

### **Informed Consent**

This document is intended to give you pertinent information regarding psychotherapy and office policies and procedures. Please let me know if you have any questions or concerns regarding any of the following policies.

### **Qualifications**

Daniel L. Stober, MA, LPC is licensed (#17433) by the Texas State Board of Examiners of Professional Counselors to provide counseling services. He has a Master of Arts in Human Services with a specialization in counseling, and a Bachelor of Arts in Psychology.

### **Counseling Purposes, Goals, and Techniques**

Counseling is a term for addressing and treating areas of concern in a person's life. The goal of talk therapy is to help the individual develop healthy strategies of coping with various stressors and promote personal development. I utilize a combination of insight-oriented techniques and problem-solving to help people reach their goals.

### **Confidentiality and Required Reporting**

The Texas Health and Safety Code states that communication between the therapist and client as well as the client's records are confidential. There are some limits to confidentiality and these include:

- I may take reasonable action to inform medical or law enforcement personnel if I determine that there is a probability of imminent physical injury by the client to the client or others or there is a probability of immediate mental or emotional injury to the client.
- I am required to report suspected abuse or neglect of minors, elderly or disabled persons.
- I may receive a court order in legal matters.
- Your insurance provider will require information such as a diagnosis and dates of service in order to utilize your mental health or EAP benefits.
- Additional information regarding the limits of confidentiality can be found at the Texas State Board of Examiners of Professional Counselors' website under the Rules/Regulations link:  
<http://www.dshs.state.tx.us/counselor/default.shtm>

### **Insurance**

If you are utilizing your insurance benefits, please contact them prior to your appointment to determine if you are required to meet a deductible, and what your copay or coinsurance is per session. In some instances authorization is required to access benefits. Sessions are 45 minutes and payment is due at each session unless prior arrangements have been made. There is a \$25 fee for checks returned for nonsufficient funds.

Please sign the following statement if you will be using your insurance (this allows me to bill them).

I authorize release of medical or other information necessary to process claims and to pay any benefits according to the assignment listed on the claims. I also authorize payment of benefits to Daniel L. Stober for services on this claims.

\_\_\_\_\_  
Signature of client or guardian

\_\_\_\_\_  
Date

Daniel L. Stober, MA, LPC  
821 West 11<sup>th</sup> Street  
Austin, Texas 78701  
(512) 636-4858

**Customary Fee**

\$120 per session. If you are utilizing your insurance, please contact them prior to your appointment to find out what your benefits are.

**Late Cancellation Fee and NSF Fee**

A minimum 24-hour notice is required and appreciated for rescheduling or cancellation of an appointment. There is a \$25 charge for missed sessions without such notification. Please be aware that your insurance company will not reimburse you for missed appointments.

There is a \$35 fee for checks returned for nonsufficient funds.

**Fees for Records Preparation and Court Costs**

Court-related services such as records preparation, consultation with attorneys, depositions, court appearances and travel time will be charged at an hourly fee of \$110.00. It shall be your responsibility to pay for all cost involved and payment may be required prior to the time services are rendered, but, in no case, later than at the time that service is rendered. Note that these services do not fall under the scope of reimbursement by your insurance company.

**Emergencies**

If you have an emergency that puts your physical safety at risk, please contact emergency services by calling 911.

**Complaints**

If you have a complaint that you feel that we are unable to resolve, you may contact the Texas State Board of Examiners of Professional Counselors at: (512) 834-6658 or write them at 1100 West 49<sup>th</sup> St., Austin, TX, 78756.

**Office hours and telephone contact**

Office hours are Monday through Friday, by appointment.

I make every effort to return phone calls the same day, but please note that calls are returned as the schedule allows.

**Consent to Treatment**

I have read or have had satisfactorily explained to me and I understand this disclosure of information, policies and client agreement. Any questions that I had about this statement including fees and payment policies have been answered and explained to my satisfaction (for clients under the age of 18, consent must be given and this form must be signed by either a parent or legal guardian). I understand and agree to the description of confidentiality and the exceptions as stated above. I consent to counseling under the terms described above. My signature below also indicates that I have received a copy of the (HIPPA) Notices of Privacy Policies.

\_\_\_\_\_  
Client name

\_\_\_\_\_  
Signature (client or guardian)

\_\_\_\_\_  
Date

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