

Charlotte Hilber, MA LMFT

Licensed Marriage & Family Therapist

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Client Information and Informed Consent Form

Welcome! The following information is to help establish the clarity, understanding, and trust essential to a good therapeutic relationship. Please read it carefully, as it contains important information about my practice. Note any questions or concerns you have and we can discuss them before beginning therapy. After you sign this document, it will constitute a binding agreement between us.

About Myself

I am a Texas Licensed Marriage and Family Therapist. I have an M.A. in Social Sciences-Marriage & Family Therapy, and have practiced for over 15 years. I am a Clinical Member of the American Association of Marriage and Family Therapists as well as several other professional associations. I have been married to my husband for over 29 years and have a grown adult daughter. In addition to the personal experience of living life, dealing with very difficult challenges and loss, and my own growth, I lived and practiced therapy overseas in Cambridge, England for four years.

About the Therapy

Our first session is an **Initial Consultation** for **clarifying** the issues that bring you to therapy. We will explore what you want to be different in your life as a result of the therapy and will discuss appropriate options. You will be given feedback about therapy for your particular situation, including an initial rough estimate of the probable length of the therapy. Usually we'll meet weekly and then taper to twice a month, but some other frequency may best meet your needs. To get the most out of the therapy, you'll want to take an active role.

Individual, couple, or family therapy, or a combination of these, may be used according to need. I use ideas from Solution Focus, Family Systems, Cognitive-behavioral, Narrative, Emotionally Focused, and Family-of-origin therapy models. If at any time the therapy, or therapy alone, is not adequate for your situation, additional or alternative approaches and referrals to other services will be discussed. You would be responsible for contacting and evaluating those referrals.

Therapy is a personal exploration that could lead to changes in your life, such as in your work, friendships or other relationships. Although the exact nature of change cannot be predicted or guaranteed, I intend to work with you to achieve the best possible result for your particular situation, or in the case of couple or family therapy, the best possible result for the relationship or the family.

I do not work with clients whose challenges, in my opinion, are beyond my ability. If your difficulties lie beyond the limits of my expertise or ability to help, I would discuss this with you and offer you appropriate referrals in addition to or in the place of our counseling work.

Appointments: Standard follow-up sessions are 45-50 minutes in length, although longer sessions are available. If you should arrive late for a scheduled session, you will be seen for the remaining portion of your reserved time. I make every effort to see clients on time, however, in some unusual circumstances you may have to wait for your appointment. In the event that I am running late, you will still be seen for the entire 45 minutes (or the length of time you reserved). ***Client/s Initials:** _____

Cancellation: Please make all attempts to keep your scheduled appointments, as consistency in keeping your scheduled appointments helps achieve success in meeting your therapy goals. Also, when an appointment is scheduled, it is reserved for you at the exclusion of others. Since this practice is fee for service, a late cancellation results in a loss of income. ***If you must cancel, please give a minimum full 24 hours notice so that the appointment may be given to another client. If notice is given less than 24 hours, or not given at all, you will be charged for the missed appointment.*** Insurance does not cover charges for missed or late cancelled appointments.

Ending Therapy: The most common reason for ending therapy is that your concerns have been addressed to satisfaction. You are free to end therapy or seek a second opinion from another therapist at any time. Most clients find it helpful to have a “closing session” to consolidate progress, identify any unfinished work, and orient toward the future. After the end of the therapy you will be offered a feedback questionnaire mailed to your home address, unless you have requested differently.

Singular Therapeutic Role: My practice is solely as a therapist. If you think you may be wanting your therapist's involvement in legal matters now or in the future, you should seek services from a therapist who provides such services.

Loss of your Therapist: In the event of my incapacitation or death, it will be necessary to transfer your case to another therapist and for that therapist to have possession of your records. In this event, another licensed mental health professional, selected by myself, would take possession of your records and/or deliver those records to another therapist of your choosing.

Fees & Payment

Payment in the form of cash or check is due at the time of each session.

Arrangements for insurance use are to be made in advance of the Initial Consultation.

