

GUERRA-WATSON AND ASSOCIATES, PLLC
ANTONIA GUERRA-WATSON, PHD
Counseling Services Information and Consent

This document contains important information about my professional services and business policies. It is important that you understand the types of services that you may receive, what to expect in therapy and from me, your rights and responsibilities as a client, and financial policies. Please read it carefully and write down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

MY TRAINING

I have a PhD in Counseling Psychology from the University of Notre Dame. I am a licensed psychologist (#31889) in Texas. I have clinical training and experience in work with women, men, families, couples, groups, and adolescents and children. My areas of special training and expertise include the following: trauma and recovery, lifespan ADHD, depression, postpartum adjustment, anxiety, psychological assessment of cognitive and emotional functioning, career development, and addictions. I have completed training in EMDR.

MY APPROACH TO THERAPY

My approach to therapy is an integrative approach using attachment theory. This is a philosophy of psychotherapy that involves looking at how thoughts and feelings about yourself and others were formed in your early relationships and how these are influencing your life now. It includes aspects of cognitive-behavioral therapy, interpersonal therapy, psychodynamic theory, and systems theory.

I view my role in therapy as a collaborator who will help you learn new skills and solve problems, provide a safe place for you to work through feelings and thoughts, and challenge and encourage you to meet your goals.

I see therapy as adaptive, which means that “one size does not fit all.” How we work is determined by your goals, personality, schedule, etc. Some people find that they prefer or need short-term therapy which would range from one session to a couple of months, while others are looking to or need to do longer-term work, which may last for years. Others choose a combination of both by doing pieces of work for a short duration over a period of years.

RISKS AND BENEFITS OF THERAPY

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behavior can be scary, and sometimes disruptive to the relationships you already have. It is important that you consider carefully whether these risks are worth the benefits to you of changing. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience.

THE THERAPY PROCESS

Initial Sessions- The first one or two sessions are considered an evaluation period. We will discuss your concerns and goals for counseling. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a commitment of time, money, and energy, so you should be very careful about the therapist you select.

Ongoing Counseling- We will meet regularly based on the current treatment goals. Therapy sessions are held at my office at the designated time. Sometimes sessions will be weekly, twice a week, twice a month, or less frequently. Sessions typically last 50 or 90 minutes, but we may decide to meet for a longer session if needed. EMDR sessions are usually 90 minutes. We will regularly review your progress and goals. Your questions and feedback about the process are necessary and valuable. We may decide to include family members or significant others in your work and will discuss it if warranted. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

What we will do in session-I use a variety of techniques in therapy to help address your concerns and goals. These techniques include talking about your thoughts and feelings, interpretation, cognitive reframing and challenging unhelpful thinking, problem solving, awareness exercises, visualization and relaxation, journal-keeping, session notes review, drawing, exploring past relationships and experiences, reading books, artwork, psychological testing, hypnosis, and EMDR. If propose a specific technique that may have special risks attached, I will inform you of that, and discuss the risks and benefit of what I am suggesting.

Adjuncts to Therapy-I may suggest that you consult with a medical doctor for medication assessment or to rule out a medical problem. I refer to primary care physicians, specialists and psychiatrists. I may suggest that you get involved in a therapy or support group as part of your work with me. You have the right to refuse anything that I suggest. I will often ask you to complete homework to practice and implement skills or expand on discussions held in session.

The Therapy Relationship- I highly value the work that I do as a therapist. I feel honored that I am entrusted with your care and hope that my caring, respect, and consideration for you through the therapy work that we do together is evident. If at any time, you do not feel this, please let me know. At times, we may discuss the therapy relationship as part of the therapy process. Your reactions to me are ok and anticipated and your sharing of them is appreciated. I do not have in-person or virtual social (e.g. linked-in, facebook) or sexual relationships with clients or former clients because that would be unethical/ illegal and negatively impact the therapy relationship.

