

**Sandra Wilcox LPC, MA, MDiv**  
Austin, Texas  
512-842-9085

## **Clinical Policies and Procedures**

**Introduction:** When we agree to enter into a diagnostic and/or treatment relationship we both are accepting certain obligations. You have the right to my professional time and ability in service of your treatment. You have the right to be informed of the benefits and risks of treatment, and you may consent to or decline the treatment offered. You have a qualified right to privacy. In return I expect you to cooperate with our plan of treatment, to attend scheduled appointments and to pay the agreed upon fees on time.

**Initial evaluation:** The initial evaluation takes place during our first telephone contact, during one or several interviews and when I review written or verbal reports of prior treatment. At the conclusion of the evaluation I will recommend how we can work together or suggest an alternative resource if indicated. Your permission will be needed for me to contact prior treatment resources.

**1. Therapy:** Length and frequency of sessions depend upon the type of therapy we agree to undertake. My approach is insight-oriented psychotherapy. This means we talk to each other and I invite you to express and reflect upon your thoughts, feelings, memories and fantasies. I am relatively non-directive which means I will invite you to reflect upon your choices rather than direct you.

**2. Medication Management:** If you feel you need medication, I will be glad to refer you to an appropriate medical resource for evaluation and medication management. If you are taking medication, I will want you to inform me as to the purpose for the medication, type of medication and expected length of treatment. I will also need for you to provide me with the name of the physician who is managing your medication and a signed release giving me permission to talk to the physician.

**3. Psychotherapy:** Sessions are 45 to 50 minutes in length. Frequency begins at one weekly session but may require twice weekly sessions. Sometimes when major therapy goals are accomplished sessions may become less frequent prior to termination.

**4. Couples Therapy:** Sessions are 80 to 85 minutes in length. Frequency is usually once weekly.

**5. Equine-Assisted Psychotherapy (EAP):** As a certified Mental Health Specialist certified through the Equine Assisted Growth and Learning Association ([www.eagala.org](http://www.eagala.org)), I can provide an optional supplemental therapy treatment called Equine-Assisted Psychotherapy. This work is done in a horse arena in partnership with a certified Equine Specialist, on foot (no riding). If we consider this option, you will receive an additional packet of information forms.

**6. Termination:** Termination is an integral part of psychotherapy. It is important that you allow yourself sufficient time to reflect upon the work you have done. With longer-term therapy, I usually suggest we begin talking about the meaning of termination several months prior to the last session.

**7. Telephone:** The telephone is not answered during therapy sessions. Messages may be left on my answering system. I check messages between sessions, each evening before 9:00pm, and once a day during the weekends. I will attempt to return calls the day received or the following day should the call come after checking in the evening. If your call is a mental health emergency, please call 512-472-4357.

**8. Holidays:** If I am to be away for conferences or vacations I will try to provide several weeks' prior notice. I would appreciate it if you would do the same.

**9. Cancellations:** If you know in advance that you will need to cancel I would appreciate as much **advance notice** as possible so that the time may be used for others. **I do bill for sessions that are cancelled with less than (24) twenty-four hours' notice or not attended. If you feel circumstances outside of your control caused the missed session please discuss them with me;** (for example, I don't bill when unexpected illness occurs the day of the session).

**10. Office Fees:** These fees will be in effect beginning July 15, 2013. They may alter in the future depending upon circumstances. I will provide at least a month's notice prior to any change.

Usually I ask that the fee be paid at each session. Upon request I will provide a statement of sessions and fees paid or owed. If a bill is sent, I ask that payment be made within 15 days of billing. Checks are to be made payable to **Sandra Wilcox**.

Individual sessions, 45-50 minutes:	\$100
Couples, 60 minutes:	\$125
Child, 45-50 minutes	\$100
Equine-Assisted therapy	\$150 per person per hour

**11. Other Fees:**

I do not bill for brief telephone calls to discuss appointments times or changes. If the telephone session is longer than five minutes, fees are billed proportionate to the time involved. After hours and weekend calls are billed as follows: 20-30 minutes: \$40, etc.

Letters, calls to other therapists or report preparations are billed proportionate to the time involved.

I prefer not to be involved in legal testimony. If required to participate on your behalf, my fee for forensic work is \$200 per hour PLUS \$300 per hour for my consultation with another professional LPC.

**12. Insurance, managed care:** I can file for you if you have Blue Cross Blue Shield or Cigna. If you plan to receive reimbursement from payments to me as an Out of Network provider, I can provide receipts for your payments for you to file with your insurance company.

**13. Privacy:** Information about you may be disclosed under two categories:

Authorized Disclosures: These disclosures require your written permission. You would state the information to be disclosed, to whom I should disclose it, and an expiration date for the authorization. You have the right to revoke in writing your authorization.

Required Disclosures: These disclosures involve circumstances involving public policy concerns that compete with your right to maintain the confidentiality of your personal information. In certain situations information must be released with or without your permission:

- (a) Emergencies where there may be a danger to yourself or others.
- (b) Child or Elder abuse.
- (c) If a court of law issues a legitimate subpoena requesting information.

**14. Clients under age 18:** In the case of minors, parents or legal guardians have access to their child's records, unless child is emancipated. However, the most effective therapeutic treatment requires client's trust in the therapist, and confidentiality is a high priority.

**15. Complaints:** Should you become concerned about your treatment I urge you to discuss your concerns directly with me. Should we be unable to resolve your concerns, we could both consult with my colleague, Michelle Halsall (512-476-1846) or by you independent of me. Should you wish to complain of unprofessional conduct you may contact the Texas Board of Examiners for Licensed Professional Counselors at (512-834-6658). Should you be concerned that Federal privacy laws, (HIPAA) have been violated you may contact the U. S. Secretary of Health and Human Services.

**AGREEMENT:** I have read the policy. I understand the policy and agree to abide by it.

Signature \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_

In case of a mental health emergency, please call 512-472-4357.