



CONSENT AND SERVICE AGREEMENT

Intralogy Psychotherapy

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Qualifications: I am a Licensed Professional Counselor and an Licensed Chemical Dependency Counselor in Texas. I also have a Ph.D in Counselor Education and Supervision for the University of Texas San Antonio TX. My formal education prepares me to counsel individual adolescents and adults, groups, and families. My area of focus is in addiction and recovery services.

Experience: In my clinical experience, I have counseled multiple individual adults, adolescents, and groups. I have worked at the SIMS Foundation (Austin TX), Arapahoe House Residential Treatment Center (Denver CO), The Center for Health Care Services (San Antonio TX), Family Violence and Prevention (San Antonio TX), and Jewish Family Services (San Antonio TX).

Nature of Counseling:

It's my goal to offer a positive, empowering, and life enriching experience for clients. My approach to counseling is strongly influenced by a Humanistic and strength-based approach. My approach is designed to help people experience the present moment more fully, gain awareness of what they value and what they are doing to express their values, create meaning and connection, and aid in developing a responsible plan of action. In addition, I may utilize a variety of cognitive-behavioral techniques, which will challenge you to identify irrational thoughts and beliefs and replace them with more effective, productive ways of thinking and behaving. Furthermore, we will collaborate with one another to come up with attainable goals, based on what you wish to achieve during the course of therapy. Overall, our time together will be about your personal journey toward health, wellness, and fulfillment, and I am a fellow traveler on your journey of self-discovery.

CONDITIONS OF COUNSELING

Counseling Relationship: Unless you prefer otherwise, I will call you by your first name. Please call me *Michelle*. During the time you and I work together, we usually will meet weekly for approximately 50-minute sessions. Although our sessions may be psychologically deep, ours is a professional relationship rather than a social one. Therefore, please do not invite me to social events, bring me gifts, ask to barter or exchange services, ask me to write references for you, or ask me to relate to you in any way other than the professional context of our counseling relationship. You will benefit the most if our interactions address your concerns exclusively.

I conduct all counseling sessions in English or with a translator for whom you arrange and pay. I do not discriminate on the basis of race, gender, religion, national origin, disability, or sexual orientation. If significant differences, such as in culture or belief system, exist between us, I will work to understand those differences.

Effects of Counseling: At any time, you may initiate with me a discussion of possible positive or negative effects of entering or not entering into, continuing, or discontinuing counseling. I expect you to benefit from counseling. However, I cannot guarantee any specific results. Counseling is a personal exploration that may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. You may feel troubled, usually only temporarily, by some of the things you learn about yourself or some of the changes you make. In addition, counseling can, at times, result in long lasting effects. Although the exact nature of changes resulting from counseling cannot be predicted, I intend to work with you to achieve the best possible results for you.

Client Rights: Some clients achieve their goals in only a few counseling sessions, whereas others may require months or even years of counseling. As a client, you are in complete control and may end our counseling relationship at any time. If you choose to end the counseling relationship, I ask that you participate in a termination session. You also have the right to refuse or to discuss modification of any of my counseling techniques or suggestions that you believe might be harmful.

I render counseling services in a professional manner consistent with accepted ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know. If I am not able to resolve your concerns, you may report your complaints to Texas State Board of Examiners of Professional Counselors Texas Department of State Health Services PO Box 149347, Austin, Texas 78714-9347

Confidentiality:

Confidentiality is your right to privacy. All communications and records with your counselor are held in strict confidence. Information may be released in accordance with state law when:

- 1) the client signs a written release indicating consent to release
- 2) to release medical or other supporting information necessary to process your insurance claims
- 3) the client expresses serious intent to harm self or someone else
- 4) there is reasonable suspicion of abuse or neglect against a minor, elderly person, or dependent adult
- 5) to acquire payment for services or for billing purposes
- 6) subpoena or court order is received directing the disclosure of information
- 7) you are below 18 years of age; parents have rights to some therapeutic information

Electronic Communication:

Telephone and email are not encrypted methods of communication and some confidentiality risk exists with their use. Counselors at Two Rivers Psychotherapy sometimes communicate using these mediums. If you would prefer to not be contacted by telephone or email, please inform your counselor. Further, counseling sessions will not be conducted on the phone or email (including texting) due to risks to confidentiality and respect for client privacy.

Scheduling and Cancellations:

Scheduling and attending an appointment is a commitment that both counselors and clients honor. Please arrive on time. Appointments can be cancelled or rescheduled if 24-hour notice is provided. If sessions are cancelled or rescheduled in less than 24 hours, the client agrees to pay for the missed session. Insurance

does not reimburse your counselor for missed appointments, therefore, clients are responsible for the full amount. The following is a breakdown of fees owed for different circumstances:

- Client cancels or reschedules within 24 hours of appointment.....No fee
- Client cancels or reschedules in less than 24 hours of appointment.....\$50.00 fee
- Client is a “no call, no show” for appointment.....\$100.00 for private pay clients

If you wish to reach me between sessions, you may call me and leave a message on my voicemail, text, or you may email me. Please leave me a message, and I will return your call as soon as possible. If you text **PLEASE** make sure to include your first name only so that I can identify your number. If you are in a life-threatening emergency, please call 911. I am not able to provide emergency services or psychiatric medications; if you or I believe you need a greater level of service than I can provide, we will arrange referral to a mental health professional who is better able to meet your needs.

Emergency Contact:

If you are in crisis and cannot reach your counselor, please go to the nearest emergency room. Austin Travis County 24/7 Crisis Hotline is: 512-472-HELP (4357). If it is a medical emergency, please dial 911.

Service & Fees:

Payment for a single, 60-minute session is \$100.00; 90-minute sessions are \$150.00 Payment is due at the time of your scheduled session. Cash (must be exact as counselor does not keep change) or check will be accepted.

Records: Files are closed once the counseling relationship ends. As required by law, I will maintain records for seven years after the counseling relationship ends.

Conditions of Ongoing Counseling: If you have been in counseling or psychotherapy during the past seven years, I may require you to sign a release so I may communicate with and/or receive copies of records from the professional(s) from whom you received mental health services, if I deem it important to do so. By signing this form, you are agreeing to disclose all previous mental health treatment.

Referrals: I recognize that the services I offer are not always appropriate or sufficient to fully meet the issues client’s present. For this reason, you and/or I may believe that a referral is needed. In that case, I will provide some alternatives including programs and/or people who may be available to assist you. A verbal exploration of alternative to counseling will also be made available upon request. You will be responsible for contacting and evaluating those referrals and/or alternatives.

Client Signature

Date

Therapist Signature

Date