PHYLIS R. TOMLINSON, M.ED., LPC, LMFT, ATR-BC

5215 Mimosa Drive, Bellaire, TX 77401

713-253-9044

POLICIES IN THIS THERAPEUTIC SETTING

In the interest of clearly communicating the operational aspects of the therapeutic relationship, I ask that you read and agree to these policies. Any questions and concerns can be addressed now.

Therapeutic Relationship

- Although our sessions may be very intimate psychologically, it is important that our relationship be strictly professional. Our contact will be limited to sessions that you arrange with me. You will learn a great deal about me as we work together during your counseling experience, but please remember that you are experiencing me in my professional role only. In accordance with the law, there will be no socializing between us, and any form of a gift will not be offered or accepted.

My goal as a therapist is for the counseling sessions to be a success, for you to feel empowered to face life's challenges in the future without my support or intervention. I will work with you within the policies outlined above for your psychological success.

Fee Information

- *Investment*, or payment, is requested at the time of each visit. If an adjusted fee is needed, please discuss now. Payment is accepted by check, Venmo, PayPal, Zelle or cash. The usual fee for each visit $150.00.

- Sessions are 50 minutes in length leaving time for making payment and setting appointments. There is a charge for cancelled appointments unless notice is received at least twenty-four (24) hours prior to the appointment time. The charge is the full hourly fee when cancellation is made within 24 hours of the appointment. These fees cannot be billed to the insurance company.

- Telephone consultations with current clients, more than 15 minutes per call, are to be paid at the regular hourly rate. If more time is needed, please make an appointment. In person appointments are far more effective.

- Telephone conversations or email responses requested with professionals associated with the client, for the benefit of the client, are to be paid at the regular hourly rate.-

- You, the client, are responsible for completing and filing insurance paperwork and collecting reimbursement. If you intend to submit an insurance claim, please read and sign the Insurance Information Form.

Legal and Confidentiality Issues

- I will keep confidential anything you say to me, with the following exceptions: (a) when you direct me to tell someone else (only under certain circumstances) or (b) I determine that the information you give me could cause you or others to be in danger. This includes, not limited to, suicide threats from any client and reports of physical, sexual or emotional abuse to minors. HIPPA guidelines apply.

- This confidentiality is pre-empted if I need to protect a client or victim by making revelations. The circumstances for this are rare indeed.

- You, the client, will neither individually nor jointly involve me in any litigation. You will neither request nor require that I provide written records or testimony in court. The reason for this is so that treatment is not compromised; the therapeutic relationship with the family is maintained; and any child client experiences his or her therapy in a clear, consistent, and neutral manner. If the services of a mental health professional are desired for court purposes, a forensic psychotherapist must be enlisted. I will assist in making a referral if desired.

I, _____, understand and accept the policies outlined above.

Client (Print Name) _____

Address: _____ Zip Code: _____

Telephones with Area Code (* preferred contact number)

Home:_____Office:_____Cell:_____

Email: _____

Signed: