

**Live Oaks Counseling  
5815 W William Cannon, Suite 105  
Austin, Texas 78749  
phone: 512-960-4477**

### **Couples Informed Consent for Treatment**

Our signature below serves as acknowledgment of our consent to treatment. We understand that no promises have been made with regard to the outcome of our treatment. We further understand that we may cease treatment with this therapist at any time. However, if we stop treatment, we will remain responsible for any unpaid balances for treatment we have already received.

We understand that the rate for our services with Live Oaks Counseling will be \$\_\_\_\_ for the first assessment session and \$\_\_\_\_ for each subsequent session. The time allotted to our sessions will be determined by the therapist based upon the context of our treatment. Our therapist will discuss the time allowed for subsequent sessions with me at the initial assessment. In general, most, sessions are between 45-60 minutes, however, certain situations may dictate a longer session. The rate charged per session will depend on the time allotment.

The therapist may recommend that we have individual sessions during the course of treatment. If that is the recommendation, the therapist will fully discuss the reasons and how the course of treatment will proceed. We are free to agree to individual sessions or reject such course of treatment at any time.

**We agree to call to cancel an appointment at least 24 hours before the time of the appointment. If we fail to cancel within the 24 hours we will be charged a late fee of \$40.00. If we fail to show up for a scheduled appointment, we will be charged the full fee.**

In an effort to protect the integrity of the client and therapist relationship it is never recommended that the therapist appear in court on behalf of a client. However, it does sometimes become necessary for a therapist to appear in court at the request of a client or an attorney. If our therapist is required to go to court or write a report on our behalf, we agree to compensate the therapist at the rate of \$\_\_\_\_ per hour or \$\_\_\_\_ per day.

If we are insured, we are aware that our insurance company will be given information about the type(s), costs and providers of services that we receive. If payment for the therapist's services is not made, we will be billed for those services and the therapist may stop our treatment if those services billed remain unpaid.

**The therapist will maintain strict confidentiality regarding information obtained in the sessions with clients. However, there are situations in which confidentiality must be broken as required by the Licensing Board for the therapist's profession. If a client informs the therapist that a child or elderly person is being abused, the client intends to harm self or others, the therapist must abide by the regulations of the profession and take appropriate action. Additionally, if a court orders the therapist to divulge information obtained during sessions, the therapist must do so.**

**We understand that the therapists at Live Oaks Counseling will staff cases with other therapists at Live Oaks Counseling and that they may receive input and support in these meetings. Every effort will be made to protect our privacy and our information will not be discussed outside of staff meetings.**

**Our signatures below indicate that we have had an opportunity to read these statements and to discuss them with our therapist. We further understand that this acknowledgment will be kept by the therapist and become part of our medical record. We may be given a copy of this acknowledgment if I so request.**

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name