

THE NEXT STEP

Sign Up for "Fear Knot Unshackled"

1 NAME

First

Last

DATE

Sign-Up Form Checklist

I understand that checking the boxes below serves as my signature.

- 3 I have read & signed the:
- Service Agreement
 - Group Procedures
 - HIPPA Form

- 6 I have paid 10% deposit
- VENMO
@TakeNextStep

- 5 CLIENT PORTAL
jituzu.com/site/thenextstep/

CHECK
USPS Invoice Enclosed
(See blank invoice below)

- 7 Please Send Intake Package
- The Intake Package contains checklists and questionnaires to help identify *presenting concerns, inform expectations, and treatment focus.*



"Let not your heart be troubled."

The Next Step
Counseling & Consulting

- ✓ Evidenced-Based Interventions
- ✓ Faith & Trauma Sensitive
- ✓ Experienced Clinician with
- ✓ Personal History of Medical & Assault Trauma Recovery
- ✓ Adults 18 +
- ✓ Couples Welcome

Free Your **Self** from Life Dominating Emotional Suffering

Sign up TODAY. Get professional help NOW.
ACCESSIBLE AFFORDABLE AVAILABLE
A Next Step Counseling & Consulting group-therapy program

You are not alone!

Over 51.5 million US adults (18+) experience emotional suffering.

- 25% of women & 16% of men
- 30% of 18–25-year-olds
- 25% of 26–49-year-olds
- 14% of persons 50+ years-old

Did you know that signs & symptoms of emotional suffering tell a story that needs your attention?

Model for Unshackling Fear Knots

- ✓ Appreciate the value of signs & symptoms.
- ✓ Identify psychological mechanisms stuck in past survival modes.
- ✓ Access, activate, & update adaptive information processing.
- ✓ Educate, Resource, Apply technique, Skill maintenance, & Endurance mindset (E.R.A.S.E).

Act now. Seating limited. Get info.
Text: "Unshackled Info" to 704-567-0522

- 10-week structured program. 6 – 8 per group.
- Mid-morning & Evening Time Slots
- A fraction of the cost of individual therapy.
- Some insurances accepted (BCBS, Aetna).
- Itemized statements with CPT/Diagnostic code available for insurance if applicable.
- \$300 per individual (10 wk x \$30).*
- \$500 per couple (10 wk x \$50).*

*Workbook not included (\$45).
*10% Deposit when sign up.
*Remainder due prior to first session

The Next Step
Counseling & Consulting

24 E Cabarrus Ave. Ste. 1200
Concord, NC 28025
704-567-0522
www.take-thenextstep.com
John Liebner, MA, CMHC, NCC

2 Fear Knot Unshackled

I Heard about this group from:

Please Type Where you received the brochure, Person who referred you, Location, or NA (Not Applicable)

INSTRUCTIONS

Please note some check boxes and blanks require a response.

1. Type in first and last name and today's date.
2. Indicate how you heard about this group.
3. Read the general, group, and HIPPA agreements and check the appropriate boxes.
4. Please note that checking box #4 serves as signature that you accept all checked boxes as your signature.
5. Pay 10% deposit using venmo, client portal, or check.
6. Please check the "I have paid 10% deposit" box.
7. Check "Please send Intake Package" box and email this form to john@take-thenextstep.com

Service Agreement

PAGE 2

Thank you for your patient attention to this section. Unique circumstances that may apply to some attendees require the details as stated in this agreement.

Group Procedures

PAGE 2

Group procedures refers to some basic guidelines for participating. Know what to expect.

HIPPA Form

PAGE 3

NC law recognizes client rights and requires the disclosure of these rights prior to therapy. Please read and retain for your records.

THE NEXT STEP

Sign Up for “Fear Knot Unshackled”

