

# CLIENT INFORMATION SHEET

## FEE SCHEDULE

Assessment	50 minutes	\$ 125.00
Assessment	90 minutes	\$ 185.00
Individual, couples, family	50 minutes	\$ 95.00
Individual, couples, family	90 minutes	\$ 140.00
Group	90 minutes	\$ 45.00
Legal services	60 minutes	\$ 250.00

Late cancellation (<24 hours)/No show fee will be assessed at the same rate. Insurance will not cover this fee.

*Payment is required at the time of service rendered.* Cash and personal check will be accepted. Some insurance will reimburse for psychotherapy. Though assignment is accepted from selected insurances, the client is ultimately responsible for payment. Payment for the initial session is collected prior to insurance verification. Any excess is applied to future copayment.

## EMERGENCIES

An emergency is defined as a situation which threatens life or limb. If an emergency arises, you should call 911 immediately. I check my messages often for urgent calls and will make every effort to return the call as soon as possible. I encourage you to use the Austin Travis County Help line, 472-HELP, should you need to speak with someone immediately but you have determined that the situation is not an emergency. They are available 24 hours a day, seven days a week.

## CONFIDENTIALITY

Information discussed may not be released to any other party without your permission except in the following circumstances.

- A. Exceptions to absolute confidentiality:
  - 1. Your contact reveals a danger to self or others;
  - 2. Child/Elder abuse is suspected.
- B. Limited release of information:
  - 1. To insurers for claims payment;
  - 2. Information is subpoenaed by a court of law.

This information is given to you to insure that you understand the policies regarding fees, cancellation and rescheduling, emergencies, and confidentiality. Please read it carefully and ask any questions you need to clarify the information.

I have read and accept the policies outlined on this information sheet.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I have read and accept the policies outlined on the HIPPA **TEXAS NOTICE FORM.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ABIGAIL McNEELY, LMSW-ACP**

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