Ending Therapy

We will regularly review your experience and progress in therapy. Ideally, we will end therapy mutually after it has been agreed upon that the goals that you have set have been met and or the problems or concerns that you had have been resolved to your satisfaction. In this case, we will have a “termination” session to review the work that you have done, discuss ways that you will continue to maintain the progress you have made, and help you to be able to recognize signs that problems may be reoccurring and ways to address this if this happens. Some people find that they may return counseling at different times in their life or when they need extra support or perspective. This method of using therapy is acceptable and often useful and is not necessarily done because therapy was not successful in the past. If you are feeling that you would like to end therapy, please discuss this with me. If you are unhappy with our work together, we can discuss options on how to address this concern. If I believe that the work that we are doing does not seem to be helpful to you, or that we are not making progress on the goals that you have set and cannot resolve a way to do so, I am ethically and legally bound to end the therapy. I am happy to provide referrals to other providers if this situation should occur, or if I feel that I am not able to provide the appropriate type of service or intervention that would be most useful or that you would like.

YOUR RIGHTS AS A PSYCHOTHERAPY CLIENT

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in

psychotherapy, you have certain rights that are important for you to know about because this is your therapy. There are also certain legal limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

Confidentiality-Except certain exceptions as described below, you have the right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission any time. *The following are legal exceptions to your right to confidentiality.*

1. If there is a risk of imminent serious harm to yourself or others.
2. If your records are subpoenaed
3. If information is requested by your insurance company.
4. If I suspect neglect or abuse of a minor or vulnerable adult. This may include a report of past abuse.
5. If you report sexual misconduct of a physician or therapist.
6. If you report that you are HIV positive, it must be reported to the Department of Health unless it has already been reported.
7. If you provide written permission for me to release information to another party.

If there is a need for me to make an exception for confidentiality, it is my first preference to discuss this with you before this occurs. However, in some cases it may not be possible. If I believe that a patient is threatening serious bodily harm to him/herself or another, I may be required to take protective actions. These actions may include contacting the police, medical personnel, or family members who can help provide protection or seeking hospitalization.

I regularly consult with professional colleagues to gain greater insight and feedback for my work. If I consult on my work with you, I will not use your name or any information that can identify you. If I receive supervision in which more information is necessary to be revealed in order for me to provide you with the best possible care, I will inform you of this and obtain your consent. If you feel that I am in need of getting better information about a topic of concern to you, please let me know; I am always open to your suggestions and concerns.

Confidentiality with couples- When working with couples, I may meet with you together and individually to help in gaining perspective and establish a relationship with both members. I have a **No Secrets** policy that applies to any individual meetings that we might have. I consider that I am a therapist for the relationship, and in order to benefit the work of the relationship, it may be necessary to share information from these individual sessions in your couples's sessions. I will use my best judgment regarding whether, when and the extent information is to be disclosed and will first give the individual the opportunity to share this information him/herself. Thus, if you feel that you have matters that you wish to discuss that are absolutely shared with no one, you may wish to meet with a therapist who will treat you individually.

Confidentiality with Children and Families-It is my policy when working with children and adolescents to work with the whole family for all or part of our work together. I have found that if the parent(s) are not involved, the desired changes will not happen. It is important for your child to have a place to share their thoughts and feelings, and therefore confidentiality is important. Thus I ask you to respect that all details of what your child discloses to me will not be shared with you. However, I discuss upfront with your child that if I am concerned about behavior that is dangerous or life threatening, I/and or your child will inform you. Your child's well-being is of paramount concern to me. I make every attempt to help your child to talk with you directly about issues of safety or other issues that I feel would be helpful to the therapy process/your relationships. I will also provide you with a summary of the work we are doing and request information about your observations and experiences of you child if you are not present in the session that week. Please also see the paragraph above discussing individual meetings with couples.

Confidentiality and Electronic Transmissions-Communications with me at times may be over cell phone or via email. These methods of communication are not considered secure and therefore confidentiality may not be guaranteed. If you object to use of these methods, please discuss this with me.

