

# VITAL INSIGHT COUNSELING

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## Client Agreement/Informed Consent

### *Nature of Individual Counseling*

I 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. My 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 I have reason to believe that you may harm yourself or others
- If I 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 I am ordered to disclose information by a state/federal court
- If you have given me expressed permission to release information

\* On my business cards, I provide an email address and a phone number. Please be aware that I cannot ensure confidentiality if you choose to communicate via email or text messages.

### *Session Information, Fees and Cancellation Policy*

My 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. 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. If you use insurance to cover a portion of your session you will be charged the full fee of \$125 as your insurance company will not cover missed sessions.

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

My fee is \$500/hour for any court related services including phone calls, email, letters, assessments, providing progress notes, etc. If for any reason I am asked to testify in court on your behalf, I will require a \$1000 retainer fee and my fee is \$500/hour.

Client/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Client/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_