



**Counseling Central Austin**  
Career Counseling and Psychotherapy

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## **PSYCHOTHERAPIST-CLIENT SERVICES AGREEMENT**

Welcome to my practice. This Agreement contains important information about my office policies and procedures which have been established to facilitate a healthy therapeutic relationship and to clarify any questions that may arise in the future.

***Appointments and cancellations:*** Psychotherapy sessions last 50 minutes and appointments are scheduled in advance. Typically, sessions will be held once a week and I will make my best effort to offer you a regular weekly appointment time if desired. The quantity of sessions, though, largely fluctuates depending on the needs you may have. Some clients may get the help they need in only a few sessions, while others may choose to continue therapy for several months or years. Because my schedule requires that I end sessions promptly, if you arrive late for a scheduled appointment, you may not be able to complete the entire 50 minute session. Please make every effort to be punctual so that we can make the most of our scheduled time together. If you need to cancel or reschedule an appointment, please call at least 24 hours in advance to ensure that you are not charged for a missed appointment. Appointments that are not cancelled at least 24 hours in advance are subject to full session fee.

***Fees and payment:*** My standard fee is \$110/hour. I do take financial circumstances into consideration and provide sliding scale fees on a case-by case basis, space permitting. Outside consultation with doctors, schools, agencies, courts, etc. will be charged at the agreed upon hourly rate including any time required to prepare the necessary documentation or information. Payment is due at time of service unless other arrangements have been made. If you begin to carry an unpaid balance, please discuss your situation with me to determine payment options. In the absence of a payment plan and as a final resort, past due accounts will be turned over to a collection agency. I do not currently bill insurance companies, but upon request I will provide payment receipts that you can submit to your insurance carrier.

***Messages and emergencies:*** Confidential voicemail is available 24 hours a day, 7 days a week (512-417-7086). I will make every effort to return your call within 24 hours, unless I receive the call over a weekend or holiday. I also receive messages by email (counselingcentralaustin@gmail.com), but the emails I initiate or respond to are limited to scheduling-related issues. I do not accept emails or text messages regarding the content of our sessions. You may email me or text me to coordinate visits, but please know that your personal health information (PHI) may be at risk if you utilize these communication avenues. In the event you are experiencing an emergency, please seek immediate help by calling 911 or going to the nearest hospital emergency room. If you have a life-threatening crisis, please call 9-1-1. Most hospital emergency rooms can give life-saving services. Help is also available 24hrs at the Crisis Hotline (472-HELP) or Psychiatric Emergency Services (454-3521).

**Confidentiality:** I will keep confidential anything you disclose to me, with the following exceptions as per Texas licensing boards: (a) you direct me to tell someone, (b) I have reason to believe you are a danger to yourself or others, (c) I am ordered by a court of law to disclose information, (d) You report abuse of a child or an elderly person. If you submit therapy sessions for reimbursement through an insurance company, they may require that diagnosis or treatment information be reported. I consult regularly with other professionals regarding my clients; however, names or other identifying information are never mentioned and confidentiality is fully maintained.

**Therapeutic relationship:** Our relationship is unique and will be reserved to the counseling room. The relationship with your therapist is strictly a professional and therapeutic one and is the only type of relationship we may have. Any other type of personal or business relationship undermines the effectiveness of the therapeutic relationship. While I care deeply about helping you, I am not in a position to be your friend or have any social or personal relationship with you. Any gifts, bartering and/or trading for services is not considered appropriate and will not be engaged in. Please remember that these restrictions are to protect you and to make sure you get the best treatment possible, without any complications. If I should see you outside of our scheduled sessions, my primary concern is your privacy. I will not approach you, but please feel free to approach me and say hello.

**Philosophy of care:** Therapy provides an opportunity to explore past and current patterns that are keeping you from living authentically with meaningful connections. In my psychotherapy practice, you can expect a safe place to talk, to be listened to objectively, to be supported, to be treated with respect, and to be given direction that will facilitate the therapeutic process. My approach is not to offer solutions, but to work with you to clarify the issues and increase understanding so that you can identify your best path. I believe that there is value to be gained from exploring family of origin and past relationship history. My theoretical orientation is eclectic, and grounded in psychoanalytic and integrated systems theory.

**Your rights and responsibility:** Working towards therapeutic benefits is a collaborative process and requires you very active involvement, honesty, and openness. You are co-responsible for clarifying the goals of therapy, evaluating progress, and making recommendations for changes in the therapy process. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. You have the right to feel comfortable, safe, accepted, and challenged. You also have the right to: ask questions at any point about my rationale for approaches, ask for alternative approaches you believe may work best for you, or ask about my trainings for working with your concerns. Know that if you feel I am not the right therapist for you, you may request to leave therapy. I will do my best to connect you to another qualified practitioner.

**Consent for treatment:** Therapy can be an intense and powerful experience with associated risks and benefits. Since therapy offers the opportunity to discuss any problematic issues in your life, it may elicit uncomfortable feelings. It is common to experience anger, guilt, sadness or frustration as you consider difficult aspects of your life. Making personal changes can be daunting and disruptive at times. Therapy is not a guarantee and does not work for everybody. Please discuss with me any risks or concerns you have as a result of being in therapy.

If you have any questions that have not been addressed in this letter, please don't hesitate to ask. I look forward to our work together!

## Receipt and Acknowledgment of Notice

By Signing below, I confirm that I have read and understand the above listed policies, received and read over the HIPPA and Privacy Practice information, and agree to enter into the counseling relationship

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(Client Printed Name)

(Date)

(Signature)