Record keeping I am ethically and legally bound to keep records, noting that you have been here, what we did in the session, and a few words describing the topics we have discussed. Under the law, you have the right to your records unless I believe it would be harmful to you. If you are a minor, your parents also have access to these records, unless I believe that it would be harmful to you. If you would like access to your records, I prefer that we set up a meeting to review the information together and/ or discuss information to be released. For adult individual sessions, I will take notes during the session and offer a copy of the notes I take during the meeting as a tool for you to use if you wish. For work with adolescents, these notes will not be provided to the parent or to the child unless we have discussed and agreed upon that this would be useful for the therapy and not detrimental to the therapy relationship or the child. Couples and families are considered one treatment unit and I require that if there is a request for the records of the couple or family, that I will seek authorization of all members of the treatment unit before releasing the information. See paragraphs above for more information about records and minors and couples.

Diagnosis If an insurance company is paying part of your bill, I am required to give a diagnosis. Diagnoses are technical medical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you. All of the diagnoses come from a book titled the DSM-IV; I have a copy in my office and will be glad to let you borrow it and learn more about what it says about your diagnosis. Diagnosis is derived from the medical model approach to therapy and can be a useful tool in informing/directing treatment, clarifying a problem, and communicating with other providers. Sometimes it can be negatively associated with “labeling” or be used as an excuse or over-identified with. I believe that the diagnosis identifies, defines, and describes the problem, *not the person*. All diagnoses are considered working diagnoses, and may change based on additional information or changes in symptoms.

Complaints If you're unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. I will take such information seriously, and with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can complain about my behavior to either the Examining Board for Psychology, or the Ethics Committee of the American Psychological Association, 750 1st St NE, Washington DC 20002-4242.

Input In Therapy-You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training and you can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy any time.

Ending Therapy-You have the right to decide when therapy will end, with three exceptions. If we have contracted for a specific short-term piece of work, we will normally finish therapy at the end of that contract. If I am not able to help you, either because of the kind of problem you have or because my training and skills are not sufficient, my ethics require that I inform you of this fact and refer you to another therapist who can meet your needs if possible. I would continue to meet with you until you had established a relationship with a new therapist, and would assist you in finding this person if possible. If you threaten violence to or harass myself, the office staff, or my family, I reserve the right to terminate you unilaterally and immediately from treatment.

My Attendance and Contacting Me- I have a strong commitment to your work and minimize my absence from appointments as much as possible. However, I aim to be a model for self-care and give you the best I can as a provider; thus I will not work if I am too sick, will take vacations, and attend profession meetings to grow professionally and improve my practice. I will tell you before

any planned absence. I will also contact you as soon as possible if I need to cancel an appointment due to my or family member's illness.

I am often not immediately available by telephone. When I am unavailable, my telephone 817-329-8066 is answered by voice mail. If you leave a non-emergency message on Monday or Friday, it will be returned on Tuesday. If you are difficult to reach, please inform me of some times when you will be available. You may also email me at drgw@guerrawatson.com about non-emergency matters such as a change in appointment time or provide brief information before a session or if we agree to use email as part of your work. Do not email me in the event of emergency or send extensive information via email. I will try to reply within 24 hours to a message. Messages sent on the weekend will be returned on a weekday.

If you need to change an appointment schedule within 24 hours or less of your appointment, please send an email or leave a voicemail at 817.329.8066. You may also schedule and cancel appointments online at www.guerrawatson.com under the scheduling and forms tab using your login and password.

Please do not send lengthy messages via email, text or voicemail regarding your therapy work or concerns unless we have discussed this use as part of your treatment plan. Please see emergency policy for additional information about emergencies.

Emergency Services policy

My practice is part-time; if you feel that you require a therapist who will frequently be available for emergency work or to meet more often than I can provide, please find another, more suitable provider. I will be happy to provide referrals if needed.

However, I understand that emergency situations may arise in the course of your work and I will support you as much as possible. If you are having a personal emergency, you may contact me on my cell number (469.233.2275). **If you are unable to reach me and feel that you are in danger, call 911 or if you are able to drive safely, go the nearest emergency room and ask for the psychologist/psychiatrist on call. Please leave me a message regardless, and I will get in touch with you as soon as possible.**

If you have an emergency when I am out of the office for a longer time period and will not be available by phone, I will have emergency numbers or the name of the therapist covering my practice on my voicemail. If you decide to meet/speak with this therapist, you agree that you will be responsible for any charges that may occur, agree that the same limits to confidentiality apply, and agree that Dr. Guerra-Watson is not responsible for the actions/decisions made during this contact. I will coordinate with the on-call therapist as soon as possible about the situation and outcome so that we can continue your work and you provide your consent for the on call therapist to discuss actions taken with me.

