

**Jennifer Williams Buffalo, MA, LPC-S, LMFT, NCC
Luminary Counseling, PLLC
Psychotherapist, Counselor, Coach
6633 E Hwy 290 Suite 110
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 45-55 minutes long. In most cases, you will have a regular time and day weekly when we will meet. Longer, 75 or 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
Initial 30-minute consultation: Free
45-55 minutes: \$250
75-minutes for \$340
90-minutes for \$400

Throughout the course of our work together, it may be helpful for me to collaborate with your other healthcare providers (Collateral). 1 hour of complimentary consultation and/or document preparation per 12-months is included in your fee for services. Requirements beyond 1 hour for conversations, document preparation, etc will be billed in 15-minute increments at the \$250/hour clinical rate. I will discuss these fees with you prior to commencing the work.

I offer limited sliding fee based on income for clients who participate with the Open Path Collective. These spaces are currently filled. Payment is due at each session. Payment may be made by cash, check or credit card. Please make checks payable to Jennifer Buffalo or Luminary Counseling, PLLC. I do not accept any insurance at this time but will gladly provide

you with an itemized receipt for services (Superbill) for you to submit to your insurance provider for reimbursement. Superbills are available upon request.

Appointments and Cancellations:

I offer a complimentary 30-minute phone, video 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. Throughout the course of a calendar year, your therapist aims to take 6-8 weeks of self-care and/or vacation time. Every effort will be taken to inform you of this time off with ample notice.

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)
- Go to your nearest hospital emergency room

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 and Training:

Jennifer Williams Buffalo is a Licensed Professional Counselor and Licensed Marriage and Family Therapist. Jennifer is a board approved supervisor for clinical interns (LPC Associates). She is the founder, owner and Clinical Director of Luminary Counseling, PLLC. 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. Jennifer has completed 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 the largest community mental health non-profit in the State of Texas from 2013 until early 2018. Jennifer is a certified advanced teacher in the *Right Use of Power* from the Right Use of Power Institute. Jennifer is an EMDR trained therapist and is pursuing certification in EMDR through the EMDR International Association. Additionally, Jennifer is trained in Emotionally Focused Therapy for couples.

Court Appearance and Testimony:

Please do not ask Jennifer to testify in court. Jennifer is not a trained Forensic Psychologist and does not hold any additional training to effectively testify in court on your behalf. Jennifer is not an expert witness. Court appearances also stand the risk of damaging the therapeutic alliance.

Additionally, court proceedings cause huge disruptions in therapists' schedules requiring them to cancel and reschedule standing clinical appointments making it difficult for them care for the needs of their entire caseload. The courts scheduling demands can damage a therapist's ability to earn a living.

If you should decide to go against this agreement and subpoena Jennifer to testify, please note the following fees associated with court appearances and document preparation:

Fees Associated with Court Appearance and Testimony:

Retainer: \$5000 to be paid prior to court appearance or documentation preparation

Daily Rate: \$2500 to be paid at time of scheduling therapist for court appearance (Note: no refunds are given if court dates are cancelled or moved. Remainder of retainer will be refunded 30-days after clinician is released from subpoena by court)

Jennifer does not participate in court on an hourly basis due to the changing nature of these types of proceedings. Documentation preparation required for any court proceedings will be billed in 15-minute increments at the provider's \$250/hour clinical rate.

****Please note: all fees are the responsibility of the client regardless of the subpoenaing entity****

Good Faith Estimate:

Most clients benefit from the consistency of weekly therapy in order to most effectively meet their treatment goals. In many cases, therapy is initiated for a 6-12 month period. However, the length of treatment is very hard to predict as there are many factors influencing it. These factors include your desires for longer-term therapy, the scope of your goals for therapy, the complexity of your mental health needs, your openness and ability to progress in treatment

and the changing needs that arise throughout the course of treatment. We can discuss these items at your complimentary 30-minute initial consultation. Generally, every 3-6 months you will discuss your goals with your provider to ensure that you understand your treatment and its associated costs. You may always ask for a breakdown of these costs in writing.

Clients requiring just 6 months of weekly 45-55 minute treatment at \$250 per session for a total of 25 weeks, accounting for vacations and holidays, can estimate a total cost of treatment of \$6250.

Clients requiring 12 months of weekly 45-55 minute treatment at \$250 per session for a total of 50 weeks, accounting for vacations and holidays, can estimate a total cost of treatment of \$12,500.

Extending either the length of the appointment or the length of treatment will increase this cost at a rate of \$250/hour.

Should you require a separate option for your psychotherapy services, please let your provider know and a new Good Faith Estimate will be generated for you.

Good Faith Estimate Disclaimer:

The Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs. The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute the bill. If you are billed more than this Good Faith Estimate, you have the right to dispute the bill. You may contact your healthcare provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process 120 calendar days of the date of the original bill.

There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on the good faith estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

To learn more about this process, go to www.cms.gov/nosurprises or call 512-424-6500. Keep a copy of this Good Faith Estimate in a safe place or take a picture of it. You may need it if you are billed a higher amount.

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. If you have any questions or concerns about therapy, I absolutely hope that you bring those to my attention. I am very open to feedback. However, it is important that you understand that it is your right to understand the grievance process. Should we be unable to reach a resolution regarding your concerns, complaints about services may be directed to:

Texas Behavioral Health Executive Council

333 Guadalupe St. Ste 3-900

Austin, TX 78701

512-305-7700

Or online at:

www.bhec.texas.gov

<https://www.bhec.texas.gov/wp-content/uploads/2020/07/BHEC-Complaint-Form.pdf>

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

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

Client Printed Name

Date

(For minors)Parent/Guardian Signature

Printed Parent/Guardian Name