



STEPHANIE CRUZ-TREVINO, M.A., LPC-S
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Client Agreement/Informed Consent

Nature of Individual Counseling

We believe that the counseling process can help remove obstacles so that emotional growth and development can proceed, allowing the individual to become more independent and self-directed. Our role in the therapeutic relationship is to facilitate this growth process by utilizing both a Psychodynamic and Cognitive Behavioral Therapy Approach. Psychodynamic therapy examines the personality in depth, with a focus on how interpersonal patterns learned in the past may limit one's present life experiences. Cognitive Behavioral Therapy uses systematic, goal-oriented techniques to restructure unwanted habits of thinking, feeling, and doing.

Confidentiality

Information that you share during the course of your therapy with me will remain private and confidential. However, there are limits to this confidentiality. These are:

- If we have reason to believe that you may harm yourself or others
- If we have reason to believe that you are involved in, or have knowledge of, abuse or neglect of a child; or abuse, neglect or exploitation of an elderly or disabled person
- If we are ordered to disclose information by a state/federal court
- If you have given us expressed permission to release information

** Please be aware that we cannot ensure confidentiality if you choose to communicate via email or text messages.*

Session Information, Fees and Cancellation Policy

VIC current fee for a counseling session is \$125 per 50-minute session. All sessions will last 50 minutes each unless previously arranged. Should you arrive late for your appointment; the session will not extend past the normally scheduled ending time. Full payment or copay for sessions will be expected at the end of each session. All payments must be payable to Vital Insight Counseling via credit card or check. You are responsible of any portion that your insurance does not cover. Should a check be returned for insufficient funds, a fee will be assessed. The amount of this fee will be based on cost recovery (what the bank charges). Should you need to cancel your appointment, please notify me at least 24 hours prior to our scheduled session. You will be expected to pay for the missed session via the credit card agreement attached. You will be charged the full fee of \$125.

Please complete the credit card agreement attached. This form will only be used in the case of sessions cancelled within the 24-hour period.

We have a fee of \$500/hour for any court related services including phone calls, email, letters, assessments, providing progress notes, etc. If for any reason we are asked to testify in court on your behalf, we will require a \$1000 retainer fee and our fee is \$500/hour.

Client/Guardian Signature _____ Date _____

Client/Guardian Signature _____ Date _____