YOUR RESPONSIBILITIES AS A THERAPY CLIENT

Attendance: You are responsible for coming to your session on time and at the time we have scheduled. If you are late, we will end on time and not run over into the next person's session. Regular attendance is necessary for productive therapy. Frequent missed or cancelled sessions will not allow you to have the opportunity to make the most of therapy. Two late cancelled sessions within 6 months or one missed appointment will result in loss of your appointment time and ability to schedule online. As well, you will have to wait for a time to re-open to resume your counseling with me if desired.

Payment: You are responsible for paying for your session weekly unless we have made other firm arrangements in advance. If we decide to meet for a longer session, I will bill you prorated on the hourly fee. If you miss a session without canceling, or cancel with less than a 24 -hour notice, you may be subject to a \$25 cancellation fee which must be paid at our next regularly scheduled meeting. (Exceptions for severe illness and weather may be made). I cannot bill these missed sessions to your insurance.

If you have insurance, you are responsible for providing me with the information I need to send in your bill. You must pay me your deductible if it applies and any co-insurance amounts. If a check is mailed to you, you are responsible for paying me that amount at the time of our next appointment. If the insurance over-pays me, I will credit it to your account or refund it to you if you would prefer.

Participation: You are responsible for being an active participant in therapy. This includes collaborating with me on your goals, informing me of significant information that would impact your treatment or care, and completing homework assignments.

FEES

Initial Assessment Fee-\$165

50 Minute Therapy Session-\$120

90 Minute Session-\$150

Psychological Testing-\$150 -. Full or Partial Battery Fees May be Arranged.

Missed session fee-\$25

Returned check fee-\$35

Other professional services will be billed at the therapy session rate, pro-rated as needed. These services may include telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party at the cost of \$200 per hour. You will be given advance notice if my fees change.

INSURANCE REIMBURSEMENT

I am an **in-network** for Blue Cross Blue Shield PPO and am an **out of network** provider for other panels. It is important that you review your coverage to determine what your benefits are. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator.

Your insurance company may decide that your problems do not meet their criteria for medical necessity, and thus they will not reimburse for services. If this is the case, you are responsible for full payment.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself. If you decide that you would prefer to use an in-network provider, I will be happy to review possible referrals to those providers and facilitate transfer of your care.

I will provide you with a receipt so that you may submit claims for reimbursement to your insurance company if you are out of network, or I will file these claims for you if you are in-network (BCBS) or we have agreed to my filing of claims for you.

Please make a note of any questions you have about this document. We will review this information and create a signed agreement for consent for counseling at our initial meeting.

Thank you for your time in reviewing this document. I look forward to meeting with you.

Antonia Guerra-Watson, Ph.D.

Guerra-Watson and Associates, PLLC

ADDITIONAL OFFICE INFORMATION

Checking in for Appointments

Before 5pm: The executive suite receptionist is present until 5pm. When arriving, just say that you are here to see Dr. Guerra-Watson, and she will call me to tell me you have arrived.

After 5pm and before 6pm: I will meet you in the lobby. You may call me to alert me that you have arrived from an outside line: 817-329-8066.

About the Receptionist

The receptionist is not my employee; she works for the executive suites. She does not have information about my office policies or my practice information. She may provide you with information about the building in general e.g. restrooms, vending machines, etc. **She will not be given any confidential information about you.** You do not have to tell her your name when you check in. I may give you some paperwork to complete before session that she may provide to you. Do not give the paperwork back to her; I will take it when I meet you in the lobby for your appointment.

Mailing Address & Office Location

1701 W. Northwest Hwy.
Suite 100
Grapevine, Texas 76092
Lakeview Plaza I

Inside Meridian Business Center

Cancellation Policy

Please inform me at least eight hours in advance if you need to cancel or reschedule an appointment to avoid a \$25 cancellation charge. You may leave me a voicemail or email.

Payment Options

Payments are due at the time of service. You may pay with cash, check, or Visa/MasterCard/Discover.