

Working Relationship Agreement

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APPOINTMENTS

Appointments are typically scheduled on a weekly basis; however, I attempt to schedule appointments at a frequency that is best for you and your situation. Therefore, we may decide to meet more or less frequently, depending on your need.

CANCELLATIONS

There is no charge for appointments cancelled or rescheduled at least 24 hours in advance. With shorter notice, you are agreeing to pay for the time you reserved, and you will be billed for a full session. Emergencies are handled on a case by case basis, and should be discussed with me at your earliest convenience.

If you are going to be **more than 20 minutes late** for your session, **please call me to let me know**. After 20 minutes past your session start time, if I have not heard from you I will assume you are not attending and I cannot guarantee that I will still be here when you arrive.

FEES & PAYMENTS

Payment for services is due at the end of each session. Fees may change over time, but you will be informed of any potential rate increases well in advance. Fees for services are as follows:

- 50-minute individual initial consultation – \$120.00
- 90-minute family or couple initial consultation – \$180.00
- 50-minute individual session – \$120.00
- 50-minute individual phone session (scheduled) – \$120.00
- 60-minute family or couples session - \$140.00
- 90-minute family or couple therapy session – \$180.00

expert witness testimony – billed at an hourly rate of \$300/hr + expenses (including preparation, meetings and travel time)

PHONE CALLS, EMAIL & TEXT

Unscheduled phone calls in between sessions will be billed at a pro-rated session fee of \$120.00 per hour, for any calls lasting longer than ten minutes (this **does not include** regular calls for scheduling/administrative purposes). There is no charge for calls lasting less than ten minutes.

Please note, **I do not return calls from Caller ID**. If you would like me to return your call, you need to leave me a message.

Because confidentiality cannot be guaranteed, **I do not communicate with clients via email or text message**.

INSURANCE

I do not file with insurance, but can provide you with a monthly statement that includes all of the information you may need to file with your insurance company for reimbursement. Because all insurance plans vary, you should contact your insurance company directly to obtain their policies as to whether or not your sessions will be covered, and their procedures for reimbursement.

EMERGENCIES

I check voicemail regularly and typically return phone calls within 24 hours on Mondays through Thursdays, and by the end of the day Monday for messages left Friday through Sunday. However, if you are experiencing a clinical emergency and are unable to reach me, please immediately call the 24-hour telephone counseling line at (512) 472-HELP.

If the matter is urgent and you feel like your safety is at risk, especially if you are feeling suicidal, ***please call 911 or go directly to the closest emergency room.***

CONFIDENTIALITY

I will maintain confidentiality around anything that you discuss with me; however, there are some exceptions to confidentiality as dictated by the law, which are detailed in the handout called Limits on Client Confidentiality. Please discuss with me any questions or concerns you may have regarding confidentiality prior to our working together, but certainly do so throughout the course of your treatment if you are ever unsure. Please note, if you are 18 years of age or older, regardless of who is paying for your therapy, I need a signed release to speak to anyone (including parents) about your treatment.

OUR AGREEMENT

The therapy process exists to serve you in a manner that is comfortable and appropriate to you. I am working in your interest, and my role is to help you identify and reach your goals. I encourage you at any time to discuss with me any feelings, concerns, or thoughts regarding the methods or policies of your therapy.

I have read and understand the above information, and as the party responsible for payment, agree to these conditions.

Client Signature

Date

Client Printed Name

Parental Signature for Clients Under Age 18

Date