Melissa Robilliard, M.S., LPC
Texas License 60997
97 Village Ln Fl 3 #305
Colleyville, TX 76034
817-888-1165

Welcome

The following information is an outline of the policies and procedures for face-to-face and telehealth services. If you have any further questions concerning these policies, do not hesitate to ask.

Texas Behavioral Health Executive Council
333 Guadalupe St., Ste. 3-900
Austin, Texas 78701
Tel. (512) 305-7700
1-800-821-3205 24-hour, toll-free complaint system
My license number is 60997 and may be verified by contacting the Texas Behavioral Health Executive Council if you so desire.

NOTICE TO CLIENTS The Texas Behavioral Health Executive Council investigates and prosecutes professional misconduct committed by marriage and family therapists, professional counselors, psychologists, psychological associates, social workers, and licensed specialists in school psychology. Although not every complaint against or dispute with a licensee involves professional misconduct, the Executive Council will provide you with information about how to file a complaint. You may also submit a complaint through the Attorney General's Consumer Protection website at https://www.texasattorneygeneral.gov/consumer-protection. Please call 1-800-821-3205 for more information.
Adopted to be effective: May 1, 2026

Informed Consent Section

Melissa Robilliard, M.S., LPC makes no guarantee that by entering into a counseling relationship that the client's presenting problem will be improved. The counseling relationship is entered into of the client's own free will and the client is free to terminate therapy at any time. If in the clinical and professional judgment of Melissa Robilliard, M.S., LPC it is determined that the client's best therapeutic interests would better served with an alternate clinician or program, Melissa Robilliard, M.S., LPC will make appropriate clinical referrals to such persons or programs.

The counseling relationship is a professional relationship as outlined in the code of ethics of Texas Board of Licensed Professional Counselors and Therapists. No other relationship may exist between the therapist and client.

Initial: _____ All counseling records and sessions are confidential. Information cannot be released to third parties without the written consent of the client. The following exceptions to confidentiality exist.
As required by law:
In the case of unreported child abuse.
In the case of unreported elder abuse.
In the case of the unreported abuse of a disabled person.
As otherwise required by law, including court orders.

Initial: _____ Additional exceptions to confidentiality, where breaches of confidentiality may be taken at the clinical and professional discretion of Melissa Robilliard, M.S., LPC include the following:
In instances of probable suicide, or if the therapist has reason to suspect you may cause serious harm to yourself, reasonable breaches of confidentiality may be taken to protect the life of the client and prevent suicide and injury. In instances of probable homicide or serious bodily harm to another, appropriate law enforcement agencies and potential identified victims may be notified.

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I understand that if the therapist has reason to believe I may be a danger to myself or others, whether specifically stated, merely implied or suggested through some action or manner of inaction on the part of the client, that law enforcement personnel will be contacted to perform a wellness check. I give my consent for the release of necessary information related to my care to such law enforcement personnel or agencies so that the wellness check may be initiated:

Sign Name: _____ **Date: _____**

Initial: _____ Counseling records are kept secured in a locked file cabinet. During transport for in-home services, reasonable efforts to protect records are taken during the transport of records to and from sessions. In the event of an untoward event incapacitating Melissa Robilliard, M.S., LPC, the client acknowledges that there can be no guarantee that records will remain confidential and accepts this risk.

Initial: _____ Clients who show up to their appointment intoxicated will be given the option of arranging for someone else to drive them home. If an intoxicated client attempts to drive home law enforcement will be contacted to stop them as this will be considered an imminent danger to self or others.

An Expanded Fee Schedule is included at the end of this document. For services not on the Fee Schedule, a written agreement will be provided to the client with an agreed upon fee prior to the completion of the billable service.

Initial: _____ The counseling session is a 45-to-50-minute session. If you are unable to keep your appointment, 24-hour advance notice is required. **Clients who do not provide a twenty-four (24) hour advance notice will be billed $140.00 for the missed session. By initialing, you understand insurance companies do not cover any part of a missed session fee and you are responsible for payment.**

Initial: _____ The fee for a diagnostic interview is $175.00

Initial: _____ Court appearances, even by subpoena are billed at $300.00 per hour including transportation time with a minimum of two hours being billed. This is NOT covered by insurance. By entering into a therapeutic professional agreement with Melissa Robilliard, M.S., LPC you agree to this fee and agree to pay for the time required for court appearances.

Initial: _____ A voice mail/text cancellation at 817-888-1165 is preferred if you are unable to speak with Melissa Robilliard, M.S., LPC directly. E-mail cancellations are considered valid if you receive a response email confirming that the message was received. If you do not receive a response, you may assume that the message was not received.

Initial: _____ If I am an out of network provider with your insurance, the session fee is $140.00 for the standard 45 to 50 minute clinical session. Any changes in session fees will be given 30 days in advance. Payment is required when services are rendered. If you are submitting for reimbursement under an out of network benefit, Melissa Robilliard, M.S., LPC will provide a receipt of the session. You are still responsible for total payment of $140.00 when services are rendered and reimbursement from your insurance company will be paid to you based on your out-of-network benefit plan

Initial: _____ Teletherapy involves the use of audio, video or other electronic communications to interact with you, consult with your healthcare provider and/or review your medical information for the purpose of diagnosis,

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therapy, follow-up and/or education. During your teletherapy session, details of your medical history and personal health information will be discussed. The platform Melissa Robilliard, MS, LPC uses (www.doxy.me) which is HIPAA compliant. This platform can be assessed by desktop or mobile phone. **For safety reasons, teletherapy will not be done in a moving vehicle that you are driving. You'll need to find a safe space that is private, confidential, and free from distractions. Make sure you have a strong internet connection to decrease likelihood of disconnect or poor quality of video and/or audio. Doxy.me will require a video, audio, and internet connection check prior to placing you in Doxy.me/MelissaRobilliardLPC virtual waiting room.**

Initial: _____ The benefits of teletherapy include having remote access to your mental health specialist and additional medical information and education without having to travel outside of your local health care community. In the event of an unforeseen technical problem, or complication in your specific mental health condition, a face-to-face session may still be necessary after the teletherapy appointment. Additionally, in rare circumstances, security protocols could fail causing a breach of patient privacy. The alternative to teletherapy is a face-to-face visit with your therapist.

