**Lisa R.H. Nanyes, MA, LPC-S**

4130 E. 12th St.

Austin, Texas 78721

512-203-6830

LisaRHCounselor@gmail.com

**Disclosure Statement**

**Licensure and Education:** I am licensed in the State of Texas as a Licensed Professional Counselor and Supervisor, having met the States requirements. I hold a Master’s Degree in Counseling from Texas State University with a Minor in Marriage and Family Therapy. I have ten years of counseling experience working with individual adults and adolescents.

**Therapeutic stance:** I believe in the power of therapy and the power of talking. I use a combination of CBT/Solution Focused for problem solving and a psychoanalytic approach combined with strength based concepts. I believe in meeting you where you are, not one person or their situations look the same, I strive to use a unique approach for each client.

**Appointments and Fees:** Sessions are 50 minutes and my fee per session is $85 unless we agree upon a lesser fee or you would like to use insurance. I am credentialed with BlueCross Blue Shield of Texas, United Behavioral Health and Cigna. Each session is paid weekly or monthly, depending on the agreed upon schedule. I accept checks or cash and credit cards. If you are unable to attend a session, you must **call** 24 hours prior to the session to cancel and reschedule or you will be charged for a full session.

**Confidentiality**: As required by law, all information discussed during the course of psychotherapy with a Licensed Professional Counselor is confidential, unless confidentiality is waived by the clients’ signing a release of information form. Under certain situations, however, confidentiality may not hold. These situations are:

1. Any knowledge of child abuse, elder abuse or abuse of a handicapped person must be reported to the Child Protective Services Agency, or other appropriate agency.
2. If your psychotherapist believes your actions may constitute a danger to either yourself or others, this information must be reported to the potential victim or relevant authorities.
3. Information must be released to the courts if requested by a court subpoena under certain conditions.

**Privacy Concerns and Social Media Policy**: Please note, communication via a cellular phone or email is not secure, information transmitted by one or both of us could be intercepted by a third party. If you have any questions or would like additional information please feel free to ask. Understand, I do not answer facebook or linkin requests for the sake of your privacy. In addition, if we are in the same public space, I will not approach you or say hello for the same reason, to keep your privacy and confidentiality.

**Client Rights:** As a client, you have a number of rights concerning the course of treatment. If during the course of your treatment you have any questions or concerns about your therapy, please raise those questions with me. This is your therapy and it’s important you understand the direction and process of your treatment. If you are unhappy with the therapy you are receiving you have the right to request a change in treatment. If needed, I will help you locate another therapist. If you wish to file a complaint, call Texas State Board of Examiners of Professional Counselors, 512-834-6658.

**\*\* sign both copies of the Disclosure and Informed Consent statement, return one copy to me, keeping the second copy for your records.**

This signature attests I have read the Informed Consent, had sufficient time to be sure I considered it carefully and understand it and asked any questions I needed to. I agree to undertake therapy under these conditions with Lisa R.H. Nanyes, MA, LPC-S

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd Signature (couple or parent):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Client Information**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle/underline or highlight the following:

**Communication Preference:** Email/Phone

**If phone: Contact preference**: Day/ Evening / Either Message ok? Yes /No

**Please briefly describe what you would like to discuss in therapy?**

**If you have worked with a therapist in the past, what traits or qualities did you find most valuable? Was there anything that was not helpful?**

**What do you hope to get out of therapy? Do you have a specific goal or do you hope to learn more about yourself?**

**Therapy can bring up many feelings and thoughts, which can be difficult, what are ways you will plan to take care of yourself?**