



INFORMED CONSENT AND OFFICE POLICIES FOR MENTAL HEALTH COUNSELING

Updated May 2025

COUNSELING PROCESS During your initial visit, you and your counselor will discuss the purpose and goals of counseling. You will be informed as to different methods, approaches, and techniques we may use to deal with the issues you hope to address. Subsequent sessions will use the methods and techniques. To be successful, psychotherapy and counseling requires the client to play an active part in the process.

When you and your counselor agree you have received the maximum benefit from counseling with the provider, your therapeutic relationship will be terminated, and/or referral to another provider may be issued. You have the right to withdraw from counseling at any point. Providers also reserve the right to provide referral sources if the need is outside the scope of professional expertise or there is a break in the protocol or trust between the provider and client.

RISKS OF COUNSELING Psychotherapy and counseling may bring up uncomfortable and unpleasant feelings while discussing and processing through the issues you want/need to address. Others may not appreciate the changes in your life. Every effort will be made to ensure that each client has the best and least distressful experience while utilizing the methods, approaches, and techniques in the counseling process. Psychotherapy and counseling have been shown to benefit those with a wide range of mental health issues and can provide improvement in mood, relationships, executive functioning, etc. However, this is not a guarantee of a specific outcome.

ALTERNATIVES TO COUNSELING There are alternatives to participating in formal counseling with a professional for possible improvement of certain conditions/situations. These include but are not limited to speaking with your primary care physician or psychiatrist; speaking to a member of the clergy; talking with a trusted friend or family member; attending a support group; accessing information over the internet or telephone help line services; the use of self-help media including books and videos; and others. Additionally, your counselor may recommend you pursue some of these resources in addition to formal counseling.

CONFIDENTIALITY Mental health records will be maintained during each interaction. These records typically include sensitive information. Mind and Motion, PLLC operates under the legal and ethical principles of the ACA and APA. These rules mandate all treatments to stay confidential. However, there are legal limits of confidentiality that requires sharing information with appropriate entities including actual or threatened danger to self or others, suspected child or elder abuse or neglect, crimes within a counselor-client relationship, or if records are subpoenaed. In these cases, the proper medical, social, or law enforcement agencies will be notified along with any emergency contact. Any nonemergent clinical information will be released only with specific written consent to do so. Records will be released, fully or in part, to the client if requested. Your provider may request you have a session to review the record together to prevent undue harm or confusion. Any part of the record that may cause undue harm may be redacted. Part of your record may include test protocols or questionnaires that are protected by copyright laws or other regulations; these will not be released.

To provide you with the best services possible, your provider may staff your case with other professionals. This is done in the strictest of confidence. The provider will not use your name or other specific identifying information.

For minor clients, parent/guardian participation to some extent in counseling sessions is required during the process. This helps the parent/guardian to facilitate change in the minor client outside of the office. Parents/guardians of the minor client are entitled to information communicated by their child in counseling. However, the information shared will only be that which is deemed helpful for the parent/guardian to know. Please note, counseling with minor clients requires a level of trust and communication built in the therapeutic relationship that prevents some specific information shared with the



parent/guardian. Please be mindful and respectful of this request. Understand that you will be notified immediately if the counselor believes your child is in danger or is a danger to themselves or others.

APPOINTMENTS Services with Mind and Motion, PLLC are provided by appointment only. Appointments can be made by calling the office or scheduling on the website. Individual sessions are generally 55 minutes in length and are made according to the schedules of the provider and client. Adults (persons over the age of 18) are required to make/cancel/reschedule their own appointments due to confidentiality.

An appointment reminder will be sent to you through the client portal or text message. Please do not rely on this method to keep track of your appointments. This is a courtesy to you. You are expected to keep your appointments.

Telehealth Appointments: Telehealth sessions are available. Your insurance plan may or may not cover these sessions. If they are not covered and the client schedules a telehealth session, the client is responsible for full session fee. For telehealth sessions to be offered and productive, secure internet and privacy is required. You are also required to be in the state of Texas for these sessions. The physical location/address of the client during the session will be documented.

FEES AND PAYMENTS Payments in full, or copayments with approved insurance, will be collected at the time of your appointment. Mind and Motion, PLLC and its providers are on limited insurance panels. Insurance will need to be verified before your first session. If you are unable to provide insurance information in a timely fashion, you will be responsible for the session fee. You can request a superbill to submit to your insurance company. This is not a guarantee of reimbursement by your insurance company. Superbills are prepared monthly. Please discuss this with your provider ahead of time.

For your convenience, the office accepts cash, checks, and debit/credit cards. Please note that bounced checks will be charged a \$35 fee. You will also be required to pay your fee in cash or debit/credit card in the future.

Telephone/email correspondence will be charged accordingly. Additional fees will be billed for phone conversations lasting more than 15 minutes. These fees are not covered by insurance.

Fees for testing vary based on client needs and goals, and tests performed. These fees include cost of forms, time spent writing reports and sending them to appropriate parties with written consent. Fees will be discussed with you and collected before testing begins. Insurance will not be billed for testing and is the responsibility of the client or parent/guardian.

