



MICHELE FRANCES PURVIN, LCSW, LCDC

326 North LBJ Drive Suite 204

San Marcos, Texas 78666

512.644.9036

Professional Service Agreement

Effective January 1st, 2021

Welcome and thank you for choosing Michele Frances Purvin, LCSW, LCDC for your counseling services! I understand beginning a process of counseling may be a major decision and you may have many questions. This document is intended to inform you of my office policies, state and federal laws, and your rights and responsibilities. If you have any questions or concerns, please ask and I will do my best to provide you all of the information you need.

Effective counseling and psychotherapy are founded on mutual understanding and good rapport between client and therapist. My goal is to create a supportive environment in which you can explore emotional needs and overcome barriers that limit your full potential. I take an open-minded approach to client wellness and consider how each individual's mental, physical, emotional, social and spiritual health impacts their specific situation.

If you have questions, concerns or complaints, I hope you feel free to raise concerns with me so we can work to resolve concerns together. If we are unable to reach a satisfactory solution you can direct inquires and complaints to the Texas State Board of Social Work Examiners at 1100 West 49th Street, Austin, TX 78756-3183 or 800-232-3162.

PSYCHOLOGICAL SERVICES: Psychotherapy is not easily described in general statements. It varies depending on the personality of the psychotherapist and the client and the specific issues you bring. There are many different methods for addressing issues you hope to resolve. Psychotherapy calls for a very active effort on your part. For therapy to be most successful, you will have to work on things we discuss both during our sessions and at home, in the community, in relationships, or wherever the issues reside.

While beneficial, psychotherapy can also have risks. Since therapy often involves remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, and helplessness, or experiencing anxiety, depression, insomnia. Psychotherapy has also shown to have great benefits for people who go through the process. Therapy often leads to an improved relationship, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience. Each person is unique.



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The first session involves an evaluation of your needs. At your next session, Mrs. Purvin will be able to offer you some first impressions of what the work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with Mrs. Purvin. If you have questions about the procedures, we should discuss them as they arise. If your doubts persist, I can link you to another mental health provider for a second opinion.

SESSIONS: Appointments last 50 minutes, and a full evaluation may take up to two to three sessions. During this time, you and Mrs. Purvin both decide whether this is the best therapeutic fit for your needs and to best meet your treatment goals. If a treatment plan is agreed upon, sessions are typically one 50-minute session weekly, or according to your needs.

Initial_____

COURT APPEARANCES: It is the policy of Mrs. Purvin to avoid court appearances whenever possible. As mental health professionals, we view our role in an individual's or family's life to be one of assessment and treatment, not to provide testimony in a legal setting. Please be advised that the only time I will appear in court is when required by court and issued a subpoena. Attending and preparing for court hearings is time consuming and costly, not only to Mrs. Purvin, but to other clients as well.

Attending court requires that all clients be cancelled and re-scheduled during that time, which may delay, inconvenience or prohibit their ability to receive needed services. This time demand directly impacts Mrs. Purvin's ability to maintain her commitment and services to all her clients. It is important that clients understand that testimony in court may or may not help your case.

If required to testify, the only information that will be provided is any truth of which there is firsthand knowledge. Fees for court testimony are: \$350.00 per hour, beginning from the time of departure from the office until return to the same location, with a minimum of three hours billed. Fees are also required for copying of records or creating summaries or documents for court. Fees are due 24 hours prior to any court appearance.

Initial_____

CONFIDENTIALITY & LIMITATIONS: All communication with Mrs. Purvin is confidential and will not, except under circumstances explained below, be disclosed to anyone outside of my practice unless you give written authorization to release information (or in the case of a minor the parent or legal guardian).

A record is kept of your work with Mrs. Purvin. It contains information you have provided in writing, as well as counseling notes of your sessions. The record remains with Mrs. Purvin for a period of seven years following your last visit; at that time, it is destroyed. Your records do not leave my possession.



