

PSYCHOTHERAPY BY ANGELINA, LLC  
 ANGELINA H. RODRIGUEZ, LPC/S-AT, ATR-BC  
 4130 Bellaire Blvd. Ste. 210  
 Houston, Tx. 77025

713-206-8429

INFORMATION & DATA FORM

Contact phone:	
Emergency phone:	
First Name:	
Middle Name:	
Last Name:	
Spouse Name:	

Medications:	Yes	NO
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List name and dose

Address:		Head of Household:	Yes	No
City & Zip Code:		# In Household:		
Birth date:		Monthly Income:		
Place of Birth:		Employed:		
Race/Ethnicity:				
Primary Language:				
Marital Status:				
Email address:				

Therapy Requested:	Individual Couple/Family	Psych-Evaluation
Referred by:	<u>Name</u>	<u>Phone</u>
<u>Attorney:</u>		
<u>Medical Doctor:</u>		
<u>Other:</u>		

**Psychotherapy by Angelina, LLC**  
**Angelina H. Rodriguez, LPC, ATR-BC**  
**4130 Bellaire Blvd., Ste. 210**  
**Houston, TX. 77025**  
**713-206-8429**

## **Individual, Couple, and Family Therapy Services**

### **Psychotherapist-Patient Services Agreement**

Welcome to my practice. This document (the Agreement) contains important information about my professional services and business policies. I am only agreeing to accept you as a client provided you accept the terms of this Agreement. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which is attached to this Agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires that I obtain your signature acknowledging that I have provided you with this information. Although these documents are long and sometimes complex, it is very important that you read them carefully. We can discuss any questions you have about the procedures at any time. When you sign this document, it will also represent an agreement between us.

#### **PSYCHOLOGICAL SERVICES**

Therapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you are experiencing. There are many different methods I may use to deal with the problems that you hope to address, and generally include some form of Psychotherapy and Art Therapy. Therapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home. Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience temporary uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, Therapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

An evaluation of your needs will begin with the first session. At some point, usually in the first session and sometimes in subsequent sessions, 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 large commitment of time, money, and energy, so you should be very careful about the therapist you select. 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.

I offer a variety of treatment services including individual, couples, and family therapy, art therapy workshops, and group art therapy. My belief is that the office sessions are most successful when supplemented with group art therapy sessions and workshops.

## SESSIONS

### Art Therapy

My treatment style incorporates the use of art for facilitating communication and the understanding of your particular issues. I believe Art Therapy is a critical component for your treatment; therefore you must be prepared to engage in Art Therapy when you are working with me.

Please don't believe that artistic skill, ability, experience or technique is necessary for art therapy. Art therapy works whether you draw stick figures, doodle, splash colors on a surface, or create a masterpiece. Art Therapy is based on the belief that the creative process involved in artistic self-expression will help you to resolve conflicts and problems, develop interpersonal skills, manage behavior, reduce stress, increase self-esteem and self-awareness, and achieve insight.

### Regular Sessions

Individual, couples or families, the sessions are usually scheduled for 50 minutes. Certainly, 75 minute or longer sessions are also available should the need arise. In instances where there has been an extended break (30 days or more) since your last session, the first session back will be scheduled for 75 minutes so that we may have time to get reacquainted.

Sessions are typically scheduled between 9am and 6pm, Monday-Thursday. Each session is scheduled to begin and end at its appointed time. If you are late for the session please understand that your session will be shortened as it will still end at the scheduled time, and payment for the full session is still due.

### Sessions Outside of Regular Office Hours or Away from Office

I rarely agree to sessions away from my office or outside of my regular office hours of 9am to 6pm Monday-Thursday, that is, early morning, evening or the weekend. Please understand that as such sessions are most likely an emergency or crisis, the session will be for a minimum of 75 minutes, and are billed at a premium and will further include my travel and any waiting time.

Telephone conversations cannot substitute for therapy sessions. Phone calls are intended for emergencies and scheduling appointments. Calls lasting more than 10 minutes are billed at the hourly rate shown below.

### Termination of Therapy

Ideally, your therapy should be ended with a termination session in which we would go over certain issues and put some finality on your therapy. I request that you let me know if you believe a session will be your last session and we can go through the termination process. Therapy may be terminated by either of us at any time for any reason.

Should more than 3 months go by since your last session, I will consider you to have terminated your therapy and will no longer consider you to be in therapy under my care.

### Legally Related Professional Services

If you become involved in a legal dispute that requires my participation (non-limiting examples of which include divorce, child custody, adoption, criminal proceeding, tort claim, insurance claim, disability claim, and certainly there are others), you will be expected to pay for all of my professional time and any out of pocket costs (including but not limited to travel costs, parking, notary charges, copy charges, postage, delivery, hotel, food, rental car, attorneys fees, etc.), even if I am called to testify by another party.

Because of the difficulty of legal involvement and the disruption to my practice, I charge a premium (see, "Legally Related Services" below) for all of my professional time relating to such legal dispute including but not limited to travel time, preparation time, teleconferences, time consulting with my attorney, research to prepare, review of documents, report writing, and discovery. Any attendance at any legal proceeding, administrative proceeding, in court, before a committee, before a board, before a panel, meeting with attorneys, hearing, deposition, trial, arbitration, docket call, sentencing, negotiation, Alternative Dispute Resolution, or meeting with experts, will be billed at a minimum two hours, for such attendance in addition to any preparation time and travel time. Payment for legal involvement must be paid **5** business days prior to scheduled proceedings and will be based on an estimate. Once the legal proceedings/involvement is scheduled, you will be expected to pay for estimated professional time unless **72 hours advance** notice of cancellation is provided. Reimbursement will be made immediately minus any time spent for preparation.