SERVICE AGREEMENT

1. I agree to engage The Next Step to provide me with a 10-session structured therapy group.
2. The Next Step agrees to provide 10 session structured therapy group.
3. The Next Step will charge me for the Services at the individual rate of \$30.00 per hour and couple rate of \$50.00 per hour.
4. A deposit of \$30.00 or \$50.00 by individual or couple respectively establishes the terms of this Agreement.
5. For the remaining amount, the Next Step will invoice me for complete payment prior to the first session.
6. Invoices submitted by the Next Step are due upon receipt.
7. Confidential information refers to any data or information relating to me, whether business or personal, which would reasonably be considered to be private or proprietary to me and that is not generally known and where the release of that confidential information could reasonably be expected to cause harm to me.
8. The Next Step agrees that they will not disclose, divulge, reveal, report or use, for any purpose, any confidential information obtained, except as authorized by the Client or as required by law. The obligations of confidentiality will apply during the Term and will survive indefinitely upon termination of this Agreement.
9. All written and oral information and material disclosed or provided by me to The Next Step under this Agreement is confidential information regardless of whether it was provided before or after the date of this Agreement or how it was provided to The Next Step.
10. All intellectual property and related material (the "Intellectual Property") that is developed or produced under this Agreement, will be the property of The Next Step. The Client is granted a non-exclusive limited-use license of this Intellectual Property.
11. Title, copyright, intellectual property rights and distribution rights of the Intellectual Property remain exclusively with The Next Step.

GROUP PROCEDURES



The Fear Unshackled is an educational, psychotherapy, counseling group

1. I agree to keep confidential any content shared by anyone in this group. .
2. I understand that violating confidentiality risks my removal from the group.
3. I understand that **I am never required** to answer any question, participate in any activity, or tell anything. If I feel uncomfortable, I have the right to pass and to refuse.
4. I understand that the group leader assumes the obligation to protect this right and that I may benefit the more I am able to take risks in sharing and participating.
5. I will refrain attending any group session under the influence of alcohol especially because this defeats the purpose of accessing emotions and regulating my behavior. I understand that violating this constitutes removal from the group.
6. I agree to make every effort to attend each group and will notify the group leader (John Liebner) if I am unable to attend.
7. I agree that our group may set up an online group limited to group members and keep confidentiality and respect as in the group setting.
8. I understand it is the group leader's responsibility to oversee group procedures and will communicate in private or via email with the group leader when and if I am experiencing any problem with group function. I understand that any such communication will be held in confidence unless first cleared with me.

THE NEXT STEP

Sign Up for “Fear Knot Unshackled”

Professional Disclosure Statement

Counseling and soul care is an intimate process. It is a process governed by professional ethics, relational principles, and individual rights and responsibilities. These governing codes offer guidelines that help to facilitate trust between therapist and client. It is important for you to be informed and to understand the basic structure of our relationship. Mutual understanding and mutual consent will help to build trust which is the backbone of any effective relationship. To help you develop trust, I would like to disclose my professional background, philosophy and beliefs about counseling, and your rights.

The North Carolina Board of Licensed Clinical Mental Health Counselors requires this professional disclosure as part of the standards of practice. Please read this statement prior to the first session. And please remember to sign the “Consent for Treatment” form and bring it to your next appointment. Also, keep the disclosure statement for reference through the course of your treatment with me. Please feel free to ask any questions that you may have about this disclosure statement.

Education and Experience

I began counseling in Charlotte, NC, under the supervision of Dr. David Russ PhD., in 1995. My credentials allowed for me to be grandfathered into the previous requirements for licenser by the North Carolina Board of Licensed Clinical Mental Health Counselors (NCBLCMHC). These credentials included completed course work toward a Doctor of Ministry in Biblical Counseling from Calvary Baptist Theological Seminary, Lansdale, PA (1989 – 1991). I completed undergraduate counseling and psychology courses and Master’s level counseling and psychology courses in route to earning a MA degree in Broadcast Management (1984 – 1987) and BS degree in Broadcast Engineering (1980 – 1984) from Bob Jones University, Greenville, SC. In 2019 I earned by MA in Professional Counseling from Liberty University.

My area of special interest and experience is in working with individuals who suffer emotional distress caused by relationship problems, depression, anxiety, abuse, PTSD, adjustment, learning, and attention deficit disorders. This interest and experience extends to couples and families that are impaired and distressed by a spouse or child impacted by one or a combination of the above disorders. My work experience includes individual, marriage counseling, and parenting education and training.

I am a Licensed Clinical Mental Health Counselor (LPC # 3072) with the North Carolina Board of Licensed Clinical Mental Health Counselors.

To protect your rights and distinguish my professional role from any contact outside of the group, counseling and therapy will be limited to group sessions. Even though our relationship may seem very intimate and you may discuss personal topics and process deep thoughts and express primary feelings, it is important to remember that this intimacy does not extend beyond the group setting. This is in your best interest because it is my professional purpose to help you to focus on your goals. This is the primary purpose of our relationship.

