

INTRODUCTION

This document is intended to provide general information regarding counseling services provided by the therapist, Chris Quaglino, LCSW, LCDC. **Please read the entire document carefully and ask any questions or for clarification before signing.** It is your (the client's) right to receive a complete explanation for any questions you have regarding counseling services, now or in the future. Please feel free to share any concerns that may arise.

INFORMATION ABOUT SUBSTANCE USE ASSESSMENTS

Benefits & Risks of a Substance Use Assessment

This counselor uses the SASSI-4, and a variety of mood and trauma scales for this assessment. The SASSI-4 is administered in the office under observation of Chris Quaglino, LCSW, LCDC to ensure that the person taking the assessment is the actual person requesting the assessment. The outcome of the assessment may range from High Probability of Substance Use Disorder to High Probability of Substance Use Disorder with the information gathered. If it is determined that there is a likelihood of an issue, this counselor will give three referral sources for further counseling. Chris Quaglino, LCSW, LCDC does not provide individual follow up counseling for those who he screens because it would be a conflict of interest and misperceived as generating business from the results of the assessment.

NATURE OF COUNSELING & CONFIDENTIALITY

Benefits & Risks of Counseling

Counseling is a process in which individuals, couples, and/or families explore a variety of issues, concerns, goals, and experiences for the purpose of creating positive change. Counseling may focus on, but not limited to, improving one's ability to connect with others, providing a clearer understanding of self, values, and goals, and ways to increase the ability to cope with everyday challenges. Counseling with Chris Quaglino, LCSW, LCDC is a collaborative effort between the therapist and the client and the outcome varies depending on many factors. Treatment prognosis will be discussed during the initial session. The benefits of counseling require effort on the clients' part, including attending sessions regularly and participating actively and openly. Counseling may also lead to unanticipated feelings and change, which might have an unexpected impact on the client and their relationships. The therapist's role is to assist you in processing and managing both negative and positive reactions that occur as a part of the therapeutic process.

Termination of Services

The duration and conclusion of treatment depend on the client's needs and progress. The client may terminate treatment at any time. If the client or the therapist determines that the treatment is not beneficial, either parties may initiate a discussion on treatment alternatives in session. Treatment alternatives may include referral to additional services or a different therapist, adjusting treatment plan or goals, or terminating therapy.

Professional Consultation & Collaboration with Other Professionals

Professional consultation is an important component to an ever-growing counseling practice. As such I regularly participate in clinical, ethical and legal consultation with licensed professionals. During such consultations, I do not reveal personal identifying information about my clients. Additionally, in order to provide quality service, it may be appropriate for me to consult with other professionals that support you, such as your physician, psychiatrist, past therapists, and/or other mental health professionals. If you or I request third-party contact, you will be asked to complete a Release of Information Form to authorize any communication.

Records and Record Keeping

The therapist may take client notes and records during therapy sessions. These notes are the personal property of the therapist. He does make progress notes for each session and these constitute as clinical and business records that I am required to maintain and store securely. Such records are the sole property of the therapist; however, you have the right to view them at any time. If you would like to view these progress notes, please request a reviewing session so we can review together. Should you request a physical copy of these records, you must submit a Request for Documentation Form. Records are kept securely for 10 years following the termination of counseling services. After 10 years, your records will be securely destroyed.

Confidentiality

Any information disclosed by you in a counseling session is deemed confidential and will not be released to any third party without written authorization from you except when required or permitted by law. Exceptions to confidentiality include but are not limited to: situations where you pose a threat of serious harm to yourself or someone else, cases involving suspected child, elder or dependent adult abuse, or cases in which the therapist is court-ordered to testify or produce records. Please also review the Notice of Privacy Practices to fully understand your rights to privacy (copy available on my website and by request at the office). The client authorizes the therapist to furnish limited information to insurance providers concerning treatment upon request or when necessary. Treatment records are confidential unless the client completes and signs a Release of Information Form, except for said authorization to the insurance provider.

FEES & PAYMENT

Service Fees

The fee for in-office services is \$120 per 55-minute session. For phone calls (with you or a third party), the pro-rated fee is \$30 per 15 minutes after the initial 15 minutes. The therapist reserves the right to change this fee; clients will be notified of any fee adjustments prior to its occurrence. All fees paid are not refundable.

