



ChristyReeder, Ph.D.
licensed psychologist

Policies and Therapy Agreement

About Christy Reeder Ph.D.

I am licensed by the State of Texas as a Psychologist (36073). I earned my Master's and Doctoral degrees in Clinical Psychology from Fuller School of Psychology in Pasadena, CA. After completing the required amount of supervised clinical hours, the State of Texas recognizes me as a psychologist, which permits me to provide therapeutic services in a private practice setting. My professional experience includes working with children, adults, and families outpatient settings.

For Parents: Parents and caregivers play a vital role in their child's psychological growth and healing. Therefore, therapy will almost always involve their parent or caregiver(s). It is important to play an active role in your child's therapy. It may be necessary to schedule appointments separate from your child's therapy session for parent consultation. Those sessions will be charged the typical session fee. Consistency is important in the therapeutic process. In most cases, weekly sessions will be recommended. It will be important to you or your child's progress to maintain as consistent a schedule as possible, missing sessions only when emergencies or unavoidable situations arise.

For Everyone: The duration of therapy will vary, ranging from several weeks to months or even a year or more. These decisions will be made with client/parental input and will depend on you or your child's situation, reason for seeking therapy, and commitment to the therapeutic process. Terminating therapy should be a conscious and deliberate decision made between the client/parent and myself. Outside extremely unusual circumstances, it is not in your or your child's best interest to terminate therapy abruptly.

Divorced and Divorcing Families

When the client is a minor child in a divorced family, it is my policy that you provide me with a copy of the part of your divorce decree which pertains to custody of the minor child, and right to consent for medical/psychological services before I can provide services.

I do not provide testimony services in custody matters. If you are seeking services for court or custody matters, I recommend that you engage the services of another therapist as this is outside my scope of practice. I will not agree to provide witness or testimonial services in a custody dispute. If a family divorces during treatment or at any time after treatment concludes, I do not provide court or custody testimony. Please see my separate court policies paperwork for information regarding subpoenas and fees.

Confidentiality

The therapeutic process is dependent upon confidentiality. Confidentiality is the therapist's commitment to hold client communications in the strictest confidence.

Parents: It is important that you understand that your child will be more successful in therapy if he/she believes that what occurs during therapy is confidential. I ask that you allow me to use my professional judgment when considering what aspects of your child's treatment should be shared with you. In general, specific statements made by your child, or specific activities participated in during play therapy, will not be disclosed without the permission of your child. As such, what occurs during the therapeutic process



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will remain in the strictest confidence to any other individuals or agencies unless you provide explicit permission to release that information.

The following circumstances describe situations in which I may be legally and ethically required to disclose information about your child:

- If you or your child reveals information that indicates it is reasonable to believe that he/she is a threat to him/herself or others.
- If you or your child reveals information that indicates it is reasonable to believe he/she has been the victim of child abuse or has knowledge about child or elder abuse.
- I can be legally compelled to testify in a court of law and to disclose information given in confidence if a judge deems that there is just cause for such a testimony. The kinds of legal proceedings that could result in my being compelled to testify include, but are not limited to the following: workmen's compensation hearings, mental competency hearings, child custody suits, civil suits, and criminal hearings and/or trials.
- If I am legally compelled to disclose information about you or your child, this disclosure may include both verbal testimony and surrendering to the court any written notes or other records that I may possess.

Risks

There are risks associated with entering into a therapeutic relationship. The goal of therapy is to change the negative symptoms you or your child is experiencing. Occasionally, when an individual begins the therapeutic process, symptoms initially become worse as the individual develops insight and introspection. It is not uncommon for a child's behaviors to initially seem worse. You have the right to end therapy at any time. However, it is common for individuals to want to quit therapy just as the difficult (and important) work is beginning. I encourage you to discuss your concerns about treatment with me at anytime.

Fees and Cancellation Policy

The fee for service is \$140 per individual, marital, or family therapy session unless we agree otherwise. Payment is expected at the time services are provided. If you need to cancel an appointment, please notify me at least 24 hours in advance at 512.364.9619.

Appointments cancelled less than 24 hours in advance will be charged the full session fee. Please remember that your scheduled appointment time has been reserved for you. If you are utilizing insurance to pay for services, please note that you, not your insurance company, will be responsible for missed appointment fees. This fee will be collected at our next appointment time.

Insurance

I am an in-network provider for Blue Cross Blue Shield of Texas, Tricare, and Traditional Medicaid (for children adopted in the State of Texas only). If you are a member of one of those plans I will collect the copayment, deductible, and/or coinsurance quoted to me by your insurance company. Although your insurance benefits are verified prior to your first appointment, please note that I cannot guarantee that the information provided to me by your insurance company is accurate. On occasion, there is a discrepancy between



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the estimated share of cost of treatment and the company's reimbursement rate, so your actual share may be more than the estimate. You are ultimately responsible for payment. Please remember to inform me if you change insurance or managed care companies.

I am considered an Out of Network provider for all other insurance companies. If you chose to use your insurance benefits, I can provide invoices for you to submit to your insurance company. The insurance company will reimburse you for a portion of my fee, and you are responsible for full payment of my fees at the time of service. You are responsible for verifying your out of network benefits and submitting invoices for reimbursement.

Using your insurance benefits will require me to release information regarding dates of services and diagnosis. Insurance companies may request to review you or your child's clinical file. The managed care company may require that I obtain prior authorization for sessions, at which time I am required to submit information about your treatment. I may be asked to disclose the reason you or your child are seeking therapy, information about your history and symptoms, updates about your treatment progress, and a complete clinical record for the purpose of financial auditing. This information then becomes part of the insurance company's files, and the use and management of that information is outside of my control. By signing this agreement, you are providing your consent for me to provide any requested information to your insurance company.

Some of the benefits of obtaining mental services without using your insurance company are:

- Confidentiality. If your insurance company pays for your mental health treatment, they have the legal right to request all information contained in your file.
- Treatment without a mental health diagnosis. Some of the children and families I work with do not have a mental illness. They are experience a life situation that would benefit from professional support. Insurance companies require a diagnosis to pay for services.
- Treatment and support on your terms. Many times, insurance companies dictate the number of sessions an individual is allowed during a specified time period.

Since insurance companies only pay for treatment when the client is diagnosed with a mental health condition, services such as parent coaching and adoption coaching/consultation are not covered by insurance.

Payment Procedures

Payment is requested at the beginning of each session. This task is purposefully placed at the beginning of our time together to avoid a sometimes abrupt and difficult transition after a counseling session.

Electronic Communications Policy

Most of my clients prefer to communicate with me via email or telephone. I utilize a cell phone for business purposes. The voicemail on my cell phone is password protected. It is unlikely, however possible, that my cell phone and voicemail is intercepted by unauthorized individuals. Email is also a convenient way to communicate outside of the therapy session. However, it is important to understand that

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there are risks inherent with communicating by email. My email accounts and computer are password protected in order to protect your confidentiality. If you choose to communicate confidential or private information with me via email, I will assume that you have made an informed decision about the risks of your email being intercepted or your confidentiality being compromised.

Social Media Policy

I maintain a professional Twitter and Facebook account to communicate news related to mental health, network with other professionals, and promote professional services. If you choose to “like” me on Facebook or “follow” me on Twitter, I am assuming that you are making an informed decision about how this may compromise your confidentiality. My fan list (Facebook) and follower list (Twitter) are easily accessed by anyone on the Internet. The vast majority of my fans and followers are not clients, however there is a small risk that you could be identified as a client simply based on your decision to “like” or “follow” me. It is not expected nor advised that current or former clients “like” me on Facebook or “follow” me on Twitter. Communicating with me via social media (through Twitter messages or writing on my Facebook fan page) also compromises your confidentiality. Please do not use Twitter or Facebook as a way to communicate with me due to these confidentiality concerns as well as the limited time that I spend using social media.

I use my Facebook and Twitter accounts for professional purposes only. I do not accept friend requests from current or former clients, nor do I follow current or former clients on Twitter.

My Office

I share my office suite with other mental health professionals. I am a sole independent practitioner and maintain my own private practice. Please contact me directly if you have any concerns with this arrangement at any time during the course of our work together.

Therapist Availability / Emergencies

I am often not immediately available by telephone. While I am usually in my office during regular business hours I will not answer the phone when I am with a client. When I am unavailable my telephone is answered by voice mail that I monitor frequently. I will make every effort to return your call on the same day you make it with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can’t wait for me to return your call, contact your family physician, the 24/7 Crisis Hotline at 512-472-HELP, 1-800-273-8255, 9-1-1, or the nearest emergency room. If I will be unavailable for an extended time I will provide you with the name of a colleague to contact if necessary.

Complaints

If you have complaints about our work together that have not been addressed to your satisfaction, you may contact the Texas State Board of Examiners of Psychologists at 800.821.3205.

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ACKNOWLEDGMENT OF RECEIPT OF POLICIES AND THERAPY AGREEMENT

AND CONSENT FOR TREATMENT

By signing this Consent Form as the Client or Guardian of said Client, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receive mental health assessment, treatment and services for me (or my child if said child is the client), and I understand that I may stop such treatment or services at any time. NOTE: If you are consenting to treatment of a minor child, if a court order has been entered with respect to the conservatorship of said child, or impacting your rights with respect to consent to the child's mental health care and treatment, services will not be provided to your child until Christy Reeder, Ph.D. has received and reviewed a copy of the most recent applicable court order.

STAFFING: I authorize Christy Reeder, Ph.D. to consult with other professionals on my or my child's case if the need arises.

This includes informal peer consultation and formal consultation with a paid consultant. Dr. Reeder participates in regular case consultation as a commitment to providing the most ethical and excellent treatment possible.

I hereby consent to treatment with Christy Reeder, Ph.D. Although the chances for obtaining my goals for therapy will best be met by adhering to therapeutic suggestions, I understand that I have a right to discontinue or refuse treatment at any time. I understand that I am responsible for any balance due prior to a decision to stop.

I have read the above and agree.

Full Name (print): _____

Signature: _____

Date: _____

Relationship to Client: _____