



**PHOENIX  
THRIVING,  
PLLC**

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### **Important Client Information**

***\*\*\*Please sign, read, and return a copy to me and keep a copy for your records.\*\*\****

**Description of Services:** Mental health services may include: Initial Evaluations; Consultation Services; Individual Psychotherapy; and /or Telephone Conferences. In my approach to therapy, you, as the client, are the expert on your own life. My aim, as the psychotherapist, is to lend my professional training and experience to your already-established expertise to help you advance towards and achieve your therapeutic goals.

**Potential Risks and Benefits:** It is important to note that counseling often requires the sharing of difficult thoughts and feelings and that you may feel uncomfortable at times. At other times, you may feel that you are not making enough progress. It is especially important that during these difficult times you continue to communicate with me. I will want to work with you to consider all options available to help you meet your therapy goals.

The “work” of therapy actually happens both during and between sessions. While the growth process tends to be rather non-linear, I like to think of sessions as rudder adjustments that help direct the general flow of growth towards your desired outcome(s). As such, we will regularly re-visit the goals you initially establish to assess for needed course corrections or possible adjustments to the goals themselves.

**Appointments:** Your first appointment is generally an Initial Consultation, which lasts 50 minutes. Prior to your first visit, you may be asked to complete information forms and bring them with you to the first session. Consultation and individual psychotherapy sessions are 50 minutes long. This is to allow time to keep productive notes from our session and make appropriate follow-up calls, if/as needed. Couples and family sessions include two options, one 50 minutes and the other 75 minutes. We will work together to see which length feels like the right fit for you as a couple, if applicable.

**Length of Services:** Psychotherapy is oftentimes brief (12 sessions or less). However, this is not always the case. Long-term psychotherapy is an available option for those clients who may be interested in this possibility. After the initial evaluation, psychotherapy may or may not be one of the recommendations. If it is recommended, we will collaboratively develop a plan based on your goals.

**Confidentiality:** All interactions with me including scheduling of appointments, your records, content of your sessions, and progress in counseling, are kept confidential within my office. On occasion, I may consult with another therapist in order to provide you with the best service

possible. If I do so, such consulting clinicians will be bound by the same confidentiality agreement.

Under certain circumstances, I may be required to share confidential information under legal mandate. These circumstances are outlined below:

- **Imminent risk of harm:** When there is reason to believe that a client may be at imminent risk of harming him/herself/hirself, others, and/or property, I have the legal and ethical option to warn appropriate authorities.

- **Cases of abuse and neglect:** When there is reason to believe that a minor, or elderly person, or a person with a disability is in danger of being, or *has been* physically, emotionally, or sexually abused or neglected, I am obliged by law to report the information to the appropriate authorities.

- **Orders from Courts of Law & Criminal Proceedings:** When a court of law orders a therapist to release information, the therapist must comply with such an order. Confidentiality does not extend to criminal proceedings in Texas, so that if a client is presently, or will later become, involved in a criminal lawsuit, the client's file may be opened for court inspection.

- **Inappropriate behavior by previous therapist:** If a client discloses that a previous therapist behaved in a sexually inappropriate manner, then I am legally bound to report it to the District Attorney's office as well as to the appropriate state licensing board. The client's identity need not be disclosed if he/she/ze does not wish it.

Additionally, you can give written consent for me to provide information to others (e.g. psychiatrists, doctors, case workers, etc.) in an effort to coordinate services and care.

**Telephone and E-mail Communication:** While I am open to communicating with you through both telephone and e-mail, it is important to note that I cannot guarantee the confidentiality of e-mail communication. I make every effort to maintain the confidentiality of e-mail communications on my end but have no control over what happens to such e-mails once they reach your inbox.

**Cancellation and missed appointments policy:** Please notify me at least 24-hours in advance if you need to cancel an appointment. Late notifications carry a charge of \$95 and missed appointments (without any prior notification) are charged the full fee due to the space being reserved specifically for you and made unavailable to other clients. The fee is payable before or at the next appointment.

**Payment for Professional Services:** Payment is required at the time of services rendered, unless prior arrangements have been made. You are responsible for all fees even if planning reimbursement from an insurance company. Fees are as follows:

Individual Consultation/Psychotherapy (50 minutes): \$155

At the end of each session, you will receive a detailed receipt of the service(s) provided that contains all of the information needed to self-file for reimbursement from an insurance company, should you choose to do so. *\*\*\*If you are Medicare-eligible, please see attached "Medicare Opt-Out Addendum" for exceptions to this with regards to Medicare, Medigap and Medicare Supplemental Insurance.*

Frequent telephone contacts longer than 15 minutes will incur a prorated fee. Travel time may be included for "out of office" service. (If discussed, the travel fee agreed upon per "out of office" session is: \$\_\_\_\_\_). There is no charge for records sent to other mental health professionals.

I accept cash, check, VISA, Mastercard, Discover and American Express as forms of payment. Please make all checks payable to **Phoenix Thriving, PLLC**. A \$25 service fee will be charged in the event of a returned check. If two incidences of returned checks occur, then only cash or credit will be accepted from that point forward.

**Overdue Accounts:** If you experience difficulty in meeting your payment obligations, please contact me to arrange a payment plan.

**Ethical Standards:** I adhere to the ethical guidelines of the *National Association of Social Workers* and my license is administered and overseen by the Texas State Board of Social Work Examiners. Any complaints may be filed with this Board by calling 1-800-942-5540 or by mailing your complaint to the Board at the following address: Complaints Management and Investigative Section, P.O. Box 141369, Austin, Texas 78714-1369. More can be found on the complaints process at: [https://www.dshs.texas.gov/socialwork/sw\\_complaint.shtm](https://www.dshs.texas.gov/socialwork/sw_complaint.shtm)

***My signature attests to the following:***

- 1. I have read this information ("Important Client Information") and consent to engage in mental health services.**
- 2. I understand that Heather Davies, LCSW, is not "on call" for emergencies after office hours or on weekends.**
- 3. I understand that Heather Davies, LCSW, is a sole practitioner through the independent psychotherapy practice of Phoenix Thriving, PLLC.**

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**Client/Legal Guardian Signature**

**Date**

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**Client Name Printed**

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**Legal Guardian Name Printed**

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**Licensed Clinical Social Worker Signature**

**Date**