

CLINICAL POLICIES

Thank you for choosing Cristina Lima Therapy. We realize that starting therapy is a major decision and you may have many questions. This document is intended to inform you of our policies and your rights as a client. If you have other questions or concerns, please ask and we will try our best to give you all the information you need.

PROFESSIONAL DISCLOSURE

Cristina Lima, PhD, has earned a PhD in Counseling and Counselor Education from the University of North Carolina at Greensboro, and a Master's Degree in Marriage and Family Therapy from the East Tennessee State University. From 2001 to 2007, she was licensed by the Regional Board of Psychology, in Brazil (CRP 13/3648), where she is a Specialist in Health Psychology and a Specialist in Clinical Psychology from the Universidade Federal do Rio Grande do Norte, Brazil. In the US, she is a Licensed Marriage and Family Therapist (License #202197), a Licensed Professional Counselor (License #70776), and Board Certified in Neurofeedback. Dr. Cristina Lima works with psychotherapy and neurotherapy. She has an extensive experience in psychotherapy working with a variety of clients in individual and couples therapy, addressing a number of issues including relationship problems, trauma, depression, and anxiety. Her main approach in counseling is a combination of Emotionally Based Therapy, and Attachment Based Therapy, combined with Mindfulness and Cognitive Behavioral Therapy techniques, from a systemic, multicultural, and phenomenological stand. Dr. Cristina Lima uses neurofeedback as an alternative to treat a number of conditions such as ADD/ADHD, PTSD, TBI, trauma, anxiety, panic attacks, depression, sleeping problems, autism, chronic pain, substance abuse, and others. She is able to provide therapy in English, Portuguese, and Spanish.

CONFIDENTIALITY

Your verbal communication and clinical records are strictly confidential except for: a) information (diagnosis and dates of service) shared with your insurance company to process your claims; b) information you and/or you child or children report about physical, sexual abuse or elder abuse, which in such situation, by Texas State Law, I am obligated to report this to the Department of Children and Family Services; c) where you sign a release of information to have specific information shared; d) if you provide information that informs me that you are in danger of harming yourself or others; e) information necessary for case supervision or consultation and; f) when required by law.

EMERGENCY SITUATIONS

If an emergency situation for which the client or their guardian feels immediate attention is necessary, please call 911 for those services. As soon as possible, upon notification of the emergency situation, Cristina Lima will follow those emergency services with standard therapy and support to the client or the client's family.

COORDINATION OF TREATMENT

It is important that all health care providers work together. As such, we would like your permission to communicate with your primary care physician and/or psychiatrist. Your consent is valid for one year. **Please understand that you have the right to revoke this authorization, in writing, at any time by sending notice. However, a revocation is not valid to the extent that we have acted in reliance on such authorization.** If you prefer to decline consent your information will not be shared.

FEES FOR SERVICES

Sessions are 45-50 minutes. The fee for a therapy session is \$150 paid cash, check, or credit card. The same rate is applied for telephone or online sessions. Rates are subjected to adjustment. When rates are adjusted, clients are notified two months in advance.

CANCELLATION POLICY

For cancellations less than 24 hours prior to the session and for no-shows, there is a \$50 fee to the client. Repeated cancellations and/or no-shows may be grounds to terminate therapy.

CONTACT FOR COMPLAINTS

Texas State Board of Examiners of Marriage and Family Therapy
Texas Department of State Health Services
Mail Code 1932
P.O. Box 149347, Austin, Texas 78714-9347
Telephone: (512) 834-6657 Fax: (512) 834-6677
Email: lpc@dshs.state.tx.us
<http://www.dshs.state.tx.us/mft>

Texas State Board of Examiners of Professional Counselors
Texas Department of State Health Services
Mail Code 1982
P.O. Box 149347, Austin, Texas 78714-9347
Telephone: (512) 834-6657 Fax: (512) 834-6677
Email: mft@dshs.state.tx.us
<http://www.dshs.state.tx.us/counselor>

Revised on June 28th, 2019