

**PEGGY KRUGER
TIETZ PH.D.
LICENSED PSYCHOLOGIST**

Office Policies and Procedures

I view therapy as the two of us forming a therapeutic relationship in an endeavor to increase understanding of yourself in an effort to bring about positive change in your life. I believe it's helpful to make the conditions of our relationship explicit in order to create a safe, consistent and stable environment for you. The guidelines below will help us to build a solid foundation for our relationship together. If you have any questions, concerns, or would like to alter this agreement in any way, please don't hesitate to discuss them as they arise.

1. I agree to utilize my skills, training and experience to the best of my ability and always put your welfare first. I will do all I can to create a safe, nurturing environment to allow full expression of who you are as an individual.
2. I agree to work within the limits of my ability and will refer you to a more suitable therapist if either of us believes that I am not the best therapist to meet your needs.
3. I am responsible for being in my office during scheduled appointment times (or for waiting a minimum of twenty minutes for a scheduled client). I will give 24 hour notice if I am unable to meet a scheduled appointment. If I am unable to give such notice and you show for the appointment, your next appointment will be free of charge.
4. You agree to give at least 24 hour notice to cancel an appointment. If you are unable to give such notice, you will be charged for the time that we have mutually reserved for you and I to meet.
5. You agree to actively participate in the process by sharing any pertinent information with me and discussing such issues as safety and feelings toward me or the therapeutic process as they emerge. It is normal to feel anxious or even angry at times about being in therapy. I understand this and am willing to give you whatever assurance you may need to receive the best care.

A Word about Confidentiality

I keep all information confidential, which means I don't reveal your name to anyone even if they know you're in therapy with me. If there is someone you want me to share information with, you can sign a release form. The only instances in which confidentiality will be broken are those mandated by law. I must notify appropriate authorities of information concerning abuse, neglect, or molestation of a minor (or in some cases of an elderly person) and of threatened harm to a specific person and if I believe you pose a threat to yourself or someone else or if I am court ordered to do so.

I can be reached by phone (512 293-4517) and if I am not available you may leave a voice mail message. If you need a return phone call please leave times when you will be available. If this is an emergency and you need an immediate reply please let me know.

My fee is \$175 for fifty minutes of individual, couple or family psychotherapy. Payment is due at the time of service. If you have health insurance which provides benefits for mental health services I will give you a receipt that you may submit to your insurance company.

Remember, this is your therapy. I am here to serve you. Feel free to take charge of the process and discuss any issue you wish. There might be times when I may misunderstand something which you have tried to convey to me during our session. Please feel free to let me know so this can be clarified. I also hope you will be comfortable letting me know if you have any concerns over anything I have said or you feel I have implied.

I have read and understand the conditions listed above and agree to them.

Signature _____

Date: _____

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