**PROFESSIONAL FEES**

My professional fees are subject to change at any time, and are currently as follows:

Individuals Only (50 minutes session)	\$160.00
Couples/Family Only (50 minutes session)	\$185.00
Extended Time (75 -Minute Session)	\$245.00
Psychosocial and Immigration Evaluation	\$520.00
Sessions away from office or outside of regular hours (minimum 75-minute session plus portal-to-portal travel time and any waiting time),	\$350/hr
Monthly Group Therapy Session, *(Up to 12 participants) start at	\$450.00
Art therapy workshop, \$65-\$450/ attendee for each workshop	
Legally Related Services,	\$355/hr <sup>1</sup>
Hourly Professional Services,	\$250/hr

**Payment Policy**

Psychotherapy by Angelina, LLC has a "pay as you go" payment policy. Credit Card, Debit Card or exact cash are accepted.

You may pay with your credit card only on line using my website. This must be done 24 hours **before** your appointment time. All first sessions are paid in advance on-line. On-line payment, credit card at the office or exact cash is accepted at each session. A Credit Card Authorization form must be on file in order to make new appointments.

A Credit Card Authorization form must be completed to insure fiduciary responsibility for unpaid/non cancelled scheduled appointments. Credit cards will be charged for session as well as a \$30 processing fee for scheduled appointment.

Although I do not accept insurances, I can provide you with documentation/receipt to request reimbursement from your insurance company. I strongly recommend that you contact your insurance carrier in advance if you intend on seeking insurance reimbursements and ask about your "out of network" benefits.

For all other (non-legally related) services provided outside of the sessions and workshops, I charge the

<sup>1</sup> The fee for Legally Related Services will be billed at the rate in effect at the time the Legally Related Service is incurred.

hourly rate shown above (“All Other Professional Services”) billed at 15-minute increments. Examples of such services include but are not limited to report writing, letters, telephone conversations lasting longer than 10 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

If you cannot pay at that time of your appointment, you will be offered an opportunity to re-schedule your appointment.

When **Cancellations** of office appointments are necessary, clients are expected to notify me at least **24** hours in advance by phone messages only. **Clients will be charged for office sessions not canceled 24 hours in advance with your credit card on file. PAYMENT IS REQUIRED AT TIME OF SERVICE.**

**YOUR RIGHTS**

You have the right to be informed of the conditions for which you are being treated.

You have the right to get data about treatment alternatives so that you can make an informed decision in choosing services.

You have the right to decide whether or not to follow treatment recommendations.

You have the right to discuss treatment plans and techniques.

**LIMITS OF CONFIDENTIALITY**

While HIPAA and the Right to Privacy Act bind all providers of Mental Health Services, there are limitations. Some specific limitations of confidentiality are:

- a. If you give written authorization for information to be shared.
- b. If others need information in order to cope with a bona fide emergency.
- c. To consult with other clinicians to assure that quality of care issues are addressed.
- d. To comply with physical or sexual abuse or neglect reporting laws and public health reporting laws.
- e. If you become a danger to yourself or others.
- f. To comply with health insurance company claim requirements.
- g. To respond to a court subpoena.

I, the undersigned, acknowledge that I have read and understand the Program description, rules, and payment agreement. **I fully understand this is a legally binding contract, and understand if I have questions or doubts I am strongly instructed to consult an attorney.** I have also received a copy of this document and agree to abide by these terms. My signature as Managing Conservator indicates that I have the authority to grant permission for the therapist to meet with my minor children. In families with joint custody, both parents’ signature will grant permission for the therapist to meet with minor children.

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

\_\_\_\_\_  
Client/Family Member Date

\_\_\_\_\_  
Managing Conservator/Parent Date

\_\_\_\_\_  
Therapist Date

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**Credit Card Authorization Form**

This form along with a photocopy of your current and valid credit card will be securely stored in your confidential clinical file and may be updated upon request at any time.

In case of late cancellations (less than 24 hours) and /or no shows for scheduled appointments your credit card will be charged the appointment fee + \$30 processing fee.

I, \_\_\_\_\_, am authorizing Angelina H. Rodriguez, LPC, ATR-BC to use my credit card information to charge my credit card in the event that I do not notify her of my inability to attend a scheduled therapy appointment or do not cancel my appointment at least 24 hours in advance. I have agreed, read, and understand the Professional Fees Arrangement policies stated in the signed Psychotherapist –Patient Agreement Form.

Card Type (circle one): Visa    MasterCard    AMEX    Other \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Verification/Security Code (3 digit code on back of card by signature line): \_\_\_\_\_

Name as Printed on Credit Card \_\_\_\_\_

Credit Card Billing Address:  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

My signature authorizes Angelina H. Rodriguez, LPC, ATR-BC to charge my credit card for not canceling a scheduled appointment or canceling less than 24 hours in advance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_