

Communications Policies

- GatesTherapy.com is the most efficient way for clients to schedule appointments.
- Email may or may not be encrypted and there is always the possibility of email not being sent or received. Please consider this when emailing your therapist.
- Text communication is best for schedule changes/running late/etc, especially on the day of your appt. Texting is not recommended for therapeutic interaction, so please limit texting to schedule or logistics information. 512.814.6580
- Gates Therapy voicemail is confidential, however not checked as frequently as texts. Voicemails will not be responded to, outside of your therapy session. Feel free to use voicemail for updates or check-ins with your therapist.
- For sessions held in public places (ie: gym, walking trail, etc) note that privacy and confidentiality can not be protected by your therapist. It is likely that someone who knows you or your therapist may see and interact with you. If this is a concern, sessions in public places may not be appropriate. Please discuss all privacy and confidentiality concerns with your therapist.
- In case of emergency, an emergency contact is requested. By including this person's name and phone number below you allow your therapist to contact this person in the event of concern about your safety.

Telehealth

- As of 2023, all Gates Therapy clients must be seen in the office at least ½ of the time. If you are not local to the Austin area, it is recommended that you have a therapist local to you on file in the event that you need a higher level of care than Gates Therapy can provide. Please complete a Release of Information for this therapist for coordination of your care..
- Numerous factors make online sessions less optimal than in-person. Telehealth sessions are limited to occasional use, as needed, for sickness or travel.

In emergency:

- Austin Mental Health Crisis Support (24/7)
512.472.HELP (512.472.4357)
- Text HOME to 741741
- Call 911

Printed name

Signature

Date

Emergency contact

Relationship

Date

Informed Consent

All interactions with your therapist are considered confidential.

Verbal information and written records will not be shared with another party without written consent from the client or a minor client's legal guardian. **There are legal exceptions to this confidentiality:**

Abuse of Children or Dependent Adults

If a client indicates knowledge of abuse or neglect of a minor or that there is abuse of a dependent/vulnerable adult, a mental health professional is required by law to report this information to the appropriate social service and/or legal authorities.

Duty to Warn and Protect

When a client discloses intentions or a plan to severely harm another person, the mental health professional *may warn* the intended victim and report this information to legal authorities. In cases where the client indicates a plan for suicide, the health care professional may make reasonable attempts to notify client's support system and/or legal or medical authorities.

Prenatal Exposure to Controlled Substances

When a mental health professional has knowledge of prenatal drug abuse, this may be reported to the appropriate social service. Initials indicate understanding of the limits of Confidentiality. _____ <— PLEASE INITIAL

Cancellations and No Shows

If you do not cancel a scheduled appointment, this time is taken away unnecessarily from another client. When you have not canceled your session at least 24 hours in advance you will be billed the entire cost of your missed session. Initials here agree with late cancel/no show policy. _____ <— PLEASE INITIAL

Online Sessions

Due to the nature of internet use, confidentiality is less guaranteed than when meeting in person. Your therapist's priority is to keep all interactions private. Hacking and other illegal activities can occur with online communication. If third parties access information about me, I will not hold my therapist responsible. I am freely giving my consent for online therapy without undue influence. _____ <— PLEASE INITIAL

I understand that if either my therapist or I are not in Texas, we will be working together under my therapist's national Health Coach certification. I understand that if a problem arises from an online or phone session, during which either she or I am not in Texas, I will not receive support from a state licensing board. _____ <— PLEASE INITIAL

In the event of technical difficulties, online sessions can be resumed via telephone.

It is recommended that clients who are exclusively seen online (and are not local to Gates Therapy), have a local therapist available in the event that a higher level of care is indicated. Please fill out a Release of Information for a referring therapist if you have one, or request a referral. Initial agreement _____ <— PLEASE INITIAL

It is expected that online clients agree to No Distracted Therapy. Please do not do other things while engaging in our session, as your full focus is important to your growth.

Please note that recognized standards do not yet exist for the risks and benefits of psychotherapy. This process can sometimes be uncomfortable, un-enjoyable, and/or emotionally difficult.

Client's Printed Name

Signature

Date

