



## **WORKING RELATIONSHIP AGREEMENT**

### **APPOINTMENTS**

I typically schedule appointments 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 needs. New clients are required to meet weekly for the first 6 weeks in order to develop rapport.

### **CANCELLATIONS**

There is no charge for appointments cancelled or rescheduled with 24 hours advanced notice. With shorter notice, you are agreeing to pay for the time you reserved, and **you will be billed \$135 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 10 minutes late for your session, please call or text me to let me know. After 15 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 be available when you arrive.

### **FEES & PAYMENTS**

Payment for services is due at the end of each session. Clients who are paying out of pocket can determine their fee from the established fee range below. Fees for services are as follows:

<u>INITIAL INTAKE SESSION</u>	<u>ONGOING SESSIONS</u>
60-minute Individual Intake - \$155.00-\$195.00	50-minute Individual - \$135-\$175
	50-minute Scheduled Telehealth - \$135-\$175
	50-minute Scheduled Phone Call - \$135-\$175

Fees may change over time, but you will be informed of any potential rate increases well in advance.

### **INSURANCE**

I accept Blue Cross Blue Shield PPO. You are responsible for ensuring the services rendered by ALMA Therapy are covered at the time of service. You will be billed retroactively at the hourly rate of \$135.00 for any claims, which are denied. You are responsible to meet any deductible and pay any co-pays associated with your insurance plan.

I 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.

### **COMMUNICATION**

The best way to reach me is by texting me at 512.522.2067. If you would like to speak over the phone, please text first to schedule a time. ***Please note that I do not return missed calls unless there is a voicemail.***

**ALMA THERAPY**  
**JANETTE S. CORDERO, LCSW-S**  
**p: 512.522.2067 f: 512.201.2991**



Unscheduled phone calls in between sessions will be billed at a pro-rated session fee of \$135.00 per hour for any calls lasting longer than 10 minutes. ***This does not apply to calls related to scheduling/administrative purposes.*** There is no charge for calls lasting less than ten minutes.

I only communicate with clients via email or text message for scheduling purposes. Please refer to the Online & Digital Media Policy regarding privacy concerns and record keeping in regards to online communication.

### **EMERGENCIES**

I check texts and voicemail regularly and typically return messages within 24 hours Monday through Thursday, 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 **512.472.4357**.

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

### **CONFIDENTIALITY**

Texas state law and the ethics of my profession require that anything you say in the context of our therapeutic relationship remain confidential; however, the *Notice of Privacy Practices* explains the times and situations in which the law might require me to break some portion of our confidentiality.

I participate in professional consultation and supervision groups and at times we discuss specific cases. I protect my clients' confidentiality at those times by concealing their identities (for example, I do not use names, professions or other specific identifying information).

I require written authorization from you, outside of the times required by law, or through supervision or consultation, to discuss with anyone or disclose in any way your personal information. This includes speaking with other doctors, such as a psychiatrist, your family members, lawyers or insurance professionals. *Please note:* if you are 18 years of age or older, *regardless of who pays for your therapy*, I need a signed release to speak to anyone (including parents or a spouse) about your treatment.

### **CLIENT LITIGATION**

I will not voluntarily participate in any legal matter in which the client or client's guardian is involved. This includes communication with the client's guardian's attorney or client's attorney, as well as documentation such as letters, reports, and affidavits. *I will not voluntarily provide testimony.* Should I be ordered by a court of law to appear as a witness in an action involving the client or client's guardian, the client or client's guardian agrees to reimburse me for any time spent out of the office, for preparation, and travel at the rate of \$500.00 per hour plus expenses; the client or client's guardian also agrees to release me from duty as their therapist and terminate our therapeutic relationship.

### **POTENTIAL RISKS OF THERAPY**

While no one can guarantee or promise a specific outcome, there are a number of positive outcomes that can result from both short - and long-term therapy. The extent of benefits usually depends on the specific issues or difficulties you hope to address, the goals you have set, and your degree of follow through with treatment.

**ALMA THERAPY**  
**JANETTE S. CORDERO, LCSW-S**  
**p: 512.522.2067 f: 512.201.2991**



Like any healthcare service, there are also potential risks associated with counseling. Most risks, if experienced, are direct consequences of positive therapeutic movement. Clients *sometimes* experience deterioration in emotional and psychological stability. If this is to occur, it often happens at the beginning of therapy, and it is usually brought on by an awareness of previously avoided (or even unconscious), emotionally-laden material. Relationships are often affected as a result of therapy. Significant relationships will often experience varying degrees of tension as a direct result of changes you are making personally. This is most prevalent in romantic & familial relationships, but may extend beyond into one's social and professional life. Please discuss with me any and all concerns you have regarding potential risks.

**THERAPEUTIC RELATIONSHIP**

The relationship that I have with clients is a container through which growth, healing and change can take place. As such, it is often one in which close emotional bonds develop. It is also a professional relationship in which appropriate emotional boundaries must be maintained. For the most part, the therapeutic relationship begins and ends in the therapy office. Although it is sometimes difficult to understand, it is necessary for me to maintain the therapeutic environment. I am happy to discuss in further detail with you the reasoning and specifics of this constraint.

Austin is a small community, so it is likely that we may see each other outside of the office or know people in common. We can discuss any concerns you have regarding this issue at any time in our work together.

**OUR AGREEMENT**

ALMA Therapy PLLC is owned by Janette S. Cordero, LCSW-S. 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

\_\_\_\_\_  
Printed Client Name