature, I, (*Name*) _____ confirm that I understand and accept all consent. This consent will expire upon termination of service or within one year of the date of commencement.

Client Signature: _____

Date: _____

Signature of (*Parent*): _____

Date: _____

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Fee Agreement for Counseling Services

I, _____ agree to pay (*fee*) \$95, due at beginning of each session and consent to have my card charged for sessions.

❖ The Responsible Party agrees to the following:

- To notify Welcome Suggestions with a minimum of **24 hours'** notice if you plan to cancel or reschedule a scheduled session.
- To provide full payment of unpaid balances prior to resuming services.
- To pay any outstanding balance the insurance may not cover.

Credit card on file _____ Expiration date _____ CVV _____ Zip code _____

If you fail to provide notice of 24 hours and/or fail to keep a scheduled appointment, you will be charged the full amount of \$95 per session (does not go towards deductible). Exceptions include critical weather conditions and medical emergency situations. To continue services, you will need to pay the balance in full prior to the next session.

In the event that the insurance is unable to make payment for session I, _____ am responsible for the payment of the full session of \$95.

With my signature below, I agree to all the terms and conditions required to continue services and all fees will be paid in full upon receipt of services.

Responsible Party Signature

Date

Counselor Signature

Date

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Email/Text/Web Video Consent

By signing below, I grant permission for Welcome Suggestions to communicate with me by email, cell phone text message, or web video (Telehealth/skype). I understand that e-mails/texts/web video are not a secure form of communication and that confidentiality of any of these forms of communication information cannot be ensured. I also understand that any email and text communication between me and Own Your Happiness may become a part of my file. I understand that it can take as long as three (2) working days for Own Your Happiness to respond to email or text messages, so urgent or sensitive information should be communicated in person, by phone call or via web video.

(IN AN EMERGENCY, CALL 911 – DO NOT USE EMAIL OR TEXTING OR WEB VIDEO.)

I understand the risks involved with e-mail/text/web video and that Welcome Suggestions cannot guarantee confidentiality of this form of communication. I understand that I may revoke my Consent at any time by signing the Revocation of Consent at the bottom of this form.

Email: _____

Ok to email []

Phone: _____

Ok to text []

Ok to leave voicemail []

Client Signature

Date

Parent/Guardian Signature

Date