FEE

\$110	- 50 minute Initial Consultation - 45 minute standard follow-up session
\$165	- 90 minute extended follow-up session
\$140	“Other Services Hourly Rate”: Any other services, including follow-up sessions not 45 or 75 minutes, are prorated according to the hourly rate, including preparation of letters or reports, phone calls that exceed 10 minutes, and specific consultation with other professionals. “Other services” are not covered by insurance.
\$50	- Late cancellation (24-hours notice) or missed appointment (usually not covered by insurance)
\$20	- Returned check

Legal Fees: I do not get involved in my client's, or former client's, legal situations. However, if I am required by law to be involved, including if I am subpoenaed by anyone regarding our relationship, the hourly rate does not apply. I would testify only on 1/2 day rates, so the fee would be a minimum of \$560. Legal fees are to be paid in advance.

Insurance Reimbursement: While I bill some insurance companies directly, there are others that I do not because I am not an in-network provider. In those instances, at your request, I will provide you with a Statement of Services which you can then submit to your insurance company for reimbursement. Please be aware that my submitting a claim or your submitting an invoice for reimbursement carries a certain amount of risk, as I cannot control how your information is used once submitted. Not all therapeutic issues are reimbursable; it is your responsibility to verify the specifics of your coverage.

ASSIGNED BENEFIT & RELEASE OF INFORMATION TO MY INSURANCE COMPANY:

I authorize payment of mental health benefits to Charlotte Hilber, MA LMFT. I also authorize the release of medical or other information necessary to determine benefits, to process this claim or any further claims, or to satisfy any requests for review from my insurance company. Information I authorize to be released includes my symptoms of distress, diagnosis, type and dates of service, goal(s) and treatment plan, and progress toward my goal(s). This authorization shall remain valid until written notice is given by me revoking this authorization. I understand that this order does not relieve me of my obligation to pay such bills if not paid by Insurance Company, or of any balance due after payments by Insurance Company.

Client’s or guardian’s signature _____ Date ____/____/____

Client’s or guardian’s signature _____ Date ____/____/____

Communicating with Me

Phone Calls: I routinely answer phone calls during business hours Monday through Friday, however I am often not immediately available in which case you may leave a voicemail with your name, phone number, and a brief message. **Routine calls** are returned usually the same day and no later than the next business day. Routine calls might include but are not limited to calls for scheduling/cancellations, billing, insurance concerns, or general practice inquiries. **Urgent calls** are returned just as soon as I am able the same day. For an **emergency** or you need to talk to someone immediately, please call 911 or the 24-hour National Crisis Hotline at 1-800-784-2433, or go to your nearest hospital emergency room.

Email: Because it is not possible to guarantee the confidentiality of email communications, please use discretion in deciding whether to communicate with me via email. I cannot be held responsible for any information lost in transit or viewed by a third party. Emergencies, therapeutic issues, sensitive personal information, scheduling and cancellations should all be communicated to me over the phone or in person.

Confidentiality

Trust is the foundation of a good therapeutic relationship. I strive to provide a safe atmosphere where you can honestly explore very personal issues. All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed except where disclosure is required by law. If you want me to disclose information, your written permission will be necessary.

Some of the circumstances where disclosure is required by the law are as follows:

- There is a reasonable suspicion of the abuse or neglect of a child, dependent or disabled adult. A report will be made to appropriate protective agencies.
- When you present/threaten grave bodily harm to others or to property. I have a legal duty to warn those threatened, and to contact law enforcement.
- When you are actively suicidal or threaten significant bodily harm to yourself. I have a duty to obtain help from others to do what is necessary to keep you safe.
- I am ordered by a court to disclose information.
- You disclose sexual contact with another mental health professional.

In **couples or family therapy**, each individual person in the therapy has the right to confidentiality as described above and I will not release records to any outside party unless so authorized to do so, in writing, by **every member** of the couple or family in treatment able to execute authorization.

Also, in couples and family therapy, confidentiality and privilege do not apply **between** the couple or **among** family members. If in the course of therapy one person confides to me relevant information (in my judgement) that they want “kept secret” from the other/s, I may keep the secret for a short time,

