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Welcome! I am delighted that you have chosen to work with me and excited to begin our journey together. This letter will provide you with information about my policies and procedures and ensure a mutual understanding of our professional relationship.

Overview of Services: Counseling is a collaborative process undertaken between you and your therapist and is designed to empower you to accomplish mental health and wellness goals. For counseling to be most effective, it is important that you take an active role in the process.

Participating in therapy can result in a number of benefits. The trusting and authentic therapeutic relationship formed between client and therapist can be transformative. I can offer new perspectives and provide insight moving you towards your personal goals. Some benefits of therapy may include: increasing mindfulness and self-awareness, enhancing your understanding of self, overcoming specific problem areas such as depression and anxiety, and finding resolutions to the concerns that led you into therapy. The benefits of therapy are increased when the client assumes an active role in the process and applies what is learned in therapy to real life situations.

There are certain risks associated with the counseling process that should be understood before work progresses. For example, there is a risk that clients may temporarily experience uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other difficult feelings. Clients may recall unpleasant memories. Relationships are often affected as a result of therapy. Significant relationships may experience varying degrees of tension. This is often most prevalent within family relationships, but may extend beyond into one's social and professional life. Sometimes, a client's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making significant changes in their lives.

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 or neglect of a child, an elderly person, or a disabled individual. Also, if you disclose to me the identity of a mental health professional who engaged in sexual contact with a client (including yourself) during the process of treatment, state law requires me to report that professional to the appropriate district attorney; in this situation, I am not permitted to disclose the identity of the client if he or she does not wish to be identified.

All fees will be expected at the time of service. My fee for a 50-minute individual counseling session is \$165. Outside consultation with doctors, schools, and agencies, will be charged at this rate including any time required to prepare the necessary documentation or information.

Sessions last for 50 minutes. 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. Usually, counseling sessions will be held on a weekly basis as we begin to uncover your goals and gain momentum in the counseling process. Once you begin to see the changes that you are hoping for, we may readjust our scheduled meetings as you begin to rely on the resources you will rediscover in yourself.

Appointment cancellations must be made 24 hours in advance. Since the time has been set aside for you, you will be charged the full fee for missed appointments that are not cancelled at least 24 hours in advance.

I do not recommend using your therapy as a tool for court cases. Court proceedings will open up your personal process to dissection and interrogation. If I am ordered to appear, I require payment for services 72 hours in advance at the rate of \$450 per hour. In the event that I must appear in court I must clear my schedule for the entire day because the time spent in court is unpredictable. This includes travel, preparation, consultation, appearance and time on-call. If I am not called to appear, these fees for the time reserved and in preparation for appearance will still be due. You are responsible for any costs I incur related to your case (litigation issues, lack of payment, parking, printing/copying materials, etc.). In addition, I will not agree to appear in court to testify in custody disputes or other legal matters, unless I am subpoenaed by a judge.

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 that 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. Please remember that these restrictions are to protect you and to make sure you get the best treatment possible, without any complications.

Not all forms of communication are considered confidential. Email and texting are convenient ways to communicate. However, because they qualify as “communication,” they are legally required to be a part of your record. Therefore, I ask that you **use texts and emails for administrative purposes only** (information about appointment times and/or changes, cancellations). A phone call and/or voice mail message is the most secure and recommended medium of communication.

Emergency/After-Hours: If you are experiencing a life-threatening emergency, please call 9-1-1. Help is also available 24 hours a day by calling the Crisis Hotline at 512-472-4357 or Psychiatric Emergency Services at 512-454-3521. 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!

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.

Client Signature

Date

Printed Full Name