OFFICE POLICIES & GENERAL INFORMATION AGREEMENT FOR PSYCHOTHERAPY SERVICES

Viesca Therapeutic Services PLLC

Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™
600 Round Rock West Dr. #305
Round Rock, TX 78681
Lic. #: S21347 – Texas

Dear: _____

Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™ is a clinical therapist in private practice. She was raised in the Midwest and attended the University of Illinois at Urbana-Champaign. She obtained Bachelor degrees in English and Sociology with a minor in Psychology. She then enrolled at the University of Texas at Austin and received her Master of Science in Social Work degree in 1992. Since then, she has practiced in a variety of clinical settings, including acute care psychiatric hospitals, outpatient treatment centers, partial hospitalization programs, and community based mental health centers including Bluebonnet Trails MHMR and Austin Travis County Integral Care. Her experience working for a variety of managed care companies providing behavioral health and medical case management and utilization review services has enhanced her knowledge of the managed care industry and strengthened her patient advocacy skills, increasing her ability to help members navigate today's complex health care system. Angela considers herself to be a generalist who enjoys working with a variety of issues and people. She has worked with adults experiencing severe and chronic mental health problems including bipolar disorder, schizophrenia, major depression, and anxiety. She has also worked with clients that are coping with histories of abuse/trauma. In addition, she has special interest in women's issues, anger management, adjustment disorders, parenting/life transition issues, and grief and loss issues. Angela has also provided therapy to families affected by military deployment or other military lifestyle issues.

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is authorized or required by law. If we meet socially outside of the office, I will not acknowledge you unless you address me first. This is to allow you the choice to acknowledge our acquaintance.

When Disclosure Is Required By Law: Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a client presents a danger to self, to others, or is gravely disabled or when client's family members communicate to **Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™** that the client presents a danger to self or others.

When Disclosure May Be Required: Disclosure may be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony

by **Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™**. In couples and family therapy, or when different family members are seen individually, even over a period of time, confidentiality and privilege do not apply between the couple or among family members with regard to information disclosed during session(s) where all or some are present, unless otherwise agreed in writing. **Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™** will use her clinical judgment when revealing such information. **Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™** will not release records to any outside party unless she is authorized to do so by all adult family members who were part of the treatment or compelled to do so by subpoena or court order.

Emergencies: If there is an emergency during our work together, or in the future after termination where **Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™** becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will do whatever she can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, she may also contact the person whose name you have provided on the biographical sheet.

Health Insurance & Confidentiality of Records: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. **Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™** has no control or knowledge over what insurance companies do with the information she submits or who has access to this information after it leaves her office.

Consultation: Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™ consults regularly with other professionals regarding her clients. However, the client's identity remains completely anonymous, and confidentiality is fully maintained during such consultations. These consultations may or may not be documented in writing, and by your signature below, you authorize **Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™** to use her professional judgment and discretion in deciding which consultation(s) to document in writing, if any.

Electronic Mail, Cellular telephones, Computers, Texts and Faxes: It is very important to be aware that computers, e-mail and cell phone communication can be easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Emails, in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Additionally, **Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART's** e-mails are not encrypted. Faxes and texts can easily be sent erroneously to the wrong number. If you communicate confidential
or highly private information via e-mail, **Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™** will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and she will honor your desire to communicate on such matters via e-mail. Please do not use e-mail or Faxes for emergencies.

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact **Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™** between sessions, please leave a message on her voicemail at (512) 293-4346 and your call will be returned as soon as possible. **Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™** checks her messages a few times during the daytime only, unless she is out of town. If an emergency situation arises, indicate it clearly in your message and if you need to talk to someone right away please go to your nearest hospital emergency room or call the Police/EMS at 911 if there is a life-threatening emergency. Please do not use e-mail, texts or Faxes for emergencies. **Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™** does not always have the ability to check her e-mail or Faxes on a daily basis.

