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Consent for Treatment

Welcome to my practice. I am pleased to have the opportunity to witness your personal growth. The intention behind this form is to provide you with the information necessary to empower an informed decision about working with me.

I, _____, hereby provide my consent to participate in an initial consultation and psychotherapy with Nityda Gessel, LCSW, E-RYT. I understand that there are limits of confidentiality, including imminent or serious danger to self or others, or in the case of identifiable abuse to a child or person incapable of caring for themselves (elderly, disabled, etc.), or sexual misconduct by another mental health professional. In rare circumstances, my records may be subject to a subpoena issued by the courts. The aforementioned circumstances will necessitate disclosure to the appropriate authorities.

I further understand that the therapy process can evoke increased self-awareness, the development of new and valuable skills, improved mood, and an increase in happiness and overall well-being. At the same time, therapy may be distressing at times and may affect me emotionally. If this should occur, I understand that I can contact Nityda

Gessel, LCSW, E-RYT to discuss this. I agree to hold harmless, Nityda Gessel, LCSW, E-RYT for any consequences resulting from such evaluation.

Services

Psychotherapy is not easily described; it depends on a variety of factors, including the personalities of the therapist and client and the particular difficulties you are experiencing. There are many different methods I may use to help you with the problems for which you're seeking help. Psychotherapy requires a very active effort on your part, and in order to be successful, you will need to work on things we talk about both during our sessions and at home. Psychotherapy has been shown to have many benefits, including better relationships, more effective solutions to specific problems, and a significant reduction in feelings of distress. However, there can be no guarantee what you will experience. After I have been able to evaluate your needs, we will discuss goals for psychotherapy and a plan for our work together. I generally meet with clients once per week for a 50-minute session at a mutually agreed upon day and time. The length of time in therapy varies for each client based on the client's presenting concern(s), modality of therapy used, and goals for therapy. This too is something we can discuss during our initial consultation and revisit as needed.

Psychotherapy Fees

Individual Therapy	50 min	\$150
Individual Therapy	80 min	\$240
Individual yoga therapy	50 min	\$150
“Yoga Topper” - add 30 min of yoga to any therapy session	30 min	\$75

Insurance

- I am an in-network provider for BCBS PPO. This means that once you have met your deductible you will only pay your copay.
- I am an out-of-network provider for all other major insurance companies. I will provide you with a detailed superbill to submit to your insurance company for out-of-network reimbursement

Cancellation Policy: Please Read Carefully

If you need to cancel an appointment, please notify me at least 48 hours in advance. Less than 48-hour notice is considered a late cancellation. Once an appointment is scheduled, you will be expected to pay for it in full unless you provide 48 hours advance notice of cancellation. "Pay in full" means that the full private pay session cost of \$150 (for 50 minutes) or \$240 (for 80 minutes) is due for late cancellations, even for those who usually pay with insurance. I may make exceptions for illness and other unforeseen circumstances.

Payment

For all psychotherapy services, I generally bill at each visit by check, cash, or debit/credit. I also accept payment at the beginning of the month in advance for sessions scheduled that month. Please note, there is a \$25 fee for returned checks. If your account has not been paid for more than 30 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court which will require me to disclose otherwise confidential information (your name, nature of services provided, and amount due). I will inform you in writing if I intend to exercise that option, to provide you with a final opportunity to make payment arrangements.

Phone Contact

Due to my work schedule, I am often not available by telephone. You may leave a message on my voicemail and I will return your call within 24 hours, with the exception of weekends and holidays. If it is an **emergency**, please call the **Shoal Creek Psychiatric Hospital** at **512.324.2000**, the **Austin Travis County Integral Care Hotline** at **512.472.4357**, or **911**. If I will be unavailable for an extended period of time, I will provide you with the name of a colleague to contact as necessary.

Email and SMS Contact

Because I do all of my own scheduling, I often use email or SMS (texting) to make appointments with clients and/or their parents/guardians. Because these modes of communication potentially expose your protected health information, you must provide me with consent to communicate in this manner and agree to hold me harmless should an unintended breach occur. To do so, please sign here:

Client Signature

Date

PLEASE NOTE: Nityda Gessel, LCSW, E-RYT is an independent, licensed clinical social worker and is solely responsible for her clinical practice. Other clinicians practicing in the office are separately licensed independent practitioners and are professionally and legally responsible for each of their respective practices. Thus, unless otherwise stated in writing, Nityda Gessel, LCSW, E-RYT and those practitioners are affiliated through sharing office space only.

I have read this form in its entirety and understand and agree to the information contained in it. I understand I can revoke this consent at any time, which must be done in writing.

Client Signature

Date