Private Payment

As an out-of-network provider, I do not correspond with insurance companies. Upon request, I will provide the client with receipts that you can submit to your insurance provider for potential reimbursement, according to your insurance plan. Please ask your insurance company about their out-of-network benefits towards mental health counseling. It may also be important to ask about your deductible.

Insurance Panels

The fee for service will be determined by the co-pay established by your insurance provider. This therapist accepts LYRA, BCBS PPO, and Medicare. You will be informed of your co-pay at your initial session.

Sliding Scale

A limited number of sliding scale spots are available for clients whose financial situation poses a barrier to receiving therapy services. This availability must be discussed prior to the client's initial visit. Sliding scale fees will be established during the initial session according to the client's reported income. This adjusted fee will be reviewed on a quarterly basis (every 3 months), and readjusted according to the client's most current situation.

Making Payment

All fees are paid at the time of service. I accept these forms of payment: [see the Method of Payment Agreement form]. A fee of \$ X will be charged on returned checks. If you wish to keep a credit card on file, please fill out the Method of Payment Agreement Form. If the card on file expires or cannot be processed, the client is responsible for notifying the provider and is to provide an alternate form of payment at the time of service. **Services must be paid in full at the time of each visit.** Clients may not schedule additional appointments until their full balance has been paid. If payment becomes a barrier for receiving care, please notify the therapist who will assist referring you to other therapeutic resources that may fit the client needs.

SCHEDULING & CANCELING APPOINTMENTS**Scheduling Appointments**

To schedule an appointment, please call [512-775-5940 or email chris@itoiaustin.com. If you leave a voicemail or send an email, I will respond within 24 hours. Please be aware that appointment times offered are held for 24-hours to allow for your confirmation; if you are unable to confirm via phone or email within this time period, that spot will be made available to other clients.

Cancellation & Rescheduling

Please provide 24-hour notice via phone or email if you are unable to attend your scheduled appointment. The therapist will attempt to reschedule that appointment if openings are available. The client is responsible to pay the full session fee for missed sessions or sessions cancelled with less than 24-hour notice. Please note that insurance providers do not reimburse for late cancellation or no-show fees so the client will be responsible for the session fee.

Reoccurring Appointments

Clients that commit to reoccurring appointments (e.g. weekly, bi-weekly, or monthly) are responsible to attend these appointments consistently. If the client misses 2 or more appointments without providing at least X-hour notice, they will lose the reoccurring appointment and will have to schedule single appointments moving forward.

SECURE COMMUNICATION**Phone, Email, Text, & Social Media Communication**

Please complete the Secure Client Communications Agreement form to indicate your communication preferences. Phone is the most secure method of communication. Please feel free to call me at 512-775-5940. If you leave a voicemail, I will return your call within 24-hours during office hours. Emails are sent from an encrypted address: chris@itoiaustin.com. Please be aware that email communication is not 100% secure. Therefore, email is used for administrative purposes only, such as for scheduling and billing. I only discuss clinical matters by phone or during in-person sessions. To protect client privacy, I do not text with clients or communicate via social media due to the high risk of security breach.

Therapist Availability & Emergencies

This therapist does not offer crisis services, or therapy services outside of these hours: Monday 8 am to 7 pm, Tuesday 8 am to 7 pm, Thursday 8 am to 3 pm, Friday 8 am to 5 pm, Saturday 8 am to 11 am. All times are subject to having a prior appointment time scheduled with me ahead of time. If you are experiencing a medical emergency, please call 911. If you are experiencing a mental health emergency use the options at the end of this agreement. Please do keep this information easily accessible if you have had prior emergencies. If you are considering seriously harming yourself or committing suicide, please first contact 911 and ask for the mental health deputy on duty. If you have an urgent matter to discuss with me, please call me at 512-775-5940 (not through email), and I will return your call as soon as I am able to. This therapist takes time off every year for professional development, vacation time and public holidays. The client may request alternate services during those times if necessary.

CLIENT ACKNOWLEDGEMENT

By signing below, I the client acknowledge that I have reviewed and fully understand the terms and conditions of this Informed Consent and Agreement for Counseling Services. I have discussed these policies with the therapist, and the therapist has answered all of my questions to my satisfaction. My signature below confirms that I agree to all terms and conditions and that I give my consent for treatment by the therapist listed herein.

