

Dayna Burnett, Ph.D.
4103 Marathon, Suite 200
Austin, Texas 78756
(512) 468-3397

Client Information

Please read, sign and return a signed copy to the office. Keep a copy for your records.

Description of Professional Services: Psychotherapy services may include: Initial Evaluations, Consultation Services, Individual, Couples or Family Psychotherapy, and Telephone Conferences. The aim of the psychotherapist is to use her professional training and experience to promote client competence and the attainment of the client's goals.

Appointments: The first appointment is generally an Initial Evaluation, which lasts 75-80 minutes. Prior to your first visit, you may be asked to complete information forms and bring them with you to the first session. Consultation and individual psychotherapy sessions are 45-50 minutes long. This is to allow time to keep productive notes from our session and make appropriate follow-up calls. Couples and family sessions are 45-75 minutes long.

Length of Treatment: Psychotherapy is generally brief, 12 sessions or less, however this is not always the case. After the initial evaluation, psychotherapy may or may not be one of the recommendations. If it is recommended, we will collaboratively develop a treatment plan based on your goals.

Confidentiality: Professional ethics and state law require complete confidentiality of information shared as a result of psychotherapy services rendered. Cases will NOT be discussed with anyone without written consent, except as legally required in the following situations: If contact reveals that the client is a danger to self or others; if child, or elder abuse is suspected; to insurers for claims payment; or, if the client discloses the identity of a mental health professional who engaged in sexual contact with him or her during the process of treatment. Confidentiality does not extend to criminal proceedings in Texas. This list is not exhaustive, and the situations described are out of the ordinary and have no impact on the vast majority of people seeking mental health services. I share this information so that you can be fully informed and any questions or concerns can be addressed.

Cancellation and missed appointments policy: Clients are expected to notify the psychotherapist 24 hours in advance if they must cancel. Late notifications carry a charge of \$65 and missed appointments are charged the full fee due to

the space being reserved specifically for you and made unavailable to other clients. The fee is payable before or at the next appointment. The client, not the insurance carrier, is responsible for this charge.

Voicemail: You may leave a message on the voicemail service 24 hours a day, seven days a week at (512) 468-3397. Messages left with voicemail after regular business hours will generally be returned on the next business day.

Payment for Professional Services: Payment is required at the time of services rendered, unless prior arrangements have been made. Clients are responsible for all fees even if planning reimbursement from an insurance company. Fees are as follows: Diagnostic Assessment or Couples Therapy: \$165, Psychotherapy or Coaching: \$135, Consultation: \$135. Frequent telephone contacts longer than 15 minutes will incur a prorated fee. Travel time may be included for out of office service. There is no charge for records sent to other mental health professionals.

Overdue Accounts: If you experience difficulty in meeting your payment obligations, please contact me to arrange a payment plan. Overdue accounts may be turned over to a collection agency as a final resort for non-payment, with a surcharge of 30%.

Emergencies: In the event of an emergency, please make use of the emergency services listed below:

24-hour Crisis Hotline	472-4357
Seton Shoal Creek Psychiatric Hospital	324-2000
General Emergency Number	911

Ethical Standards: The ethical guidelines of the *American Psychological Association* are adhered to in this practice. Questions about consumers' rights may be addressed to the Texas State Board of Examiners of Psychologists.

Follow-up contacts: You may be contacted after termination of services for purposes of quality improvement and practice evaluation.

My signature attests to the following:

I have read this information and consent to engage in psychotherapy services. I authorize Dayna Burnett, Ph.D. to release any necessary information to my insurance company. If pertinent, I authorize my insurance benefits to be paid directly to Dayna Burnett, Ph.D. and I understand I am responsible for any non-covered services. I understand that Dayna Burnett, Ph.D. is not “on call” after office hours or on weekends. I understand that Dayna Burnett is a sole practitioner in independent practice.

Signed_____Date_____

Signed_____Date_____