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Welcome Letter and Informed Consent

I would like to start by welcoming you to my practice. Making the decision to seek therapy is an important and personal decision and at the same time, a contractual agreement. It is crucial that you have a clear understanding about how our relationship will work and what each of us can expect. It is important that you feel that we are a 'good fit', so that our time and work together can be impactful and transformative. Before we begin, I would like to outline my philosophy, policies as well as the guiding principles for our professional relationship. Please read, initial in appropriate spaces and sign indicating you have reviewed our contract. Feel free to discuss any of this with me.

Practice and Philosophy

In regards to my approach to counseling, I work from a place of unconditional positive regard for all of my clients and greatly believe in the importance of the therapeutic relationship. Overall, I believe in an individual's innate ability to grow and become the version of themselves that they are seeking. The outcome of treatment depends largely on the willingness to engage in this process, which may, at times, result in considerable discomfort. There are no miracle cures. I cannot promise that your (or your child's) behavior or circumstance will change. I can promise to support you (and your child) and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself (or child).

I am a holistic therapist and feel that the mind, body and spirit all work in a connection to each other; however, I will always meet you where you are at within the context of that conversation. I am fully aware that everyone's process and language is unique and I am comfortable working at all levels.

I firmly believe that an individual's work should not be limited to a certain amount of sessions, and am open to working with clients for a few weeks, months or even years. That being said, we will work together to determine your goals for therapy and continue to check-in on your progress towards those goals. Ultimately, as you have the option to discontinue our counseling relationship at anytime. If you do make this decision, it may be useful to have a final session to provide completion.

Payment & Scheduling

My sessions are 50-55 minutes in duration. If paying by credit or debit card, I require that that card be kept on file in a secure processing system. Please fill out credit card form during first session. All other payments must be done at the beginning of each session. My fees are \$120/session (S.S. ____). I do work on sliding scale for clients who are committed to the process and to doing the work. I reserve the right to renegotiate terms at any point in our working together. For the time being, I am accepting a limited number of BCBS PPO, please address this with me before scheduling. (Initials) _____ *

In the event that you will be unable to keep an appointment or reschedule, there will be no charge if you notify me 36 hours in advance. If I do not receive this notification you will be responsible for payment up to full fee, as this time has been set aside for you. There is of course exceptions for emergency. (Initials) _____ *

If other services, such as report writing, telephone conversations, consulting with other professionals at your request and with your permission, and preparation of records or treatment summaries, are requested then a charge will be assessed for these. I see my role as a therapeutic one, I am not a forensic psychotherapist. A professional fee of \$500.00 per hour (including time charged for travel time) will be charged for my services should I be subpoenaed to appear in court.

Limits of Confidentiality

The information you share with me is private and I will treat it with the greatest respect. All records of your appointments are kept in a locked file and will not be released to anyone without your written permission. There are, however, situations in which I might discuss aspects of your case with another professional, and I am asking your agreement, at this point, to allow me to do so. I may seek consultation on cases with colleagues and specialists. Although these individuals are ethically required, as I am, to maintain your confidentiality, your identity will be disguised and will not be revealed.

Several limitations to confidentiality have been mandated by laws in the state of Texas. In the case of any of the following situations, I may be required to disclose confidential information:

- 1) If you are a danger to either yourself or to someone else;
- 2) If you are a minor, or an elderly or disabled person, and you divulge information indicating that you have been a victim of abuse, or you divulge information about another such person who is a victim of abuse;
- 3) If my records are subpoenaed by the courts as, for example, they might be in a child custody suit or,
- 4) you divulge a history of having been sexually abused by a previous therapist.

(Initials) _____ *

Complaints

It is my hope to resolve any misunderstandings that may arise by discussing them with you. Working through such difficulties is one of the most effective ways to grow psychologically and emotionally. Nevertheless, should you have a complaint that you cannot resolve by talking with me or that you do not care to discuss with me, you have the right to call the Texas State Board of Examiners of Licensed Professional Counselors at (512) 8346658 or email at lpc@dshs.state.tx.us.

Communication Outside of Therapy

My preferred form of communication is text or email, but clients are welcome to call and leave voicemails and their calls will be returned within 24 hrs. Please, keep in mind that text & email are not a secure medium and so I encourage you not to email personal information pertaining to our sessions. It is important to be aware that all emails become a part of your legal record.

*If there is a serious crisis or emergency, texting appropriate concerns with callback availability is best option for me.

I ask that you do not follow or “friend” me on my personal social media pages. I do however have professional profiles on both Facebook and Instagram that you are welcome to be apart of. I will not follow your private pages. This is primarily for our own privacy as these sites are not secure and can compromise your confidentiality, as well as for the protection of our professional therapeutic relationship.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

In closing, if you have any questions or concerns regarding the information described above, please do not hesitate to ask me. I ask that you sign and date this letter to acknowledge that you have read it thoroughly. Most importantly, I look forward to working with you.

I understand the information and policies contained in the letter and consent to enter into a counseling relationship with Kristen Miciotto, MA, LPC

Client’s Signature	Date
Guardian’s Signature (if client is a minor)	Date