



JEAN DIXON

*Licensed Professional Counselor-Supervisor
Certified Group Psychotherapist*

PRACTICE POLICIES

Please keep a copy of this notice!

STARTING THERAPY

Our first session is typically a 50-minute initial assessment, to explore your needs and determine if I am the best person to provide the services you need. Sometimes, especially when there are multi-layered issues, the initial assessment may go into a second or sometimes even a third session. By the end of the third session we should have a sense of whether we are a good fit for therapy. No single therapist is the best for every client. If you do not feel I am the right fit for you, I will be happy to provide referrals for other therapists in the area. Once psychotherapy has begun and treatment goals are determined, I will usually suggest weekly or bi-weekly therapy appointments.

To get the most out of therapy, it is important to assume responsibility for your experience. I can only work with the information you provide, so honesty is essential for an effective counseling relationship. Your consistent participation in sessions, as well as implementing the information in your outside life, will facilitate the process and enhance your growth.

ACTIVE IN TREATMENT

To be considered active in treatment, and to get the most out of therapy, I ask that all clients attend regular sessions (weekly or bi-weekly sessions.) Unless we agree otherwise in advance, I expect you will attend a minimum of one (1) therapy session each month. If a month has passed without an appointment or communication from you, and we have not made prior arrangements, for legal and ethical reasons, I must consider the professional relationship inactive and/or discontinued. I will attempt to contact you regarding your intentions and I reserve the right to notify you in writing that our therapy has terminated due to non-attendance. This does not mean you cannot return to therapy in the future. However it will depend on your needs as well as my availability at the time you wish to return.

APPOINTMENTS

Appointments may be scheduled by calling, texting, or emailing me, or by using my online scheduling system.

The standard meeting time for psychotherapy with me is 45-50 minutes. It is up to you, however, to determine the length of time of your sessions. I am usually able to accommodate requests for longer or briefer sessions, to meet your specific needs. These requests need to be discussed with me in order for time to be scheduled in advance.

I am able to offer sessions via telephone and/or video conference, as requested and appropriate. Please note that face-to-face sessions are highly preferable to phone or video sessions.

In order to respect my clients' time, and to accomplish necessary tasks in-between appointments, I try very hard to be prompt with the start and finish times for my scheduled sessions. If you arrive less than 15 minutes late, you will be able to receive the remaining time for your appointment, but we will still finish the session at the original ending time. If you arrive more than 15 minutes late and have not contacted me, I may leave at that time. In either case, you will be responsible for the full appointment fee. If cancellations and no

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JEAN DIXON

shows become excessive, and we are unable to deal with them within the therapeutic relationship, I reserve the right to terminate therapy. If that situation arises, I will discuss it with you.

FEES & PAYMENTS

You are responsible for paying before or at the time of your session unless prior arrangements have been made. My current fee for an initial 60-minute counseling session is \$100.00. The price for each subsequent, standard 45-50 minute session is \$140.00. Group counseling is \$170.00 per month, per client.

I require payment at the time of your appointment. This can be accomplished either by using a few minutes following your appointment or you may leave credit card information on file for each session. I accept cash, personal check, or major credit card (Visa, MasterCard, American Express, and Discover).

A **\$50.00** service charge will be charged for any checks returned for any reason for special handling.

My fee structure may change at any time, with at least 1 month's written notice to you. You will be asked to sign a new Informed Consent form if that should occur.

COURT-RELATED FEES

If I am subpoenaed, court ordered, or asked to testify in court related to your therapy with me, my rate for this is \$200 per hour or any part thereof, including preparation for court, consultation with other professionals in preparing for court, travel time, and court time. There is a 4-hour minimum charge if I must appear in court. The fees are to be paid a full 48 hours in advance of the court appearance. Any additional fees incurred after payment will be due within 48 hours after my appearance in court. You also agree to pay a reasonable per-page fee for copies of any records you request, and to pay any associated fees such as a notary, postage, etc.

CANCELLATIONS

Since scheduling an appointment involves the reservation of a time specifically for you, I respectfully ask for 24 hours' notice for cancelling or rescheduling an appointment.

Cancellations and re-scheduled session will be subject to a full charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time.

I require that new clients keep a credit card on file with me, and late cancellation fees will be automatically charged to this card, unless other prior arrangements have been made. If you are a current client and do not keep a credit card on file with me, any cancellation fee(s) will be due prior to the start of your next scheduled session.

MY ACCESSIBILITY

I am often not immediately available by telephone and I do not answer my phone when I am in session with clients or otherwise unavailable. If you need to contact me between sessions, please leave a message on my voice mail at 281-520-0707. I will attempt to return your call within 24 hours.

I will make every attempt to inform you in advance of planned absences, and to provide you with the name and number of the mental health professional covering my practice during an extended absence.



JEAN DIXON

EMERGENCIES

If a true emergency situation arises, PLEASE call 911 or go to any local emergency room or psychiatric hospital for assistance. You can also call the 24-hour crisis line (713)-HOTLINE or the Spanish language hotline at (713)-47-AYUDA. PLEASE DO NOT call me on my cell phone, or email, fax, or text me in emergency situations. As much as I try to check these forms of communication on a regular basis, I cannot be certain of receiving your message in time to respond to an emergency.

SOCIAL MEDIA AND TELECOMMUNICATION

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any personal social networking site (Facebook, LinkedIn, etc.). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it. However, I do have professional social media sites and following me on those sites is acceptable.

ELECTRONIC COMMUNICATION

If you wish to engage in simple communication through electronic media, including text message, for example to confirm or change an appointment, that is acceptable and, by signing this, you acknowledge and consent to an electronic response of a similar nature unless you specifically state otherwise in the electronic communication. However I cannot ensure the confidentiality of these forms of communication. For example, cell and cordless phone communication can be relatively easily accessed by unauthorized people. E-mails in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can be sent erroneously to the wrong address, texts and calls can be made to the wrong number, and voicemails can be left at the wrong number. While I will try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies. **Text messages and email messages are only to be used to request a change in appointment times only. I do not utilize these forms of communication for purposes of therapy.**

Please notify me at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices. If you indicate that you would like to communicate or engage in counseling with me via any of these modes, you agree that you understand and assume the risk that your confidentiality and/or personal information could potentially be unintentionally compromised. If you schedule appointments through my online scheduling system, or pay for services via credit card, you will receive email receipts or confirmations, which are not considered secure.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine. Telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another.

Effective therapy is often facilitated when a therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences.

If you and I choose to use information technology for some or all of your treatment, you need to understand that:



JEAN DIXON

1. You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
2. All existing confidentiality protections are equally applicable.
3. Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.
4. Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent.
5. There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to, improved communication capabilities, providing convenient access to therapy, better continuity of care, and reduction of lost work time and travel costs. Potential risks of using information technology in therapy services include, but are not limited to, my inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as your physical condition, facial expressions, body language, and congruence of language and facial or bodily expression.

MINORS

If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential. You, your parent(s), and I will discuss this at your first

appointment. A parent, legal guardian, or other designated adult must stay on the premises while any child under the age of 16 is in his or her therapy session(s).

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Signature of Client or Client's Parent/Legal Guardian

Print Name & Date

Signature of Client or Client's Parent/Legal Guardian

Print Name & Date