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Disclosure Statement

Purpose of This Document

I am providing this information to you, in accordance with Federal and State law, so that you can make an informed choice regarding the clinician and kind of treatment that are right for you. This document includes information about my treatment philosophy and methods, my education, training and experience, my policies and fees, and your rights and responsibilities as a therapy client. If you have any questions or concerns about any of this information, please raise them with me.

Treatment Philosophy

You are probably coming to therapy because you want to change or come to terms with something in your life. You may or may not know right now what your precise goals are. If not, we can work together to formulate them. It will be my highest priority to form a warm, trusting and emotionally safe therapeutic relationship with you, so that we can work on your goals effectively. Periodically, we will revisit your goals to make sure that our work is in keeping with them and/or to alter them if that has come to seem appropriate.

I believe that people contain the seeds of their own authenticity and development, and that it is the therapist's job to help the client remove what blocks his or her natural growth. In my work, I draw upon emotionally-focused, mindfulness-based, body-centered, and developmental theory and practices. However, above and beyond any specific techniques, I am convinced that it is the quality of our therapeutic relationship that will determine our progress.

I take an active part in therapy. I ask questions, make observations, and suggest in-session activities. Occasionally, I even give "homework" assignments. In order for your therapy to be effective, you will have to take an active part too, doing your best to talk about the difficult things that brought you to therapy and/ or feelings that may arise within our therapeutic relationship.

Psychotherapy can have tremendous benefits with regard to improving the quality of people's lives. It also has risks. It is not a linear process, but rather one that involves twists and turns. Sometimes painful material is uncovered. Sometimes people experience feelings of grief, anger, fear, and/or frustration along the way. Additionally, while I will do my utmost to help you achieve your goals, there are no guarantees that you will find therapy with me successful.

Education, Training and Experience

I am a Licensed Professional Counselor (81587) in the state of Texas since 2019, a Certified Emotionally Focused Couple Therapist since 2010, and a Certified Emotionally Focused Supervisor since 2015. I received my Ph.D. in counseling from Kent State University in 1976. Since completing my Ph.D., I have undergone

my Ph.D. in counseling from Kent State University in 1976. Since completing my Ph.D., I have undergone advanced training in Emotionally Focused Couples Therapy, Emotionally Focused Therapy for individuals, and member of the American Association for Marriage and Family Therapy, , the International Centre for Excellence in Emotionally Focused Therapy, and the Austin Emotionally Focused Therapy Community.

Policies Regarding Fees, Payment, Cancellations, Phone Calls, E-mail and Phone and Video Counseling

Individual therapy sessions are usually scheduled for 55 minutes once a week. Sessions for couples are 60 to 80 minutes in duration, depending on my discretion. The frequency of sessions may be changed due to crisis, vacations, or indications that more or less frequent sessions would facilitate your goals. My regular fee for 55 minutes is \$150 and my regular fee for couple sessions is \$180. I am committed to serving clients at all income levels. If these fees would prevent you from gaining access to my services, we can negotiate a different fee.

We have agreed upon a fee of \$ _____ for a _____ minute session.

During the current COVID-19 outbreak, I am seeing clients exclusively online using Zoom meetings.

Payment is due at the time of service. During this time when we are not meeting in person, you may pay me through Zelle by using my phone number (425-802-6466). If your bank doesn't offer Zelle, you may pay me through Paypal which will allow the use of a credit card, using my email address, LBuchanan1@mac.com. You will be expected to have paid before our next session.

I do not currently bill insurance companies. However, if you desire, I can provide you with a medical receipt for your payment that you can use to seek reimbursement from your insurance provider.

Your time-slot is reserved for you. If you arrive late, I will still end the session on time. **Except in cases of illness or emergencies, you will be charged for sessions unless you cancel at least one full business day (usually 24 hours) prior to the appointment.** This is so that I can be assured of making a living and is not meant to be punitive to you. If I have to cancel one of your sessions without 24 hours notice and the cancellation is not due to illness or emergency, I will make up the time for free.

If you need to reach me between sessions, you can call and leave a message on my confidential voicemail and I will return your call as soon as possible, usually by the next business day. If you have a mental health emergency and cannot immediately reach me, leave a message so that I can call you back AND call the crisis clinic at 512-472-4357 for immediate assistance. I will usually not charge for phone contact. If calls extend beyond ten minutes, I may charge you on a prorated basis, according to the fee structure we have established.

For your security, email correspondence will generally be limited to initial contact and scheduling. If you need to convey something to me, please call. If you choose to use email, you must understand that email is an inherently unsecured means of communication and your confidentiality may be at risk. Note that I do not send or receive texts.

[During ordinary times] As an accommodation to those who would find it difficult to meet with me in my office, and only as appropriate to our work together, I offer telephone and online video counseling by appointment. Those choosing to take advantage of these options should be advised that your confidentiality cannot be as securely guaranteed on the phone/online as it can be in a private office setting.

Your Rights as a Therapy Client, Including Confidentiality

Your participation in therapy is voluntary. You have the right to refuse and/or end treatment at any

You have the right to confidentiality, including regarding the fact that you are, or have been, a therapy client, with the following exceptions:

- where there is reason to suspect the abuse or neglect of a child or dependent adult
- where there is a clear threat to do serious bodily harm to yourself or others
- as the result of certain subpoenas or court orders.

Permission to Video Record Therapy Session

As a means of augmenting your therapy work, I video record all couples therapy sessions. By reviewing these recordings I am able to increase my understanding of your interactions as a couple and our work together in session. This helps me to better support you in reaching your goals. I am often able to see or hear something important in this review that I would have missed otherwise.

In addition, occasionally I may wish to use portions of the video recording to receive consultation from very select senior therapy consultants (who live far away). This is a regular part of professional therapy and allows me to get the best possible advice on your treatment and how best to meet your goals. In any such consultation, no identifying information is disclosed. To ensure even greater confidentiality, all matters discussed during consultation remain confidential between the consultants and me. The recordings will be used for no other purpose without your written permission.

These recordings are my property and will remain solely in my possession during the course of your therapy. Should you wish to review these recordings for any reason, we will arrange a session to do so. These materials will remain in locked facilities at all times except when I am using them. At the conclusion of your therapy, these recordings will be destroyed.

I understand and accept the conditions of this statement and give my permission to record the therapy sessions. I also understand that I can revoke or limit this permission at any time.

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

I will not disclose your personal information to any other person or agency except with your written permission or, possibly, in the case of one of the exceptions listed above. In the case of couples, I will release information with the written permission of both partners. By signing this document, partners consenting to embark on conjoint counseling with me agree to release confidentiality to each other.

If you are involved in a divorce or custody litigation, please understand that my role as a therapist is not to make recommendations for the court concerning custody or parenting issues or to testify in court concerning opinions on issues involved in the litigation. By signing this document, you agree not to call me as a witness in any such litigation.