Initial: _____ If the client is using in-network insurance benefits, session fees will be based upon the established contracted rate between Melissa Robilliard, M.S., LPC and your insurance company. You are in agreement for Melissa Robilliard, M.S., LPC to share with your insurance company only necessary information for reimbursement of services.

Initial: _____ In the event that the client account is sent to collections, the client will be responsible for all fees associated with the collection process.

Initial: _____ I understand that Melissa Robilliard, M.S., LPC will not accept social media connection requests nor will a search for or engage with your social media presence. In turn, you agree to extend the same consideration by refraining from seeking or initiating social media contact with Melissa Robilliard, M.S., LPC. This mutual boundary supports a respectful and professional relationship.

Notice of privacy practices (Updated 01/10/2026)

Melissa Robilliard, M.S., LPC collects demographic and clinical information about patients receiving counseling services through a variety of means which may include initial office paperwork specifically designed to collect demographic and clinical information, letters, phone calls, electronic transmissions such as emails, text messages, voice mails and online benefit verification.

What I Do Not Do With Your Information: Information about your financial situation and medical conditions and care, including behavioral health issues, that you provide to Melissa Robilliard, M.S., LPC in writing, via email, on the phone (including information left on voice mails), contained in or attached to clinical paperwork, or directly or indirectly given to us, is held in strictest confidence.

I do not give out, exchange, barter, rent, sell, lend, or disseminate any information about patients or their families who receive services. Patient information is considered confidential and is not released without the prior written consent of the patient or the patient's legal guardian on a consent form that states the nature of the information to be released and the reason for the request.

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How I Do Use Your Information: Information is only used as is reasonably necessary to provide for care coordination with your other care providers, usually with your written consent, except in the event of a clinical emergency as allowed by law, for claims submission processing with health insurance companies, to verify your medical information is accurate; determine the type of medical coverage you have and benefit limitations, co-pays and deductibles as well as benefit coordination as may be clinically appropriate with other health care providers. Melissa Robilliard, M.S., LPC does use a third-party billing service (Headway). The exception is if you are using Blue Cross Blue Shield or Magellan Health insurance, billing is completed by herself.

Required Information Regarding Access to Health Records: You have the right to access your health information, and I aim to make the process clear and straightforward in accordance with Texas Health & Safety Code §181.105.

To request your records:

1. Submit a written request by email or mail.
2. For your written request, please include:
   • Your full name
   • Date of birth
   • Address
   • How you would like to receive your records, either by email or mail
3. Once your written request is received, I will provide a Release of Information (ROI) form for you to complete and return to me by email or mail.
4. Once the completed ROI is received, your records will be provided within 15 business days, as required by Texas law.
5. If there is any delay, you will receive a written explanation and an updated date when your records will be available.

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TEXT AND EMAIL POLICY

Initial: _____ Text and email should only be used for scheduling purposes, including letting the therapist know if an appointment needs to be changed or cancelled or if someone is running late. Clinical issues cannot be adequately addressed in text or email as it is not a HIPAA compliant format.

Initial: _____ I have also been informed that my therapist typically is not available outside of normal business hours. I have been advised that if I am having a true crisis or emergency, I should:

- Call 911 or text TALK to *988
- Go to the nearest hospital emergency room
- Call the National Suicide and crisis prevention line at 1-800-273-8255
- Contact Tarrant County Support Line at 1-800-866-2465

My signature below indicates that I have read, discussed any questions or concerns with Melissa Robilliard, M.S., LPC and fully understand and agree to the above stated policies. I have further been advised that I may request a copy of this document.

Signature: _____ **Date:** _____

CLIENT INFORMATION SHEET

PLEASE PRINT

Name: _____

Date of Birth: _____

Street Address: _____

City/State/Zip: _____

Best Contact Number: _____

Do you prefer voicemail or text messages related to scheduling appointments? ☐ Voicemail ☐ Text

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Please be advised that the following fee schedule will apply to the following services for those choosing to not utilize insurance benefits. Court appearances, including travel, are NOT covered by insurance and you agree to this fee and agree to pay for the time required for court appearances. Services not listed will be discussed and a written agreement will be provided prior to commencement of said services. Every attempt will be made to use the most current billing codes, as they sometimes change.

Fee Schedule

Code	Service	Time/unit	Amount
90791	Diagnostic Interview	Per 50 minute session	$175.00
90834	Individual therapy	Per 50 minute session	$140.00
90840	Each additional 30 minutes of therapy- listed separately in addition to primary procedure code	Per 30 Minutes	$75.00
90853	Group Psychotherapy	Per 50 minute session	$65.00
Various CPT Codes most commonly 99447 for other professionals	Case Management (Talking with others)	11-20 minutes	$40.00
99075	Court appearance- Including Travel	Per hour pro rated to the nearest minute. Minimum of 2 hours	$300.00

I have received a copy of the fee schedule.

Sign: _____ **Date: _____**