Fees and Reimbursement As stated on the brochure and Service Agreement.

Confidentiality

All information shared will be kept confidential with the following exceptions;

- a) If I believe you are a danger to yourself or someone else
- b) If you give me written permission to disclose information
- c) In the case of abuse to a child or an elderly person confidentiality will be waived
- d) If the information is court ordered
- e) If you desire to seek reimbursement from a managed care company, the disclosure of confidential information may be required for reimbursement
- f) In case of a Medical Emergency
- g) These rights are waived if accusations of misconduct are brought



Even under these circumstances only essential information will be revealed and as much as possible you will be informed before confidentiality is broken. In the event the client is a minor, parents or legal guardians may be included in the counseling process as is appropriate, however measures will be taken to safeguard confidentiality, always acting in the best interest of the client.

Client Rights

All records are my property; however, they are kept for your benefit and are available to you at your request if deemed therapeutically valuable. As stated earlier, you have the right to be informed of your counselor’s qualifications as well as the right to decline or accept any suggestions or therapeutic strategies. I will remind you of these rights and choices periodically throughout our therapeutic relationship. Termination of the counseling relationship will be made by you or by a collaborative decision between us both.

Emergencies

If you have an urgent situation, which you feel needs immediate support and I am not available by phone, please contact your local 911 system or go to the nearest emergency room.

THE NEXT STEP

Sign Up for “Fear Knot Unshackled”

Complaints

If, at any time, you feel my behavior or my counseling approach is inappropriate or troubling to you, please let me know. If, however, you do not feel your complaints are being addressed appropriately, feel free to contact the following:

North Carolina Board of Licensed Clinical Mental Health Counselors

PO Box 77819
Greensboro, NC 27417
(844) 622-3572 or (336) 217-6007 Fax: (336) 217-9450

Client Responsibilities

As a client, you have the responsibility to set and keep appointments. Let your counselor know as soon as possible, at least within 24 hours, if you cannot keep an appointment. Pay your fees in accordance with the schedule you pre-established with the counselor. Help plan your treatment goals and follow through with agreed upon goals. The client is responsible for his/her actions when he/she refuses treatment or does not follow the practitioner's instructions. It is also your responsibility to keep your counselor informed of your progress towards meeting your goals and to terminate your counseling relationship before entering into arrangement with another counselor.

Consent for Treatment

By signing below, you indicate that you have read this disclosure, that your questions have been answered and that you understand the above information. Your signature also indicates that you are consenting to receive counseling services.

Acknowledgement of Notice of Privacy Practices

My signature indicates that I have received a copy of the HIPAA Notice of Privacy Practice and had an opportunity to ask any questions I may have.

Grievance Process

I have received a copy of and understand the grievance process.

Client Rights, Responsibility, and Confidentiality

My signature attests that I have read, and fully understand my rights as a client, as well as my responsibilities. Additionally, I am aware of the limits of confidentiality.

This is Your Copy

Please Sign and Bring the Next Page to Your Appointment



THE NEXT STEP

Sign Up for "Fear Knot Unshackled"

Consent for Treatment

By signing below, you indicate that you have read this disclosure, that your questions have been answered and that you understand the above information. Your signature also indicates that you are consenting to receive counseling services.

Acknowledgment of Notice of Privacy Practices

My signature indicates that I have received a copy of the HIPAA Notice of Privacy Practice and had an opportunity to ask any questions I may have.

Grievance Process

I have received a copy of and understand the grievance process.

Client Rights, Responsibility, and Confidentiality

My typed signature attests that I have read, and fully understand my rights as a client, as well as my responsibilities. Additionally, I am aware of the limits of confidentiality.

First Name	Last Name	Date
Client Signature*		

First Name	Last Name	Date
2nd Client Signature** if attending as a couple		

First Name	Last Name	Date
Witness Signature***		

- *If under 18 years of age, 2nd signature must be parent/or guardian.
- **2nd Client Signature may be that of a spouse/partner in conjoint session.
- ***Witness signature needed if an officer or representative of the court.

Cut along the line and send with payment

INVOICE

Please make check payable to "John Liebner" and remit to
**John Liebner c/o The Next Step Counseling & Consulting; 8217 McCarron Way;
Charlotte, NC 28215**

Provider: John Liebner, MA, LCMHC, NCC Amount Paid \$ _____

Be sure to fill in your name and address

First Name	Last Name	
		Address
		(Street, City, State, Zip)