



## **Weltitude Psychology, PLLC**

San Marcos, TX 78666-8278  
(512) 222-4686

# **Informed Consent & Service Agreement**

Effective date: January 26th, 2025

Welcome to Weltitude Psychology, PLLC!

My name is Dr. Seth Savoie and I am a licensed psychologist and owner of Weltitude Psychology, PLLC.

This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. More information on your rights, your choices, and our responsibilities regarding your health information can be found in a separate document provided to you for review entitled – Notice of Privacy Practices.

While these documents may be lengthy and sometimes complex, it is essential for you to comprehend their contents. By signing this document, you are acknowledging an agreement between us. Should you have any questions at the time of signing or thereafter, I am available to discuss them with you. If you wish to review any information in this document with me in further detail before signing, please feel free to contact me at 512-222-4686. I will also provide sufficient time to answer any questions you have at our scheduled appointment.

I understand

## **I. PSYCHOLOGICAL SERVICES**

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each party. As a client in psychotherapy, you have certain rights and responsibilities. There are also legal limitations to those rights you should be aware of. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

The first 1-2 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer some initial impressions of what our work might include. We will discuss your treatment goals and collaborate to create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures or integrative approach to psychotherapy, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you find a list of other mental health professionals for you to contact and set up a meeting with for a second opinion.

I understand

## **II. TERMINATING TREATMENT & RIGHT TO REFUSE TREATMENT**

You have the right to discontinue treatment at any point throughout our work together. As a therapist, I have

the right to decline to treat a client if I believe I cannot provide effective therapy due to factors like personal conflicts that I feel will impede my ability to provide effective care, if I lack expertise or competence, or if a client is verbally or physically abusive to me. I also reserve the right to refuse treatment if a client's situation presents a risk of harm to themselves or others, or if the client requires a higher level of care than I can offer, and I as the therapist cannot adequately manage that risk or provide the recommended level of care. If I decide to refuse or discontinue treatment, I will work with you to provide an appropriate list of qualified professionals who may better meet your needs.

I understand

### III. APPOINTMENTS & CANCELLATION FEES

Appointments will ordinarily be 60 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone.

If you need to cancel or reschedule a session, I ask that you provide 24-hour notice. If you miss a session without canceling, or if you cancel or reschedule with less than 24-hour notice, my policy is to collect \$75. I may waive this cancellation fee if we both agree that you are canceling or not attending your appointment was due to a one-time circumstance that was beyond your control.

You're also responsible for coming to your session on time; if you are late, your appointment still needs to end on time. I will ensure we have the agreed upon appointment length (e.g., 60 minutes) if I begin the appointment late due to unforeseen circumstances on my end. In the event that I am unable to provide services at the time of your appointment due to unforeseen circumstances or if I need to reschedule your appointment, I will make every effort to let you know in advance and work with you to reschedule your appointment at a time that is as convenient as possible for you.

I understand

### IV. PROFESSIONAL FEES

The standard fee for the initial intake is \$175 and each subsequent session is \$150. For couples or relationship therapy sessions, my fee is \$225 each session. You are responsible for paying at the time of your session unless prior arrangements are made. If I decide to accept payment after a session you have already attended, you will have 30 calendar days to settle your balance with me. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment. However, I will make a reasonable effort to work with you to settle your debt with me.

In addition to weekly appointments, it is my practice to charge on a prorated basis (I will break down the hourly cost) for other professional services that you may require such as report writing, telephone conversations that last longer than 15 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request.

If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify.

I understand

### V. INSURANCE

At Weltitude Psychology, PLLC I do not accept insurance as payment. You are responsible for full payment at the time of your session. I will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies provide reimbursement for out-of-network providers and therefore reimbursement is not guaranteed. If you prefer to use a participating provider who is in-network with your insurance, I will support you in finding a list of providers who take your insurance for you to contact on your own.

I understand

### VI. PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. I keep brief records noting that you attended a session or appointment, your reasons for seeking therapy, the goals and progress

we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. I will maintain a copy of your records for a minimum of 7 years after we have terminated our work together and you are no longer a client of mine. My policies for accessing your records, maintaining the privacy of your records, requesting amendments to your records, as well as other information about your privacy rights, are fully described in a separate document provided to you for review - entitled Notice of Privacy Practices.

I understand

## VII. CONFIDENTIALITY

My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practices provided to you. Please remember that you may reopen the conversation at any time during our work together if you have further questions or concerns regarding confidentiality or privacy.

I understand

## VIII. CONTACTING ME

The best way to contact me is through secure messaging in the client portal or by phone at 512-222-4686.

I am often not immediately available by telephone or portal messaging. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voicemail and your call will be returned as soon as possible. It may take a day or two for non-urgent matters for me to reply to portal messages or return phone calls.

Please note that the HIPAA compliant phone service I use accepts Text Messages. However, please do not send me text messages that contain personal information such as the status of your mental health or any other information that you want protected. Please only utilize text messaging for scheduling purposes.

If, for unseen reasons, you attempt to contact me and you do not hear from me or I am unable to reach you, and you feel unable to keep yourself safe, please go to your local hospital Emergency Room or call 911 and ask to speak to the mental health worker on call. You can also utilize the National Crisis Hotline by dialing 988 on your telephone and a support person will assist you.

I understand

## IX. OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social, romantic, or sexual relationships with clients or former clients.

I understand

## X. CONSENT TO PSYCHOLOGICAL SERVICES

Your signature below indicates that you have read this Agreement and the HIPAA Notice of Privacy Practices and agree to their terms.

Client Legal Name - Fir...

Date of ...

Please type in today's date

mm/dd/yyyy

Place your signature here:

