



Juliane Taylor Shore, LPC, LMFT, SEP

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Client Agreement-Informed Consent

The purpose of this document is to introduce you to the services, policies, agreements and limitations of my practice.

Services Offered:

- I offer individual, couples, family and somatic therapy.
- I specialize in trauma recovery and in couples counseling.
- Therapy can be a commitment of a few weeks or months or can last a year or more. The time frame of therapy is influenced by the number and depth of the issue(s) that you would like to address, as well as, how we work together and your own motivation and investment.
- My goal is to collaborate with you so that I can assist you in resolving your concerns as efficiently and as thoroughly as possible.
- You are in charge of your therapy. I will do my best to work in a way that fits best with your goals and comfort level. Sometimes I may wonder if something from your past is influencing your current difficulties or I may ask you more about what you are experiencing in your body, emotionally and in your thoughts. Feel free to let me know if some line of questioning bothers you so that we may discuss my reasons for asking and your concerns.
- I often use EMDR and Somatic Experiencing when working with those who have come for help with a trauma or with couples when we discover that a trauma may be inhibiting the couple relationship. If I think that these are appropriate or if you have come to me to do this work specifically, I will discuss the theory and techniques with you prior to working in this way.
- The relationship that I have with clients is a container through which growth, healing and change can take place. As such, it is often one in which close emotional bonds develop. It is also a professional relationship in which appropriate emotional boundaries must be maintained. For the most part, the therapeutic relationship begins and ends in the therapy office. Although it is sometimes difficult to understand, it is necessary to maintain the therapeutic environment.
- Austin is a small community, so it is likely that we may see each other outside of the office or know people in common. We can discuss any concerns you have about these issues.



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Confidentiality:

- Texas state law and the ethics of my profession require that anything you say in the context of our therapeutic relationship remain confidential.
- The Privacy Notice explains the times and situations which the law requires me to break some portion of our confidentiality.
- I participate in professional consultation and supervision groups. At times we discuss specific cases. I protect my clients confidentiality at those times by concealing their identity. For example, I do not use names, professions or other identifying information.
- I require written authorization from you, outside of the times required by law or through supervision or consultation, to discuss with anyone or disclose in any way your personal information. This includes speaking with other doctors, such as a psychiatrist, your family members, lawyers or insurance professionals.

Risks of Therapy:

- Most risks, when experienced, are direct consequences of positive therapeutic movement.
- Clients sometimes experience a deterioration in emotional and psychological stability. This often occurs at the beginning of therapy, but may occur at any point, often brought on by an awareness of previously unconscious, emotionally laden material.
- Relationships are often affected as a result of therapy. Significant relationships will often experience varying degrees of tension. This is most prevalent in family relationships, but may extend beyond into one's social and professional life.
- When people engage in somatic healing from trauma they sometimes experience somatic symptoms such as feeling "fuzzy" mentally or feeling vibrations or slight trembling. This usually occurs during the session or immediately afterwards and should end shortly.

Appointments & Cancelations:

- I offer 1/2 hour no charge consultation via phone or in person prior to engaging in the therapeutic relationship..
- Research shows that people have the greatest therapeutic gains by coming to therapy weekly. However, for fiscal reasons or time constraints some people prefer to work every other week. I am comfortable with both formats. It is also not unusual for people to move to monthly or per required need sessions toward the end of their therapy.
- Appointments are 55 minutes in length. All appointments end five minutes prior to the end of the hour. (For example, if you appointment time is 10-11 am it will end at 10:55 am. If your appointment is scheduled from 10-11:30 am, your appointment will end at 11:25 am.)
- Appointments can be scheduled via phone, email or in person. Some clients prefer a regular weekly appointment. Others prefer to be able to shift their appointment time from week to week. Both options are available.



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- If we are working with Somatic Experiencing for trauma, appointments might run over slightly due to the body's pace in processing. It is a good idea not to schedule anything right after this type of therapy.
- If I begin your session after the scheduled beginning time, due to running behind schedule, I will complete your full 55 minute session.
- I require 24 hour notice to cancel an appointment without incurring charge.
- I know that emergencies sometimes come up and missing therapy cannot be avoided. Therefore, we allow one emergency no charge cancellation with less than 24 hours notice. When you choose to use this no-charge absence is up to you. If you cancel a session late or do not show up for a session your therapist will ask you if you would like to use your no-charge cancellation now or if you would rather pay for the missed session.
- I charge my hourly rate, prorated, for any phone call between appointments that lasts longer than 15 minutes.

Fees & Payments:

- Sessions are \$165.00 per 55 minute session. If that fee poses significant challenge for you and your family feel free to discuss possibilities with me.
- I do not accept insurance but am happy to provide a receipt if you would like to file with your insurance company as an out of network provider.
- You may pay by cash, credit card or check. Please make checks payable to Juliane Taylor Shore.

If you are coming for couples therapy please have both adults sign.

I have read, understood and agree to abide by this agreement.

Signature: _____

Date: _____

Printed Name: _____

Signature: _____

Date: _____

Printed Name: _____