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**Lynne Milburn, LPC**  
Licensed Professional Counselor TX #08324  
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**INFORMATION AGREEMENT**

The decision to begin counseling is a significant one. As you consider starting this process it is important to read the information below so that you are aware of how my practice is conducted. This information will be reviewed in our first session and you will become a “client” when we both have agreed to the following:

**CONFIDENTIALITY-** I do not release personally identifiable information concerning clients without prior permission of the client. I will be glad to talk with persons you designate if a “Release of Information” form is signed by you. If you are using your mental health insurance, I cannot guarantee confidentiality. In addition to the insurance company, the other exceptions to confidentiality are: 1) if there is clear and present danger that someone’s life may be at risk, 2) if there is apparent child or elder abuse, 3) if I receive a court order. Any legal proceedings requiring my services are billed at three times my regular hourly rate, 4) if you take a career test via CPP, I share this testing site with Gail Goodman, LPC, and 5) if there ever is an emergency situation in which I am unable to contact you, you will be informed through my colleague, Sarah Sutton, MSW.

**CONTACT-** My private practice phone is a confidential voicemail. I check messages regularly and usually return calls within one business day (M-F). Phone calls lasting more than 10 minutes will be billed on a prorated basis. If you cannot reach me in an emergency, please call your physician, 911 or the Crisis Hotline at 512-472-4357. Please communicate any counseling concerns with me via voice mail and I will schedule an appointment with you as soon as possible. Because email and text are not secure mediums, please do not send your counseling concerns via these technologies. With your permission, I use email for scheduling sessions and for resume/cover letter critique. I do not communicate with clients via social media (e.g., Facebook, LinkedIn).

**PAYMENT POLICY-** The fee for a 50-minute session is \$160 and acceptable forms of payment are credit cards, checks, and cash. Most of the initial sessions are 90 minutes and I charge \$250. Payment is due at the beginning of each session. My psychotherapy services are covered by some insurance plans and I encourage you to verify your insurance coverage before beginning counseling. Filing claims and collecting from your insurance company will be your responsibility. Let me know if you are filing insurance and upon your request, I will provide monthly billing statements so that you may file the claims at your convenience. Career counseling is not covered by insurance but in some instances it may qualify for a tax deduction.

**CANCELLATIONS-** If you need to cancel or reschedule an appointment, please notify me by voicemail at least 24 hours in advance. You are responsible for paying my standard fee (\$160) for any appointment canceled less than 24 hours in advance or missed completely and the credit card I have on file will be charged.

Please complete with your credit card information:

Name on Card \_\_\_\_\_  
Card Number \_\_\_\_\_  
Expiration Date (mo/yr) \_\_\_\_\_  
3-digit code on back of card \_\_\_\_\_  
Billing Zip Code \_\_\_\_\_

**AGREEMENT-**I have read and understand all the above information and agree to these policies and procedures.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_  
Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_