

**Jennifer Williams Buffalo, MA, LPC-S, LMFT, NCC**  
**Psychotherapist, Counselor, Coach**  
**6019 Belfast Drive**  
**Austin, TX 78723**  
**512-677-5366**

The purpose of this document is to inform you of the policies, services and limitations of my practice.

**Services:**

**Individuals, Couples, or Family Therapy**

Individual, Family and Couples Therapy sessions are 45-minutes long. In most cases, you will have a regular time and day weekly when we will meet. Longer, 90-minute appointments, are sometimes necessary or requested and we will discuss this prior to scheduling.

**Psychotherapy, Counseling, and Coaching:**

Psychotherapy is a process by which individuals work through unresolved issues to gain insight and experience change on a nervous-system level that can lead to a reduction in symptoms. Counseling involves clients working through specific issues to reach resolutions and gain more direction in their lives. Coaching occurs when a therapist provides education to a client regarding their specific concerns. In our work together, I may take on each of these roles at different times.

**Fees:**

My fees are \$140 for 45-minutes. I offer sliding fee based on income for clients who have financial limitations and require a slightly lower fee. Payment is due at each session. Payment may be made by cash, check or credit card. Please make checks payable to Jennifer Buffalo.

**Appointments and Cancellations**

I offer a free 30-minute phone or face-to-face consultation prior to entering into therapy.

Research indicates that people experience the greatest therapeutic benefit when they attend weekly therapy sessions. However, if this is not financially possible, we can discuss an alternative schedule that fits your needs.

You may schedule an appointment with me over the phone, email or in person.

(Please Initial)\_\_\_\_\_ I require 24-hour notice for all cancellations. You will be charged 1/2 of your full appointment fee for your late cancellations and the full appointment fee for any missed appointment without any notice given.

Your appointments are very important to me. I commit to each scheduled appointment and make them a highest priority. Throughout the course of our time together, instances may arise where I am unable to make your scheduled appointment. In these instances, I do my best to provide 24-hour notice. If an emergency arises and I am unable to do so, I will notify you as soon as possible regarding a cancellation and work to reschedule your appointment for another time.

### **Emergencies**

I do not provide emergency counseling services. If you are experiencing an emergency, please contact one of the resources below:

- 911
- 512-472-HELP (4357)
- Nearest hospital

### **Emergency Contact**

This contact will only be used if I believe you or someone else is in immediate danger or if you become ill and unable to continue or depart therapy without assistance

Emergency Contact Person \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

(Please Initial)\_\_\_\_\_ I agree for my therapist to contact the above named person under the above named circumstances.

## **Qualifications**

Jennifer Buffalo is a Licensed Professional Counselor and Licensed Marriage and Family Therapist. Jennifer is a board approved supervisor for clinical interns (LPC Interns). Jennifer is a National Certified Counselor through the National Board of Certified Counselors and a certified mediator. Jennifer received her Master's Degree in Counseling from St. Edward's University in 2010. Jennifer received her Bachelor's Degree in Psychology from the University of Texas at Austin in 2006. Jennifer has completed training levels 1 and 2 of the Gottman Institute's model of couple's counseling. Additionally, Jennifer has extensive training in crisis management, trauma intervention, Dialectical Behavioral Therapy, mood disorders and EMDR. Jennifer works with individuals, couples and families. Jennifer gained much experience as the Clinical Director for Capital Area Counseling from late 2013 until early 2018. She is a board approved supervisor for therapy students earning their Master's Degrees in Counseling as well as for post-graduate therapists working on hours towards licensure. Jennifer is a certified advanced teacher in the *Right Use of Power* from the Right Use of Power Institute.

## **Confidentiality**

Expect that all communication and records related to your services will be treated as confidential and protected to the best of your therapist's legal ability.

Under certain circumstances, your therapist may be required to share confidential information under ethical and legal guidelines. These limitations to confidentiality are:

- 1) When the client is believed to be an immediate danger to self or others.
- 2) When a therapist is told that abuse or neglect of a child or elderly or disabled person has occurred, even if that abuse occurred in the past. This means that sexual activity between a minor and an adult must be reported. Sexual activity between a child and an older child who is three years or older than the younger child MUST be reported.
- 3) When a therapist is told about inappropriate behavior by a previous therapist, the therapist is obligated to report such abuse, however, the client's identity does not need to be disclosed if the client does not wish it.
- 4) When records are court ordered by a judge

5) When you provide a written consent for release. You have a right to request to review your record and/or request an amendment or correction to your record.

You may refuse any service or discontinue services at any time. You may ask question about your treatment at any time.

By signing below, you are indicating that you have read and understand this informed consent statement, have been given a copy of the privacy policies, and that any questions you have had about this document or the therapy process have been answered to your satisfaction.

\_\_\_\_\_  
Client Signature  
NCC

\_\_\_\_\_  
Jennifer W. Buffalo, MA, LPC-S, LMFT,

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
(For minors)Parent/Guardian Signature

\_\_\_\_\_  
Printed Parent/Guardian Name