



Brain & Heart Healing, PLLC

Stacy Reynolds, M.MFT | LMFT-Associate #205804 | LCDC-Intern #72791
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Practice Name: Brain & Heart Healing, PLLC

Clinicians:

Stacy Reynolds, M.MFT, LMFT-Associate, LCDC-Intern
Alexandria 'Ali' Adams, M.A., LPC-Associate

Supervised by:

Dr. Lisa Powell, LMFT-S
Roy 'Benje' Morrison, MEd, LPC-S

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Effective Date: June 1, 2026

Practice Policies

I. FEES & FINANCIAL POLICIES

- **2INgage/CPS Referrals:** Therapy services are generally covered under your service plan. A current **Form 2054 (Service Authorization)** must be on file for billing.
- **FVE & Private Services:** Family Violence Education is typically not covered by insurance and is the participant's financial responsibility.
- **Standard Rates:** For services outside of state contracts:
 - **Intake Session:** \$150.
 - **Standard Session:** \$100.
- **Sliding Scale:** We offer a sliding scale for those with demonstrated financial need. You must complete the [Financial Assistance & Sliding Scale Application](#) before you begin services.
- **Cancellation & Attendance:** A **48-hour notice** is required for all cancellations. Late cancellations or "no-shows" result in a **\$100 fee**, which is not covered by insurance or state contracts.
- **The Three-Strike Rule:** After **three (3) missed sessions**, you will be discharged for non-compliance. For FVE and 2INgage clients, this discharge will be reported to your Permanency Manager, the Court, or your Probation Officer.

II. TELEHEALTH & TECHNOLOGY

- **Location:** You must be physically located in the **State of Texas** during your session.
- **Privacy:** Please ensure a private, secure environment for your session to protect confidentiality.
- **AI Documentation:** Clinicians utilize HIPAA-compliant AI tools (Upheal) to assist in drafting clinical notes. This tool meets 2026 data integrity standards. Using AI tools allows your clinician to be fully present with you during your session. A separate "AI Consent Form" is required for review and signature.

III. LEGAL, COURT, & FAMILY VIOLENCE EDUCATION (FVE) BOUNDARIES

If your therapy is mandated by a court order, SAPCR, or as part of FVE:

- **Review of Orders:** Per 22 TAC §801.44 and relevant state regulations, we must receive and review the most recent signed Court Order, Divorce Decree, Protective Order, or Service Plan before services begin.
- **Role Limitation:** Our role is strictly therapeutic/educational. Clinicians in this practice are not forensic evaluators and will not make recommendations to the court regarding custody, possession, or child access.



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- **FVE Accountability:** For FVE clients, the focus is strictly on ending violence and becoming knowledgeable about abusive behaviors. Your clinician provides clinical data regarding your progress toward these specific accountability goals.
- **Disclosure of Progress:** You authorize your clinician to provide factual status reports to the Court, Attorneys, 2INgage Case Managers, or Probation Officers regarding your attendance and treatment progress.
- **Legal Fees:** All legal involvement outside of the 2INgage contract requires a \$2,500 retainer, and services are billed at \$500/hr. (including prep and travel time) unless otherwise covered by a 2INgage Service Authorization.

IV. SOCIAL MEDIA & COMMUNICATION

- **Professional Boundaries:** Clinicians do not accept friend or contact requests on personal social media accounts to protect their privacy.
- **Electronic Communication:** Email and text messages should be used for scheduling purposes only and are secure only when sent via the Spruce or SimplePractice portals. Please save sensitive clinical topics for your scheduled sessions.

V. TERMINATION OF SERVICES

A clinician may terminate treatment and offer a referral if:

1. Psychotherapy is not being effectively used, or the goals are not being met.
2. You are in default on payments exceeding \$200 for private pay or any non-covered 2INgage fees.
3. You reach three (3) missed sessions or unexcused no-shows.
4. You fail to schedule an appointment for two consecutive weeks without prior arrangement.

ACKNOWLEDGMENT

By signing, I acknowledge that I have read and agree to the policies of Brain & Heart Healing, PLLC.