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It is important that you understand all identifying information about your therapeutic treatment is kept confidential. Information solicited by phone, written, or in person about clients is not provided. You will need to sign a consent to release information before any information is provided to a 3rd part outside of this office. This condition applies to cases where coordination of treatment is necessary with another health professional (e.g. physician, psychiatrist). However, there are exceptions and/or limitations of confidentiality. The following are some exceptions that allow or require the release of confidential information, without client consent. Examples include:

- In cases of immediate risk/threat of suicide or homicide on the part of the client.
- In cases of child or elderly abuse or neglect.
- In cases required by law or court subpoena.
- In case of consultation. As professionals, we do consult with one another from time to time. Any clinical material is conveyed with identification whenever possible. At other times, it will be necessary (for example, if another therapist is covering calls during vacation).
- Case material is sometimes used in training, research, writing etc. This is always done with identifying information removed and with great care and respect for privacy.

Initial _____

EMERGENCY SITUATIONS: Michele Frances Purvin, LCSW, LCDC does not provide emergency services, though Mrs. Purvin tries to be available as is reasonably possible. You may call the office number at any time and leave a message, if Mrs. Purvin is unable to answer. During the business day, Mrs. Purvin can often, though not always, return calls fairly quickly. Nighttime and weekend calls are usually returned the following business day. If an emergency situation arises, please indicate it clearly in your message. If you need to talk to someone right away, you can call the National Suicide Prevention Lifeline a 24-hour crisis line at (1-800) 273-8255, the Police (911), or the Hays County Mobile Crisis Outreach Team, a 24-hour psychiatric emergency number at 1-877-466-0660.

Initial _____



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Professional Fees & Fee Agreement

Fee Schedule Policy

Effective January 1, 2021

My policy is to request payment of fee for services rendered at the end of each session, session by session.

The Session Fee Schedule is as follows:

Initial Diagnostic & Evaluation Session (50 minutes) - \$125.00

Regular Office Visits (50 minutes) Individuals - \$125.00

INSURANCE: Fees and/or co-payments vary according to insurance companies. **It is the client's responsibility to familiarize themselves with their insurance policy deductible. Any non-payment from insurance is the client's responsibility.** I authorize the release of any medical or other information necessary to process an insurance claim. I also request payment of governments benefits either to myself or to the party who accepts assignment. I authorize payment of medical benefits to Michele Frances Purvin, LCSW, LCDC.

Client Signature

Date

Insurance Company: _____ Insured's Member ID# _____

Insured's Policy Group#: _____ Client's Date of Birth: _____

Insured's Employer/School's Name: _____

Insured Plan Name: _____ Insurance Provider Phone#: _____

As a social worker, I offer a percentage of my office visits to low-fee / no-fee paying clients to meet some of my community's mental health needs, so if you have a need, please discuss this option with me.



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YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

Although your health record is the property of the entity that created it, you have the right to:

- Request a restriction, in writing, on certain uses or disclosures of your medical information for treatment, payment, or health care operations, with the exception of emergency operations. Michele Frances Purvin, LCSW, LCDC will consider your request *but are not legally required to agree to a requested restriction*. I will inform you of my decision on your request.
- Obtain a paper copy of this notice of our privacy practices upon request.
- Inspect and obtain a copy of your medical information, in most cases.
- Request in writing, an amendment to your records if you believe the information in your record is incorrect or important information was not created by me, maintained by me, or if I determined the record is accurate. You may appeal in writing our decision to not amend a record.
- Obtain an accounting of disclosure stating who and where your health information has been disclosed for purposes other than treatment, payment, health care operations (TPO) or where you specifically authorized a use or disclosure in the past (6) years, but not prior to September 1, 2015. The request must be in writing and state the time period desired for the accounting. After the first request, there may be a charge.
- Request that medical information about you be communicated to you in a confidential way or at an alternative location, but you must specify how or where you wish to be contacted.

By signing this form, I am consenting for Michele Frances Purvin, LCSW, LCDC to use and disclose my medical information as disclosed in this Privacy Information Document.

Signature of Client

Date



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TELETHERAPY SERVICES AGREEMENT AND INFORMED CONSENT

CLIENT NAME: _____ DATE OF BIRTH: _____

LIST ALL ADDRESSES OF CLIENT DURING TELETHERAPY:

1. Unless we explicitly agree otherwise, our teletherapy exchange is confidential. Any personal information you choose to share with me will be held in the strictest confidence. Just as for my face-to-face clients, I will not release your information to anyone without your prior approval, or I am required to do so by law. In Texas we are not required to notify authorities if we become convinced a client is about to physically harm someone. We do, however, have a duty to inform the authorities if there is suspicion or evidence of abuse of children, the elderly (over 65) or people with disabilities.

