

Bonnie Fleckenstein, MA, LPC-Intern  
Psychotherapist  
Supervised by Jennifer Buffalo, MA, LPC-S, LMFT  
Luminary Counseling  
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512-784-2690  
[bonniefleckenstein@gmail.com](mailto:bonniefleckenstein@gmail.com)

This document is provided to inform you of the policies, services, and limitations of my practice.

I provide individual therapy sessions for 50 minutes per session. Usually the sessions will be scheduled for a regular time and day on a weekly basis. However, I am available to provide 90 minute sessions if requested.

Psychotherapy is a collaborative process by which individuals are able to gain deep insights and experience change facilitated by the therapist but the change and growth occurs from within the client. Counseling occurs when the therapist provides education and information in helping the client to resolve a specific issue in their life. Both of these aspects work together in providing optimal processes resulting in positive change. Our work together is uniquely tailored to each individual.

My fees are a range from \$70 - \$90 per 50 minute session. I offer a sliding scale fee based on income for clients who may need a slightly lower fee. Payments are due at each session. Payments can be made by cash, check, or credit card. Please make checks payable to Jennifer Buffalo as she is my supervisor.

I offer a free 30 minute consultation prior to entering into therapy. Research indicates that people experience the best therapeutic benefits when they attend weekly sessions. However, if this is not financially possible I can offer therapy sessions on an every other week basis.

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 cancellation and the full appointment fee for any missed appointments without any notice given.**

Your therapy appointments are very important to me. I am committed to each scheduled appointment and make them a high priority. During the course of our time together occasions may come up when I am unable to make our scheduled appointment. Should this occur, I do my very best to provide 24 hour notice. If there is an emergency and I am unable to do so, I will contact you as soon as possible regarding a cancellation and work to reschedule your appointment for another time.

Should you experience an emergency between appointments please contact either 911, 512-472-HELP (4357), or the nearest hospital.

**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.

These are my qualifications to practice therapy under the supervision of Jennifer Buffalo: I am a Licensed Professional Counselor-Intern. I obtained my Bachelor's Degree in Psychology (2013) and my Master's Degree in Counseling (2016) from St. Edward's University. I obtained direct experience practicing therapy during my Practicum in Graduate School at Capital Area Counseling. My therapeutic approach with the clients there was within the framework of a holistic person-centered therapy that included Mindfulness, Body Wisdom, CBT, along with some modalities I learned in my trauma class at St. Edward's. I do not have specialized training in trauma.

### **Confidentiality**

All communication and records in therapy will be treated as confidential under my best legal ability to do so. There are certain circumstances I may be required to share confidential information under ethical and legal guidelines. The 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 the abuse occurred in the past. This means that sexual activity between a minor and adult must be reported. Sexual activity between a child and 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.

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.

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Client Signature

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Bonnie Fleckenstein, MA LPC-Intern

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Client Printed Name

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Date

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(for minors) Parent/Guardian Signature

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Printed Parent/Guardian Name