

## **Disclosure Statement, Policies, & Agreement**

Welcome to **Sound Mind Austin P.L.L.C.**, the psychotherapy practice of David Braham MS, LMFT-S. Below are my policies which we will review together to ensure you are well informed and comfortable with the process of establishing a safe and healthy therapeutic relationship.

### **Client Rights**

As a client receiving therapy, you should know you have the following rights:

- To know the name, office address, and office phone number of your therapist.  
1301 S. Capital of TX Hwy, Building C, Suite 100, Austin, TX 78746  
(512) 810-8031 | [www.SoundMindAustin.com](http://www.SoundMindAustin.com)
- You can receive information about my qualifications, including licensure and education, as well as methods used in therapy sessions, the duration of therapy (if known), and the fee for therapy provided.
- You may seek a second opinion at any time.
- You may terminate therapy at any time.
- In a professional relationship, such as therapist and client, sexual intimacy is never appropriate and should be reported to the Grievance Board.

The practice of licensed and unlicensed persons in the field of psychotherapy is regulated by the Department of Regulatory Agencies. Concerns or complaints regarding the practice of psychotherapy may be directed to the Complaints Management and Investigative Section at P.O. Box 141369, Austin, TX 78714-1369, and at 1-800-942-5540.

### **Confidentiality Policy**

The content of your therapy and records are protected and cannot be disclosed to anyone without your written consent. Although all information gathered during therapy sessions is legally confidential to persons or agencies outside of therapy, there are certain situations in which I am legally bound to reveal information obtained during therapy to other persons or agencies without your permission. These include:

- If I believe you are in imminent danger to yourself.
- If you threaten grave bodily harm or death to another person or directly endanger the life of another.
- If I suspect neglect or abuse of any child(ren), the elderly or the disabled.
- By signing a specific authorization for a “Release of Information” allowing me to contact a third party.
- If I am ordered to disclose by a state or federal court of law.

## Contact & Emergencies

You may leave a message for me on my private, confidential voicemail (512.810.8031) at any time. I check my messages daily, and I will return your call as soon as I can, and most certainly by the end of the following business day (Monday – Thursday). However, it's important for you to know that this number is not an emergency phone number. In case of an emergency, or if you need immediate assistance for any reason, please call 911 or the 24-hour crisis hotline at 512-472-HELP (4357). For additional resources, contacting 2-1-1 may be helpful.

I do use email and text for scheduling purposes only. I ask that you limit email and/or text communications with me to purposes of scheduling or other logistical concerns. This is for your protection as confidentiality of email and text cannot be guaranteed at this time. As with phone calls, I will make every effort to respond to email or texts by the end of the following business day.

## Therapy Sessions & Fees

Our therapy sessions will generally last about 50 or 80 minutes. It is difficult to predict how many sessions you may want at the onset of therapy, however; the number of sessions and the frequency will depend on you, the nature of your goals and the weight of your concerns. The fees agreed upon for each session are listed as follows...

Individual Session		Couple & Family Session	
\$135	45-50 Minutes	\$160	45-50 Minutes
\$160	75-80 Minutes	\$185	75-80 Minutes

Payment is expected at the time of each session. You may pay by cash, check or charge (Discover, Visa, Master Card). Children, adolescents, and/or dependents will be charged the family rate when seen individually as our work is highly systemic in nature and often involves communication and work with the larger family system, parents, and/or caregivers.

24 hours' notice is required to cancel or change an appointment. If you cancel within 24 hours or do not show up for your scheduled session, you will be charged full for your reserved time. In cases when you arrive late for a session, your session will end at the scheduled time and you will be charged for the full session. Appointments cannot be scheduled if account balances exceed \$300 (except in urgent situations).

Consultations with you or any other person or professionals regarding your case require compensation at a rate of \$75 for 30-minutes (or \$40 for every 15-minutes of consultation).

Participation in legal issues in any capacity, including preparation of documents, travel time, and attendance at any legal proceedings will be billed at the rate of \$300 per hour regardless of which attorney issues a subpoena. Due to the complex and unpredictable nature of legal involvement, I require a \$2,400 retainer in advance of any work related to legal proceedings. As I will be unable to see other clients in need of treatment on my schedule for the days I could potentially be called, the retainer must cover 8 hours per day I am on call. The retainer may be paid in advance via cash, check, or credit card. Any amount funded to the retainer account not used will be refunded. Please note however, under most circumstances and even with client consent, it is usually inappropriate for a therapist to become involved in a client's legal case. This is because engaging in dual roles, as a therapist/witness, may potentially be harmful to the therapeutic process. In addition, the confidential information contained in your psychotherapy notes may be at risk.

## Insurance

I do not currently accept insurance. Keep in mind that most insurance companies limit sessions, session times, and require a mental health diagnosis in order to reimburse expenses. I would be happy to provide you with an invoice for you to independently file a claim out-of-network.

## Client & Therapist Signatures...

*I have read the mandatory Disclosure Statement, Policies and Agreement form provided by David Braham MS, LMFT-S (license # 201392), concerning the policies of his practice Sound Mind Austin P.L.L.C. I authorize Sound Mind Austin P.L.L.C. to provide notice to me by telephone or verbally in the event of a breach of my protected health information (PHI) and have been offered a copy of the Notice of Privacy Practices document. David Braham has addressed all of my questions pertaining to this document. My signature below indicates my acceptance of these policies, procedures, and financial obligations.*

**Client Name** (please print) \_\_\_\_\_

**Client Signature** \_\_\_\_\_

Date: \_\_\_\_\_

**David Braham MS, LMFT-S** \_\_\_\_\_

Date \_\_\_\_\_

\*Last updated 12/17