

Sue Genaro Legacy, LCSW

Psychotherapist

512-372-9595

Client Information Sheet

Please read the following information and sign and date at the bottom. Your signature will demonstrate your understanding and agreement to the following.

As of July 1, 2010, the following will apply:

Fees – Clients are responsible for fees to be paid at the end of each session unless other payment schedules have been made in advance. Client may pay by cash or check only. If you need to file with your insurance, I can give you a super bill/receipt with all necessary information. Co-pays will vary depending on insurance benefits. **Client will be responsible for all fees not covered by insurance companies.**

Initial evaluation –	60 to 90 min.	\$165.00
Individual Therapy -	60 min.	\$110.00
Family Therapy /Marital	60 min.	\$110.00
Group Therapy	90 min.	\$40.00

Fees for appointments in excess of 60 minutes will be **\$30.00** per each **15-minute** increment.

Phone appointments may be scheduled in 15-minute increments for \$30.00 per 15 minutes.

Confidentiality – Professional ethics and state law require complete confidentiality of information shared by client during psychotherapy sessions. Information will not be discussed with anyone without written consent from adult clients except in following situations:

1. If client reveals they are a danger to self or others;
2. If child abuse has occurred, or abuse of an adult with a disability is suspected;
3. To other mental health professionals who may be covering for the practitioner and with client's prior knowledge;
4. To another mental health practitioner with whom therapist seeks to consult.
5. As required by state regulations.

Appointments – The first appointment is generally an **initial evaluation**, which may last up to **90 minutes**. Follow up visits are up to **60 minutes** in length per session. Please notify therapist **24 hours in advance** of any need to cancel. There will be a **\$110 fee** for missed appointments less than 24 hours prior to your appointment.

Any questions client may have may be directed to Sue Legacy, LCSW at **512-372-9595**.

Thank you for your help in my commitment to provide you with quality services.

Signature of client _____

Date _____