2. You understand that our teletherapy occurs in the state of Texas, (USA), and is governed by the laws of that state. In a manner of speaking, you use this modality to visit me in my Texas office, i.e., where we meet to do our work.

3. Helping you build the life you want is what our exchange is all about. We should not continue any process that is counter-productive in that respect. Either of us is free to terminate our relationship at any time and for any reason. If you decide to terminate, I believe it would be to your benefit to drop me a short note stating the reasons for your leaving. There would, of course, be no charge for such a note. In the unlikely event I become convinced our teletherapy is not in your best interests (see below), I will explain that to you and suggest some alternative options better suited to your needs.

4. While Teletherapy is a great way to get help with many of life's problems, overwhelming or potentially dangerous challenges are best met with face-to-face professional support. You understand that our Teletherapy is neither a universal substitute, nor the same as, face-to-face psychotherapy treatment. You accept the distinctions made using Teletherapy vs. face-to-face psychotherapy. You accept that Teletherapy does not provide emergency services.



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5. You are responsible for information security on your computer. If you decide to keep copies of our emails or communication on your computer, it's up to you to keep that information secure. Unfortunately, I cannot guarantee the security of our emails as they travel between our computers. It is possible, though unlikely, to intercept emails in transit. If you are concerned about that possibility, please consider the option to encrypt our emails. Even if someone were to intercept an encrypted e-mail, they would not be able to read the encoded message.

I use the client portal through the practice managing system TherapyNotes, LLC for teletherapy services. There is no download required, it is easy to use, and HIPAA compliant. To start a session, log in to your account on the client portal, open the corresponding appointment from your calendar and click the "Join Session" button, when you are ready to connect click the "I'm Ready" at the bottom of the screen.

Tips for Your Telehealth Session

- To protect the confidentiality of your telehealth session, please do not record any audio or video from your session or use screen capture software while your session is in progress.
- Be sure that you're using the most up-to-date version of your web browser (Chrome, Firefox, Safari, or Edge).
- Connect to ethernet or a strong, private WiFi signal.
- Consider using headphones so that you can avoid voice echo during your session.

6. Our Teletherapy is a means by which you, the e-client, can receive coaching, counseling, information and guidance from an experienced psychotherapist. It is perhaps most accurately perceived as a process creating, over time, a trusting and collaborative relationship. In our collaboration, you retain the right to determine which topics we cover and the depth of consideration each receives. In other words, as an e-client, you are free to contribute or withhold any information you choose. Moreover, you are under no obligation to apply information and/ or opinions I contribute to our Teletherapy. While I hope that you will find our exchange useful in your efforts to help yourself and improve your life, it is not possible to guarantee that; despite the ever-increasing positive feedback from e-clients, Teletherapy therapy is best considered experimental until the efficacy has been validated scientifically.



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Telecommunication: Telehealth (e-therapy) is the use of electronic transmissions to treat the needs of a client. In this case, we offer both video and audio forms of communication via the Internet and/or telephone. This means the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications.

The risks involved with Telehealth include the potential release of private information due to the complexities and abnormalities involved with the Internet. Viruses, Trojans, and other involuntary intrusions can grab and released information you may desire to keep private. Furthermore, there is the risk of being overhead by anyone near you if you do not place yourself in a private area and open to other's intrusion.

The advantages to be treated from any location at any time. It is YOUR responsibility to create an environment on your end of the Telemedicine transmission that is not subject to unexpected or unauthorized intrusion of your personal information. It is MY responsibility for me, the therapist, to do the same.

For a client who resides outside their e-therapist's state of residence and professional licensure, there is an important issue that should be understood by clients before therapy begins: By utilizing these therapeutic services, the client agrees that he or she is soliciting the services of a professional outside of his or her state of residence. By doing this, the client agrees that the "point-of-service" of therapy is to occur in the therapist's state of residence and licensure, not the client's state. The client is using the telephone or the Internet to virtually travel to the therapist (the therapist's state of professional practice).

Hence, therapists are accountable to and agree to abide by the ethical and legal guidelines prescribed by their state of licensure and residence. By agreeing to solicit the therapist's services, the client agrees to these terms. If you do not understand, or have any questions regarding this issue, please feel free to ask me about this issue. There are no other explicit or implied commitments in our Teletherapy relationship.

Client Signature _____ Date: _____