

**Chasee Hudgins, Psy.D.**  
Licensed Psychologist  
512-689-5042  
ChappellHudgins@mac.com

### **OFFICE POLICIES**

My name is Chasee Hudgins and I am a licensed psychologist in the state of Texas. It is important to me that you ask any questions you have about my training and experience. Please take a moment to review my office policies so that our agreement does not present any confusion. I will provide a copy of these policies for you to take home for future reference.

#### **FEES:**

Individual therapy	\$200 per 50 minute session
Family and couple therapy	\$225 per 50 minute session
Individual consultation	\$200 per 50 minute session
Family consultation	\$225 per 50 minute session
Group consultation	negotiated based on needs and number of people
30 minute session	\$125

**PAYMENT OF FEES:** Clients are expected to pay for services at the time they are provided. Payment may be made by cash, check or credit card. **By your signature below, you agree that your credit card will kept on file and charged for services rendered.**

**UNPAID ACCOUNTS:** If you experience difficulty in meeting your payment obligations, please contact me so we can establish a reasonable payment plan.

**INSURANCE REIMBURSEMENT:** I am a Blue Cross Blue Shield provider, and will provide you with a receipt if you would like to file with another insurance carrier. Clients are responsible for all fees not covered by your insurance company.

**CONTACT:** You may contact me or leave a message on my voicemail at 512-689-5042, 24 hours a day, seven days a week. **I am not on call. Messages will be returned within 24 hours.** I do not conduct therapy via text, although we can text to schedule or change appointments.

**EMERGENCIES:** **In the event of an emergency, you may contact me at 512-689-5042 during regular business hours. I am not an urgent care provider and am not on call for emergencies. If I am unavailable or it is after hours, please call 9-1-1 or go to the nearest emergency room. You can also call 512-472-HELP (4357) for Psychiatric Emergency Services at Integral Health at any time.**

**APPOINTMENTS:** Appointments are generally scheduled on a weekly basis. If a scheduled appointment must be changed, please contact me at least 24 hours in advance. Since the time has been set aside for you, **I will charge your full fee for any missed appointments that are not cancelled at least 24**

hours in advance. Clients filing through insurance will also be required to pay the full fee (not just the co pay) for any missed appointments.

**CONFIDENTIALITY:** The confidentiality and privacy of our sessions are extremely important. Confidentiality is protected by regulations in state laws and by my professional ethics and standards. There are some situations, however, in which confidentiality is not guaranteed. These situations are as follows:

1. If I have cause to believe that a child under 18 has been or may be abused or neglected (including physical injury, substantial threat of harm, mental or emotional injury, or any kind of sexual contact or conduct), or that a child is a victim of a sexual offense, or that an elderly or disabled person is in a state of abuse, neglect or exploitation, the law requires that I make a report to the appropriate governmental agency, usually the Department of Protective and Regulatory Services. Once such report is filed, I may be required to provide additional information.
2. In some circumstances, my records may be subject to a subpoena issued by the court. If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your (or your legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
3. If I believe that a client may be of harm to herself or himself or another individual.
4. The law permits me to share records of client appointments with insurance companies and collection agencies for obtaining payment.
5. Confidentiality does not extend to criminal proceedings in Texas.
6. If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.

This is not an exhaustive list; however these are the most common circumstances.

**CLINT RECORDS:** By your signature below, you authorize my office to appoint a qualified professional to serve as custodian of your treatment record in the event of my death or disability. Notice regarding how you may obtain your record in such an event will be posted on [DrChaseeHudgins.com](http://DrChaseeHudgins.com).

**MINORS AND PARENTS:** Patients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's treatment records. However, if the treatment is for suicide prevention, chemical addiction or dependency, or sexual, physical or emotional abuse, the law provides that parents may not access their child's records. For children between 16 and 18, because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is my policy to request an agreement from the patient and his/her parents that the parents consent to give up their access to their child's records. If they agree, during treatment, I will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. Any other communication will require the child's authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

**Legal Proceedings:**

By your signature below, you agree to deposit a retainer of \$2500 with Chasee Hudgins, PsyD before my office will schedule a deposition or court appearance. In the event that a subpoena is served on Chasee Hudgins, PsyD, you also agree to pay a retainer of \$2500 at least 48 hours in advance of any appearance for a deposition or hearing. My fees for services related to legal proceedings at \$500 per hour. You additionally agree to pay my attorney fees if I must get my own legal defense.

**CONTACT**

By your signature below, you authorize my office to contact you through the following means of contact:

I prefer to be contacted through \_\_\_\_\_email \_\_\_\_\_phone \_\_\_\_\_text

Keep in mind that there is no guarantee of privacy when contacting me through email, text, or phone.

Detailed messages can be left through chosen method of contact \_\_\_\_\_yes \_\_\_\_\_no

**AGREEMENT**

I hereby grant my permission for any counseling or diagnostic evaluation that may be deemed necessary by Dr. Hudgins. I understand that therapy is a joint effort between the therapist and client, the results of which cannot be guaranteed. Progress depends on many factors, including motivation, effort, and other life circumstances. I agree that I will be responsible for payment of all professional fees as well as to scheduled appointments. I know that I can end therapy at any time I wish and I can refuse any requests or suggestions made by my therapist. I have read, understand, and agree to the office policies listed above.

I further acknowledge the accessibility to copies of this Agreement and the **HIPAA** notice.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_