Fees for treatment of a minor will be billed to the parent/guardian responsible for bringing the child to counseling. Splitting the cost between parents/guardians will not be done through this office.

Service	Fee	Service	Fee
Diagnostic Intake (60 Minutes)	\$130	Group Counseling	Varies
Individual Psychotherapy (53-60 Minutes)	\$115	Classes/Workshops	Varies
Individual Psychotherapy (45 Minutes)	\$95	Testing (ADHD, Career, etc.)	Varies
Family Session with Client Present	\$130	Crisis (60 Minutes)	\$130
Family Session without Client Present	\$130	Crisis (30 Minutes)	\$65
Marriage Counseling (45 Minutes)	\$130		

CANCELLATION AND NO-SHOW POLICY A session is considered a “late cancellation” if it is cancelled 24-hours before the appointment start time. A late cancellation will result in a fee of \$50/occurrence. Insurance will not cover this fee, and nonpayment of late cancellations may result in termination of services. If you late cancel more than 3 times within a six-month period, Mind and Motion, PLLC and its contracted providers have the right to terminate services. In this case, you will be given written notice of the termination of services along with a list of qualified providers in the area.



A session is considered a “no-show” when the client does not cancel the appointment or show up to the scheduled appointment time. Mind and Motion, PLLC will charge the client or responsible party a no-show fee of \$50/occurrence. Insurance will not cover this fee. Nonpayment of no-show fees may result in termination of services.

EMERGENCY AND AFTER-HOURS POLICY Correspondence sent through email or phone after hours will be checked during office hours the next business day. Should the client need help during an emergency, call 911 or go to the nearest emergency room for assistance. Please see the *Electronics Communications Policy* for more information.

CHILDREN Children under the age of 16 must be accompanied by an adult to the office and supervised while in the waiting area. We reserve the right to ask adult clients to reschedule their appointment if underage children are brought to appointment times with the purpose of leaving them unattended in the waiting area or to include them in sessions where sensitive information is being discussed. The provider assumes no responsibility for minor clients dropped off at the office and left without a family member or guardian to supervise them prior to or immediately after their appointment. A family member or guardian **MUST** be present at the end of each session for provider comments if needed.

MINOR CONSENT TO CARE Proof of custody or guardianship will be required to initiate any services for a minor client. This proof may take the form of a finalized divorce decree, legal guardianship paperwork, or other validation of an adult's right to consent to mental health treatment for a minor child. Please bring this information with you to the parent/guardian intake session, prior to the minor's first individual appointment. A photocopy of the documentation will be taken for the client file. **If this information is not available, services will not be provided.**

COURT RELATED SERVICES AND CHILD CUSTODY Mind and Motion, PLLC and its contracted providers do not provide court-related services including but not limited to, child custody, criminal, or divorce. Therefore, the provider will not provide an opinion regarding part custody or visitation. Should you need these services, discuss this with your provider immediately. Your provider may choose to offer community referrals in these cases. If your provider is required to appear in court as a witness, the client is responsible for payment of counselor time, preparation, travel, testifying, and attendance. Fees for these cases are billed at \$300.00/hour with a \$1,500 retainer to be paid *before* services are rendered. Refunds will be made after proof of disposition or completion of legal proceedings.

NON-DISCRIMINATION This office does not discriminate based on race, color, national origin, sex, religion, sexual orientation, or disability in the employment or provision of services.

COMPLAINTS If you have any questions concerning your experience with the services provided at this office, please discuss these with your provider. Credentials are on file at the office, and you may request to view them at any time. Any disputes will be addressed as quickly as possible. If necessary, complaints may be filed with the providers' governing body: 1800 Congress Ave., Ste 7.300 Austin, Texas 78701; (512) 305-7700; (800) 821-3205; www.bhec.texas.gov

OWNERSHIP Mind and Motion, PLLC is owned by Jennifer Piazza, MS, LPC and Cheslea Harper, LMFT. All other providers at Mind and Motion, PLLC are contracted providers and are fully licensed and in good standing to provide care in Texas. Licensure information is available upon request.



UNEXPECTED PROVIDER ABSENCE In the event of your providers unplanned absence from the practice, whether it is due to injury, illness, death, or any other reason, we maintain a detailed professional will with instructions for an Executor to inform you of status and ensure your continued care in accordance with your needs as best as possible. Your authorize the Executor and Secondary Executor to access your treatment and financial records only in accordance with the tems of the professional will, and only if your provider has experienced an event that has caused or is likely to cause a significant unplanned absence from practice.

I HAVE READ AND FULLY UNDERSTAND THE CURRENT INFORMED CONSENT AND OFFICE POLICIES AS STATED ABOVE. I AGREE TO THE ABOVE AS A CONDITION OF RECEIVING SERVICES AT MIND AND MOTION, PLLC.

I hereby certify that I am entering into counseling services on a voluntary basis and recognize my rights to terminate services at any time. I also certify that I have received a copy of this agreement for my records. I acknowledge that I have signed this document freely and not under any form of distress.

Client Name

Client Signature

Parent/Guardian Signature

Date

Date