

Let It Rain Psychotherapy, PLLC
Rayné Johnson, LCSW
Notice of Services/Fees and
Consultation Form

Therapy

Individual Psychotherapy Initial Session (60 minutes): \$150

Individual Psychotherapy On-going Sessions (50 minutes) \$100

Couples Counseling Initial Session (60 minutes) \$150

Couples Counseling On-going Sessions (50 minutes) \$125

Family Counseling Initial and On-going Sessions (60 minutes and 50 minutes) \$150

Phone calls requiring therapeutic consultation or case consultation initiated by current clients (seen within last two months) \$25 first 15 minutes paid at beginning of call. A longer call than first 15 minutes- \$25 each 15 minute increment. **Past** client or parent(s) of past client (not seen within last 3 months): \$35 first 15 minutes, \$35 thereafter each 15 minute increment. Calls to be paid at beginning of the call.

Please Note: You are responsible to call your insurance and ask whether phone call (telehealth) is covered. If so, an appointment must be set up just like a regular session. Claims denied for any reason by your insurance become your responsibility.

Case consultation in-office: (Insurance does not cover)

Current clients (seen within last 30 days) \$65 for 30 minutes; \$85 for any time after 30 minutes up to 50 minutes.

Past (or new) clients (not seen for 30 days or more) \$85 for 30 minutes \$100 for 50 minutes.

Case consultation includes when you are *seeking advice or help* for a problem you are having related to the reason you or your dependent is or was a client at Let It Rain Psychotherapy. Case consultation is NOT psychotherapy. Examples of case consultation:

- Need to establish need for Emotional Support Animal.
- Need of a written summary of your dependent's time in therapy for use in court of law.
- Assistance with FMLA forms.
- Need of a letter to school or university.
- Guidance for how and when to place loved one in nursing home, assisted living, on hospice, or psychiatric facility.
- If not listed here and you need it— ASK!!
- **Please note:** I am not a lawyer and give no legal advice. Advice given is from my professional knowledge and experience and will often include combined knowledge and experience of other licensed therapists within my circle of professional colleagues. I do not guarantee my advice will work out to your advantage. I do not guarantee you will get exactly what you are hoping for. However, I will help you explore and weigh options you may not be aware of, consider consequences and outcomes of those options, and arrive at a decision you believe you can live with.

Forms and Summaries (Insurance does not cover)

Current Clients (seen within last 30 days) assistance with **Forms and Summaries:** \$45 per form. Past client or parent(s) of past client (not seen for 30 days or more): \$55 per form.

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Past or New Client Informed Consent for Consultation- In Office

Name _____ DOB _____ Date _____

Address: _____

Phone number: _____

Can leave voicemail? Y or N Can text appointment day/time reminder? Y or N

Can respond to your text? Y or N

Email: _____

Can respond to your email? Y or N *Note: I do not email private health information.*

Reason for seeking consultation: _____

Who may I contact to assist with the process? If not applicable, write N/A. If unwanted, leave blank:

Name of person you want contacted: _____

Address: _____

Phone number: _____

Does this person know they will be contacted? Y or N _____

I, _____, understand and agree to the services and fees above:
(Print Your Name)

Sign Name _____ Date: _____

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Confidentiality: It is my duty to protect your privacy. There are a few exceptions to this confidentiality agreement that require report to the appropriate authorities. They are:

- If I believe that you are in imminent danger of harming yourself or someone else;
- If you tell me a child, an elderly person, or disabled individual is being or was being abused;
- If a judge subpoenas your record. You will be informed if this happens.

Electronic Communication: My email raynejohnson@let-it-rain.org is NOT secure. It is just like regular email which means there is risk involved that email communications between therapist and client can be intercepted by others and confidentiality destroyed. Please do not email personal information you do not want the public to know. Secure electronic communication is only through therapyappointment.com if you are an existing client and I give you a password. Phone calls are the most secure way of communicating. Please refrain from emailing or texting between appointments.

Cancellation Policy: I respectfully request 24 hours notice of cancellation. If you fail to give 24 hours advanced notice of cancellation *you will be charged the full amount* of your missed consultation appointment to your credit/debit card on file electronically. There is a \$50 no show/cancellation fee for the initial consultation appointment. There are exceptions: HEB-ISD closes school due to snowy or icy road conditions; an illness that requires hospitalization; death of an immediate family member; I am able to fill your appointment time slot with another client; you reschedule within the same week. You will not be charged the cancellation fee within these exceptions.

Electronic Payment Notice: If you wish, you may pay fees electronically – through funds transfer or using a payment card -- using any of the following services:

Cayan or TSYS

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Electronic Payment Notice (Con't) Please Be Aware of the Following:

After using any of the above services to pay your fees, that service may send you receipts for payment by email or text message. These receipts will include my business name, and would indicate that you have paid for an appointment.

It is possible the receipt may be sent automatically, without first asking if you wish to receive the receipt. I am unable to control this in many cases, and I may not be able to control which email address or phone number your receipt is sent to.

So before using one of the above services to pay for your session(s), please think about these questions:

- At which email address or phone numbers have I received these kinds of receipts before?
- Are any of those addresses or phone numbers provided by my employer or school? If so, the employer or school will most likely be able to view the receipts that are sent to you.
- Are there any other parties with access to these addresses or phone numbers that should not be seeing these receipts? Would there be any danger if such a person discovered them?
- Is it better for me to pay cash to avoid these risks all together?

In addition to these possible emails or text messages, payments made by credit card will appear on your credit card statement as being made to Let It Rain Psychotherapy PLLC. Please consider who might have access to your statements before making payments by credit or debit card.

I have read, understand, and agree with the above risks of paying electronically by using Cayan or TSYS and I know I have the option of paying with cash.

Client signature: _____ Date: _____

Print Signature: _____

Please sign final page...

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I have read this notice of services and fees and the informed consent for consultation. By signing below, I indicate that *I understand and agree to the terms within this form:*

Client signature: _____ Date: _____

Print Name: _____