
Jennifer Allen Norton, M.A., LPC-S

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COUNSELOR INFORMATION SHEET

ABOUT YOUR THERAPIST:

Jennifer Allen Norton is licensed by the Texas State Board of Examiners of Professional Counselors. She attained a Masters Degree in Professional Counseling. She has been working in the counseling field since 1999: has worked with non-profit organizations and private mental health facilities; and is a member of several professional organizations.

ABOUT THERAPY:

Mrs. Norton is a firm advocate of individual, family, and group therapy as processes of change. However, it is important that clients understand the nature of the therapeutic process so that they will know what to expect. The following represent a partial list of answers to common questions and expectations. Please feel free to ask **ANY** questions that may arise.

- 1) Psychotherapy is a collaborative effort between you and the therapist. Your therapist only facilitates change; she cannot make changes happen.
- 2) The efficacy of psychotherapy (the power to produce results) is in the nature of the relationship between the client and the therapist. It is very important that you feel a comfortable and safe working relationship with your therapist. While this takes time, it also requires that the client be honest about their behavior and any concerns they may have about therapy or their therapist.
- 3) The change process can be uncomfortable.
 - A) The clients may have insights, memories or otherwise gain information that may be unpleasant.
 - B) Clients may experience loss in relationships as they discover and change behavior.
 - C) Families and individuals often experience escalations in problems before they experience improvements.
 - D) Family members and significant others may be reactive to changes a client may make as a result of psychotherapy.
- 4) The therapeutic relationship is a very special professional relationship. While clients may develop a close emotional bond with the therapist, they need to understand that this does not include a social relationship or friendship.
- 5) Touch is an important aspect of therapy. Touch may be used to show support, acknowledge and in greetings and salutations. Therapeutic touch should never be inappropriate or sexual. Mrs. Norton will ask clients for permission to provide therapeutic touch. Clients need to inform Mrs. Norton if they are in any way uncomfortable with therapeutic touch.
- 6) Confrontation is an essential element of psychotherapy. Clients can expect Mrs. Norton to confront issues, behaviors and processes in as gentle and efficient manner as possible.
- 7) Mrs. Norton believes that human beings live in relation to other human beings. We do not live in a vacuum. Therefore with the clients permission, family, friends and significant others may be requested to participate.
- 8) Mrs. Norton is an experiential – process oriented therapist who uses techniques that are largely cognitive-behavioral, experiential and solution focused.
- 9) Mrs. Norton believes that spirituality is an essential portion of the mind-body-spirit integration. Clients can expect input regarding their spirituality with respect to all denominations.

APPOINTMENTS:

Appointments are scheduled on an as needed basis. Clients are subject to being charged for their missed appointments if cancellation is not received 24 hrs. prior to their scheduled appointment. Missed appointments are not covered by insurance and become the responsibility of the client.

SESSIONS:

Individual sessions are approximately 50 to 60 minutes long. Family therapy may run 90 minutes and as long as three (3) hours. Usually sessions are scheduled weekly, however, sessions may occur more frequently in order to manage a crisis or less frequently to manage termination of therapy.

FEES:

- The average hourly rate is \$150.00 per hour. The fees are paid as services are rendered unless special arrangements are made with the therapist.
- Patient initiated telephone consultations and/or therapy is eligible for billing at the regular hourly rate. Please feel free to discuss financial arrangements. Every effort will be made to assist those who need and desire therapy.
- There is a \$150 charge for any missed appointments or late cancellations (within 24 hours).

TERMINATION:

- Client and therapist ideally mutually agree upon termination of the counseling/therapy relationship. Mrs. Norton's only goal is for her clients to be content with their direction in life or toward a solution and relatively confident in their skills and abilities to accomplish such.
- Termination of the counseling relationship will automatically occur if there has been no contact between client and therapist for four (4) weeks.

REFERRALS:

Mrs. Norton believes that everyone has the right to participate in their treatment planning and that joint goal setting is the preferred professional relationship between client and therapist. If, for any reason, Mrs. Norton is unable to meet a client's needs, she will gladly refer to other qualified practitioners in the area. Mrs. Norton encourages clients to inform her if any discomforts arise, so that joint resolution can be made.

EMERGENCY:

Mrs. Norton can usually be reached via her emergency cell phone at (512) 751-9023. If she is out of her office for extended periods of time, she will leave the number of her back up on her regular voice mail. If in an emergency, a client is unable to reach Mrs. Norton they should contact Shoal Creek Hospital's Psychiatric Assessment Team at 452-0361 or the Help Line at 472-4357.

INSURANCE & MANAGED CARE

If you are considering using an insurance Mrs. Norton would like you to be aware of some of the complications of using a health care benefit. Your insurance is a relationship between you and the insurance company.

LOSS OF CONFIDENTIALITY

- Information may be reviewed by the employees of the insurance company and a separate managed care company.
- Some employees of those companies do not have the same training in confidentiality as professionals.
- Insurers put confidential information on computers.
- Industry mergers allow information to change hands.
- Insurance companies or managed care may ask for a copy of your chart, searching for pre-existing conditions, reviewing for medical necessity or auditing purposes.

**CONFIDENTIALITY CANNOT BE KEPT IF YOU ARE ACCESSING
YOUR HEALTH INSURANCE FOR CARE**

LOSS OF CONTROL OF TREATMENT:

- Managed care companies make money by reducing treatment.
- Treatment decisions are based on formulas for average cases.
- Managed care treatment focuses on symptoms not underlying problems.
- The managed care philosophy limits the number of sessions available for treatment as well as the provider eligible to provide the services.
- Changing insurance carriers insurance companies changing managers, mergers and the contract between the insurance company; managed care entity and your therapist are subject to change affecting whether your services will be paid.

EFFECTS OF PSYCHIATRIC DIAGNOSIS:

- Health insurance benefits can only be used for the treatment of an illness, requiring a diagnosis.
- Choosing not to use health insurance benefits means you do not have to have a psychiatric diagnosis.
- Psychiatric and substance abuse diagnosis can affect your future ability to obtain medical and life insurance.
- Some diagnostic categories are not payable by some insurance and managed care entities.

AUTHORIZATIONS:

- Managed care requires the submission of treatment plans to have sessions certified.
- Managed care requires a report about your history, lifestyle and other personal information to determine medical necessity.
- Authorizations for sessions is not a guarantee that the services will be paid. All claims are reviewed with the terms and conditions of you policy, medical necessity, diagnosis and eligibility.
- Authorized sessions may be subsumed under your deductible.

COMPLAINTS:

Complaints regarding this office should be directed to: the Texas State Board of Examiners of Licensed Professional Counselors.

SIGNATURE OF CLIENT

DATE

SIGNATURE OF PARENT, GUARDIAN OR REPRESENTATIVE

DATE

If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual below. (Power of attorney, healthcare surrogate, etc.)
