



## Office Policies, Confidentiality and Informed Consent to Consulting Services

This agreement specifies the working relationship between you, as client, and me, Rhonda Hauser, M.A., as consultant, so that you can make an informed decision about my services. Please feel free to ask me any questions about this agreement, at any time. Your signature at the bottom of this page shows that you have read this, agree to what it says, have agreed to assume financial responsibility for my services, and you give your informed consent to my services.

### Confidentiality

What you discuss during private sessions with me is considered private and privileged information. I have an obligation to respect your right to confidentiality for the information you share with me and you can expect that I will maintain confidentiality at all times. There are some circumstances, as legally mandated by The State of Texas, in which your rights to confidentiality may be limited.

- I am obligated to report any maltreatment of minors or vulnerable adults. This includes physical abuse, sexual abuse or neglect.
- I am obligated to report any prenatal exposure to controlled substances.
- I am obligated to report any serious harm you intend to inflict on yourself or another.
- I am obligated to share information if directed by Court Order to conform to state or federal law, rules or regulations.

The right to confidentiality during group workshops is addressed in the group setting. However, I am not responsible for any breaches of confidentiality by group members.

### Fees and Appointments

My fee for an initial consultation is \$130 for a 60-minute session. Following the initial consultation, my basic fee is \$115 for a 50-minute session. Workshop fees, professional development fees and home-to-school collaboration fees will be determined based on the needs of the client and requested services. I reserve your appointment time for you, and if you fail to keep an appointment, this time cannot be used for another client. It is the policy of A Leap Of Action to charge you, in full, for any missed appointments or for any cancellations that occur with less than 24 hours notice of your appointment time.

### Financial Responsibility

All payments are due in full at the time of your appointment. Payment may be made by cash, check or major credit card. Checks may be made payable to: A Leap of Action. There will be a \$35 fee for all returned checks.

### Referrals

Should a referral become necessary I will provide you with several names of appropriate therapists or services. It is your responsibility to evaluate whom would be the best fit for you and your family and you understand that I cannot be held responsible for the experience that you have with any other therapist or therapeutic services.

### Comments, Questions or Concerns

I value your opinion and strive to provide the best service possible. If you would like to share your comments, questions, or concerns, please contact me at 512.576.6824 or email me at [rhauser@aleapofaction.com](mailto:rhauser@aleapofaction.com).

I hereby grant my permission for consulting services and I understand that this process is a joint effort between the consultant and the client, the results of which cannot be guaranteed. I have read and understand the policies described above, and agree to the terms of this agreement. Upon my request, I will be provided with a copy of this document.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_