PAYMENTS & INSURANCE REIMBURSEMENT: Clients are expected to pay the standard fee ($65.00, $125.00 or $150.00 per 30, 45 or 60 minute individual session or $150.00 per 45-50 minute family/couples session) at the end of each session unless other arrangements are made. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed upon otherwise.

Please notify **Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™** if any problems arise during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies. Unless **Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™** is a contracted provider with your insurance company, she will provide you with a copy of your receipt for each session, which you can then submit to your insurance company for reimbursement if you so choose. As was indicated in the section "Health Insurance & Confidentiality of Records," you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Not all issues/conditions/problems which are dealt with in psychotherapy are reimbursed by insurance companies.

It is your responsibility to verify the specifics of your own coverage. If your account is overdue (unpaid) and there is no written agreement on a payment plan, **Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™** can use legal or other means (courts, collection agencies, etc.) to obtain payment. By your signature below, you indicate that you have been informed of this matter and you agree to abide by the payment terms set forth in this Agreement.

THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE: Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. **Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™** will ask for your feedback and views on your therapy, progress in reaching your goals, and other aspects of the therapy and will expect you to respond openly and honestly.

Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc, or experiencing anxiety, depression, insomnia, etc. **Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™** may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations, which can cause you to feel very upset, angry, depressed, challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships may result in changes that were not originally intended.

Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

During the course of therapy, **Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™** is likely to draw on various psychological approaches according, in part, to the problem that is being treated and her assessment of what will best benefit you. These approaches include, but are not limited to, behavioral, cognitive-behavioral, cognitive, psychodynamic, system/family, developmental (adult, child, family), or psycho-educational.

Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™ provides neither custody evaluation recommendation nor medication or prescription review or recommendation nor does she provide legal advice, as these activities do not fall within her scope of practice.

If **Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™** is subpoenaed or otherwise required to testify in a court case for any reason, she will consider that the issuance of such subpoena or other type of legal compulsion is an indication of your desire to terminate your therapeutic relationship with her. **Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™** will confirm such termination by letter, as soon as is practicable under the circumstances, and provide you with referrals to other providers.

Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™ will obey all lawfully issued subpoenas and court orders. By Your signature below, you acknowledge and agree that you have been advised of her intent to obey lawful subpoenas and court orders, and you agree that **Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™** will not be required or expected to provide any additional notice to you or obtain any additional authorization or consent before complying with such subpoenas and court orders.

Discussion of Treatment Plan: Within a reasonable period of time after the initiation of treatment, **Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™** will discuss with you (client) her working understanding of the problem, treatment plan, therapeutic objectives and her view of the possible outcomes of treatment. This treatment plan will be reviewed periodically and may be revised depending on your progress in therapy.

Termination: As set forth above, after the first couple of meetings, **Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™** will assess if she can be of benefit to you. **Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™** does not accept clients who, in her opinion, she cannot help. In such a case, she will give you a number of referrals that you can contact to seek therapy. If at any point during psychotherapy **Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™** assesses that she is not effective in helping you reach the therapeutic goals, she is obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case, she would provide you with referrals to other professionals or agencies that may be of help to you. Your disagreement or refusal to accept the offered proposals will not affect her decision.

At your request and with your written authorization, **Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™** will confer with the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, **Angela R. Viesca, LCSW, CCM, CART** will assist you in finding someone qualified, and will provide him or her with essential information to assist with the consultation upon receipt of your written authorization. You have the right to terminate therapy at any time. If you choose to do so, **Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™** will offer to provide you with names of other qualified professionals whose services you might prefer.

CANCELLATION: Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours (1 days) notice is required for re-scheduling or canceling an appointment. The missed appointment fee is $35. This fee must be paid prior to scheduling your next session. Most insurance companies do not reimburse for missed sessions.

I have read the above Agreement, Informed Consent, Office Policies and General Information carefully, I understand them and agree to comply with them:

_____

Client name (print) Date

_____

Client Signature

Angela R Viesca, CCM, C-ASWCM, CCFP, CART

_____

Psychotherapist Signature Date
Angela R. Viesca, LCSW, CCM, C-ASWCM, CCFP, CART™