



The Therapy Corner Counseling & Consulting, PLLC  
6671 Southwest Freeway, Suite 406 Houston, Texas 77074  
Office (832) 287-8502 | Fax (713) 354-3499

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## **Practice Policies**

### **Telephone Accessibility:**

If you need to contact me between sessions, please leave a message on my voicemail. While I may not be immediately available, I will make every effort to return your call within 24 hours. Face-to-face sessions are strongly preferred over phone sessions. However, in cases where you are unable to attend in person (e.g., illness, travel) or if you require additional support, phone sessions are available. If you are experiencing a true emergency, please call 911 or go to your nearest emergency room.

### **Social Media and Telecommunications:**

To protect your confidentiality and maintain professional boundaries, I do not accept friend or contact requests from current or former clients on social media platforms (e.g., Facebook, LinkedIn). Engaging with clients on social media can compromise privacy and blur the lines of the therapeutic relationship. If you have any questions or concerns about this, we can discuss them during your session.

### **Electronic Communication:**

I cannot guarantee the confidentiality of communications via electronic means such as email, text messages, or other forms of electronic media. If you choose to communicate with me via email or text for scheduling or cancellation purposes, I will accommodate these requests. However, please do not use these methods for discussing therapeutic matters or seeking emergency assistance, as I may not be able to respond immediately.

Please note that electronic services, including but not limited to phone calls, emails, or other online methods, may be classified as telemedicine. Under the California Telemedicine Act of 1996, telemedicine is defined as the use of technology to provide medical services remotely. If telemedicine is used in your treatment, you should be aware of the following:

- You may withdraw your consent for telemedicine at any time without affecting future care or benefits.
- All confidentiality protections that apply to in-person treatment also apply to telemedicine.
- You have the right to access all information transmitted during a telemedicine session, and copies can be provided for a reasonable fee.
- No information or images from telemedicine interactions will be shared with researchers or third parties without your explicit consent.
- There are potential benefits and risks to telemedicine. Benefits include improved accessibility, cost-effectiveness, and continuity of care. Risks include the potential for the therapist to miss clinically relevant non-verbal cues (e.g., body language, grooming, or other physical indicators) that are more easily observed in person.

**Minors:**

If you are under 18 years of age, please be aware that your parents or guardians may have a legal right to some of your treatment information. I will work with you and your parents to establish what information is appropriate to share and what will remain confidential.

**Termination of Therapy:**

Ending a therapeutic relationship can be challenging, so it is important to engage in a structured termination process to ensure proper closure. The appropriate length of termination depends on the duration and intensity of treatment. I may decide to terminate therapy if it is determined that sessions are not being used effectively or if there are unpaid balances. Should this occur, I will discuss the reasons for termination with you in advance. If you request another therapist, I will provide a list of qualified professionals for referral. You are also welcome to find a provider on your own or through another referral source.

If you do not schedule an appointment for three consecutive weeks without prior arrangements, I must consider the therapeutic relationship discontinued for legal and ethical reasons.

By signing below, I confirm that I have read, understand, and agree to the terms outlined above regarding payment and attendance policies for services provided by The Therapy Corner Counseling & Consulting, PLLC.

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

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date