

Information and Consent Statement

As we begin our work together, there are several personal, ethical, and legal aspects of counseling that are important to discuss.

Nature of Counseling

Helping you reach your goals is my greatest desire, and it is my pledge to you that I shall apply all of my training and skills to this end; however, counseling is a partnership—it is only with your active participation that the best possible solutions will be discovered and implemented. Sometimes things can feel worse before they get better: remembering and resolving unpleasant events can arouse fear, anger, depression, frustration, and other powerful emotions that may feel foreign, but are a normal part of the process of healing and growth. Seeking to resolve issues between family members, marital partners and other persons can similarly lead to discomfort, as well as relationship changes that may not have been originally intended.

As to the length of therapy, this can vary from a few sessions to a longer course of therapy, and depends on your goals. An additional aim of my practice is to send you away better able to pursue future goals on your own.

Confidentiality

Confidentiality is an important element of the therapy process. Your identity and ongoing work in therapy will be kept strictly confidential, with the exception of the following:

- 1) If you are a threat to yourself or others (showing suicidal or homicidal intent), I may need to report these statements to your family and/or other appropriate mental health or law enforcement professionals in order to keep you and others safe.
- 2) Neglect, physical or sexual abuse of a child will be reported to Child Protective Services. The neglect, abuse or exploitation of elderly or disabled persons must also be reported to the appropriate authorities.
- 3) If a court of law orders a subpoena of case records or testimony, I shall first assert "privilege" (which is your right to deny the release of your records). I shall release records with your written permission, or if a court denies the assertion of privilege and orders the release of records.
- 4) Consultation with other licensed counselors is a benefit to clients. All consultations will be carried out with the greatest of care to keep your identity private.

5) In couple and family therapy, secrets in general are not helpful. If I become aware of secrets that, in my professional opinion, need to be disclosed, I shall help that member in their process of disclosing to family members. In Texas, disclosure of HIV status to spouses is allowed. If this becomes an issue at any time in our work together, I shall not allow this to remain a secret

Sessions, Fees and Cancellations

The fee for a 50 minute session is \$90, unless otherwise agreed upon.

In the event that you will not be able to keep an appointment, 24 hour advance notification is required. A notification of cancellation less than 24 hours in advance will be charged half the amount of the session. If no notification is given and a session is missed entirely, the full fee for the session will be charged. A pattern of last minute cancellations will lead to termination.

If at any time in our work together you feel that there may have been a misunderstanding or you have a question or complaint about my services, please bring this up immediately so that I can become aware of your concern and work to resolve the matter with you. Should you believe it necessary to lodge a formal complaint regarding your counseling experience with me, you may contact the Texas State Board of Examiners of Professional Counselors in Austin, TX. 512-834-6658.

Please sign and date this form to indicate that you have read, understood, and consented to the information contained within it.

Signature of client

Date

Signature of counselor

Date

CONFIDENTIAL CLIENT QUESTIONNAIRE

Name: _____ Date: _____

Age: _____ Date of birth: _____ Sex: M ___ F ___

Address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

On which phone may I leave messages for you? _____

Email address: _____

Person to notify in case of emergency: _____ Phone #: _____

Referred by: _____

Presenting Problems:

Check any of the following that are areas of concern for you:

- | | | |
|---|--|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Problems with drugs | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Problems with alcohol | <input type="checkbox"/> Feeling panicky |
| <input type="checkbox"/> Past abuse | <input type="checkbox"/> Difficulty making decisions | <input type="checkbox"/> Thoughts of suicide |
| <input type="checkbox"/> Present abuse | <input type="checkbox"/> Self-control | <input type="checkbox"/> Other troubling thoughts |
| <input type="checkbox"/> Food issues | <input type="checkbox"/> Guilt | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Shame | <input type="checkbox"/> Parenting difficulties |
| <input type="checkbox"/> Grief/loss | <input type="checkbox"/> Relationship difficulties | <input type="checkbox"/> Difficult transition |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Work difficulties | <input type="checkbox"/> Overly dependent |
| <input type="checkbox"/> Sleep difficulties | <input type="checkbox"/> Losing time | <input type="checkbox"/> Feelings of inferiority |
| <input type="checkbox"/> Loneliness | <input type="checkbox"/> Difficulty having fun | <input type="checkbox"/> Lack of direction |
| <input type="checkbox"/> Divorce/separation | <input type="checkbox"/> Difficulty relaxing | <input type="checkbox"/> Difficulty with trust |
| <input type="checkbox"/> Health issues | <input type="checkbox"/> Poor home environment | <input type="checkbox"/> Spiritual direction |

Please describe why you are seeking counseling: _____

What do you hope to accomplish in therapy? (If therapy is successful, what would you like the outcome to look like?): _____

Medical/ Emotional History:

Physician's name: _____ Phone: _____

Date of last physical: _____

Please list any prescription medications you are presently taking: _____

How would you rate your overall health: __Excellent __Good __Average __Poor

Please list any current illnesses: _____

Have you been hospitalized within the past two years? _____ If yes, what was the reason?

Any thoughts of suicide in the past? _____

Any suicide attempts in the past? _____

Have you received counseling before? _____ If yes, when was that? _____

What prompted you to seek counseling at that time? _____

Upon completion of counseling, did you feel it was successful? _____

Current life:

Single Dating Married Divorced Separated Widowed

If married, how long? _____

If divorced or widowed, how long? _____

If separated, how long? _____

Names and ages of children: _____

What is your occupation? _____

Are you involved in community, religious, or social organizations? _____

Is there any other information that would be helpful for me to know that was not addressed in the questionnaire? _____

