BILL SWENSON, LPC Licensed Professional Counselor

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TO MY NEW CLIENTS:

Please read the following policies carefully. If you have any questions or concerns please discuss them with me before signing below.

CONFIDENTIALITY: The confidentiality of your therapy is protected by law. Your written consent is required to release any information. Exceptions to confidentiality are limited to extreme circumstances—threat of serious harm to you or others; suspected child or elderly abuse or neglect; a medical emergency; or a court order. Also, if you are using insurance, you will be required to authorize the release of any treatment information necessary to process claims or obtain authorizations for treatment. Depending on your insurance or managed care company, information may range from psychiatric diagnosis (the minimum) to a treatment plan and other records that include description of the problem, personal background information, treatment goals, treatment methods, and progress along the course of therapy. I will, of course, discuss with you any information I am sending to your insurance company.

RISKS TO COUNSELING AND TREATMENT: It is important for you to know there are risks involved in counseling and treatment. For example, some people experience an increase in stress, particularly during the early stages of counseling. Some problems may seem to get worse before they get better. In some cases, discussing long-standing, unresolved problems can seem to aggravate rather than help the problem. This often happens in couples or family counseling. These are natural occurrences and you should be aware of them. Other risks may occur as well, depending on your unique situation. Please ask me about what risks you can expect and I will also discuss other risks as I identify them.

LEGAL PROCEEDINGS AND COURT INVOLVEMENT: If you are involved in or anticipate being involved in legal or court proceedings, please notify me as soon as possible. It is important for me to understand how, if at all, your involvement in legal proceedings might affect our work together. In the event you are seeing me because you have been asked to obtain an evaluation for a legal proceeding, it is important for you to know the difference between treatment and an evaluation, and that treatment is not a substitute for an evaluation. Treatment is also not an appropriate way to obtain evaluation results. If you need an evaluation I will assist you to find a provider who offers this service.

It is also important for you to know that I will not be a party to any legal proceedings against current or former clients. I will work with you to support treatment goals, not to address legal issues that require an adversarial approach. Clients entering treatment are agreeing to not involve me in legal or court proceedings or attempt to obtain treatment records for legal or court proceedings when marital or family counseling has not been successful at resolving disputes. This prevents misuse of your treatment for legal objectives.

In the event that you do require my testimony or involvement in non-adversarial aspects for legal or court proceedings I will do so only with your consent. I will be unable to disclose any information pertaining to other family members or parties in counseling without their specific consent. Court appearances, either requested or subpoenaed, depositions and settlement conferences are billed at $650.00 for a half day (any appearance between 8:00 A.M. & 12:00 P.M. or between 12:00 P.M. and 5:00 P.M.) or $1300.00 for a full day (any appearance that crosses the noon hour). Payment is due three business days in advance of the appearance.

APPOINTMENTS: Each session is usually 50 minutes in length. Appointment times are held exclusively for you. If you are unable to keep your appointment, please give me as much notice as possible. If you do not call my voice mail at least 24 hours in advance, you will be charged at the usual fee. If you are using insurance for your treatment, please note that they will not pay for a missed session. Emergencies will be considered on an individual basis.

Continued on Back

TELEPHONE COMMUNICATION: My telephone is connected to a 24-hour voice mail. There is no answering service beyond the voice mail. I check for messages several times a day during working hours, and I will return

your call as soon as possible. If your call is urgent, please say so at the beginning of your message and I will call you back as soon as I get your message. In case of a mental health crisis, please call the Denton County MHMR Crisis Line at 1-800-762-0157, or go to your local hospital emergency room. These instructions are on my voice mail message.

EMAIL COMMUNICATION: My email address is billswensonlpc@gmail.com and available 24 hours. If you leave a voice mail on my telephone and I don't get right back to you, please leave me an email to check my voicemail. During non-business hours, that will be more efficient and direct. PLEASE NOTE: Email communication should be brief and vague. Internet communication is not 100% safe with regard to confidentiality and privacy. Do not write any information in an email which you would not want others to know.
Email is best used for communication around appointment-setting, initiating a phone call, or asking questions about myself and my practice.

FEES AND INSURANCE: My fee is $120 for individuals, $130 for families, for a 50-minute session. There are additional charges for letters, reports and extended telephone time. The fee is payable at each session unless you utilize an Insurance plan with which I am a Preferred Provider or In-Network Provider, in which case your co-pay is payable at each session, and I will bill your Insurance company directly. If I am an Out-of-Network Provider, I charge my full fee up front and it is your responsibility to bill your insurance company. Please carefully consult your insurance company's mental health coverage. Insurance companies vary greatly in the types of problems they cover, the length of treatment provided, and the therapists you can select from in order to receive reimbursement. I am a Licensed Professional Counselor and a provider for certain preferred provider/ managed care groups. I will assist you in clarifying your insurance company's coverage for my services. Please note that I reserve the right to submit delinquent accounts to an attorney or collection agency. In that event, your confidentiality will by necessity, be breached.

CONSENT TO TREATMENT: Your signature below indicates that you have read and agree to the policies stated above, and you are consenting to treatment for yourself/your child. If, at any time, you have concerns or questions regarding your/your child's therapy, please discuss them with me. Remember that you have the right to refuse treatment at any time, and to request a referral to another therapist.

Signature _____ Date _____