



## **Your Therapy Houston, LLC Informed Consent**

### **My Qualifications and Credentials**

I am a Licensed Marriage & Family Therapy Associate in the state of Texas (License #: 203305) under the supervision of Leonard Bohanon, PhD, LMFT-S. If at any point you have complaints about me or my services you may contact him directly at 832-628-5253. I hold a Master's degree in Psychology with a concentration in Marriage & Family Therapy from Our Lady of the Lake University. I also have a certification in Psychological Services for Spanish-Speaking Populations which means I received training to effectively provide psychotherapy services in Spanish as well. If you have any questions regarding my clinical experience, feel free to ask me at any time!

### **Psychological Services**

Psychological services will be tailored made to fit your unique needs. For this reason, your experience will be reflective of that. There are a combination of methods I may use to help you with the concerns that you hope to address. Psychotherapy does call for a very active effort on my behalf as well as yours. This can involve working towards your goals during sessions and in between sessions.

### **Benefits and Risks**

Psychotherapy can have both benefits and risks. Since therapy often involves discussing difficult aspects of your life, you may experience an array of emotions. Due to this sometimes session discussions can be challenging. I cannot guarantee the repair of any relationship or the success of therapy. However, psychotherapy has been shown to have many benefits towards mental health, personal wellbeing, and relationship improvements. Therapy also can help with the development of coping mechanisms, problem solving skills, and conflict management. Other ways that therapy has been found to be helpful include but are not limited to managing emotions, decrease of stress, symptom relief, and utilization of your strengths.

### **Services and Fees**

I charge by the hour and by the hour and a half. The following are my services and rates:

<b>Service</b>	<b>Rate</b>
Session (60 Minutes)	\$100
Session (90 Minutes)	\$130

5900 Memorial Dr., Suite 218  
Houston, TX 77007  
832-475-3904

[info@yourtherapyhouston.com](mailto:info@yourtherapyhouston.com)



Payments are due in full at the end of your session unless other payment arrangements have been made in advance. Payments accepted are cash, check, or credit card. If paying by card, I use a HIPAA compliant billing service that I use to charge at the end of the session. Checks should be made out to Your Therapy Houston and there is an added fee of \$35 for returned checks. If my services are required outside of clinical work, I do charge additional fees and we can discuss rates for that as needed.

### **Office Policy**

Your time is important, and I work hard to honor your sessions. For this reason I ask for you to inform me if you are running late. I also request at least 24 hour notice for cancellations or rescheduling of appointments. Any cancellations or reschedules without a 24 hour notice will be charged 50% of a full session unless we determine that your circumstance was one out of your control. If you no show to a session, then I reserve the right to charge you 100% in full.

### **Insurance**

I accept out-of-network plans. This means that I am not in-network with any insurance companies and do not accept assignment. When using an out-of-network plan, you still pay in full but a superbill will be provided to you at the end of every session. You will file the superbill to your insurance company in order to receive any qualified reimbursements from them. If you have a healthcare insurance policy, please read over your mental health coverage to determine if your insurance company has an out-of-network plan and that you meet their deductible. You should be aware that a diagnosis is a required part of any type of insurance claim but under HIPAA, you have the right to not use your insurance and pay in full to prevent the disclosure of any private information to your insurance company.

### **Confidentiality**

Your Therapy Houston, LLC and I (Jessica Medina) value the privacy of every client and their records according to state and federal laws. Under these rules, all communication between a client and therapist is protected and I cannot disclose any communication, record, or identity of client except by written authorization, or when it is mandated or permitted by law. This means that in most cases, I can only share details about your treatment only to whom you grant me permission when signing an Authorization form.

There are scenarios in which a general written consent will suffice at the time of signing this form. This involves permissible uses of your PHI as noted in the privacy notice. You should be aware that I am currently sharing a suite with other licensed professionals. This means that in some cases, you may cross paths with some of my colleagues. At times it is helpful to consult cases with other medical or mental health professionals but this will be on an as needed basis. When this happens, every effort is made to not give any identifying information. Since I am under supervision, I am required to discuss all of my cases on a weekly basis with my supervisor. This ensures that I am being a competent therapist. All professional consultations will occur in a private setting and by law, every professional that is consulted must obey privacy laws as well. For individuals using out of network plans, there may be times where I will contact your insurance company or be contacted by your insurance company for authorization purposes. Often insurance companies will also require information on treatment plan, diagnosis, and nature of our sessions.

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While I am responsible for keeping the information I share to insurance companies at a minimum, I have no control how your insurance company manages the information that I provide. Also, as previously mentioned administrative work such as billing is completed by a secured online service.

There are times when I am mandated by law to break confidentiality. State and federal laws legally require me to break confidentiality for the following reasons. If a client seriously threatens to harm themselves, I may be obligated to seek hospitalization, contact family members or others who can help provide protection. In the event that a client has expressed imminent threat of bodily harm to an identifiable victim, I follow the Code of Ethics and Texas Administrative Code which grants me the right to act in the best interest of my client(s) and to inform appropriate authorities if necessary. If there is a case or suspicion of child abuse, I am mandated to report the abuse or suspicion to Child Protective Services. Child abuse can involve neglect as well as sexual and/or physical abuse. If an elderly or disabled person is in a state of abuse, neglect or exploitation, the law requires that I make a report to the appropriate agency. I am also mandated to report any incidents of sexual misconduct (past or present) by a current or former therapist to the offending therapist's licensing authority. Sexual misconduct is considered to be one of the most serious ethical violations and includes but not limited to sexual relationships, harassment, sexual intimacy, and sexual exploitation. If any of the listed situation comes up in our work together, I will make every effort to fully discuss it with you before taking any action and limit my disclosure to what is necessary.

### **Confidentiality regarding Minors**

Individuals under the age of 18 (unless legally considered an adult) are required to have this form signed by their parent(s) or legal guardian. There are exceptions to when minors can consent to treatment without the agreement of a parent or guardian. Such cases include when psychological services relate to suicide prevention, concerns with addiction or dependency, and any kind of child abuse. My policy with minors who are not considered adults is that I respect their autonomy by providing the same collaborative approach that I give to adults. This means I will ask parent(s) or legal guardian to respect the confidentiality of the child, but are not required to.

### **Confidentiality regarding Couples & Families**

I hold a no secrets policy when working with couples and families. This means that as a professional I do not hide or hold secrets for any member as this can negatively affect treatment. I also work hard to earn the trust of every client and want to equally respect everyone. Each person will have their separate file. Information pertaining solely to one person will be only in that person's file. Information pertaining to the couple or family will be in the file of everyone who that attends that session. I hold this policy as a way of protecting everyone's confidentiality to the best of my abilities. In the event a subpoena requires me to release records, having separate files allows me to release only the records of the person the subpoena is asking for without breaking the confidentiality of others.

### **Contacting Me**

I can be reached at 832-475-3904 within my business hours which are Monday-Friday 9 am-7pm and Saturday from 9 am-2 pm. I check my phone and voicemail throughout the day and will make every effort to return your call within 24 hours, with the exception of weekends, holidays, and personal time off. If I am out of the office, I will leave a voicemail stating so for your knowledge.

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### **Emergencies**

In the event that you are in an emergency or a crisis that cannot wait until our next appointment, you may also reach me at 832-475-3904. Please note that I am not an emergency response team professional and will do my best to help you. If I do not respond, or cannot quickly get back to you during this time please contact additional help such as an emergency room, primary care physician, mental health hotline, or police authorities as needed.

### **Acknowledgment**

Your signature below indicates that you have read this agreement, understood the content of the agreement, and agree to its terms.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date