

Pre-Session: Client Self Report

Please Print Clearly Your Full Name: _____

◆ Are your eating patterns at regular times? Yes No
◆ Amount of: Caffeine today? _____ cups Nicotine today? _____ (Circle which applies) Cigarettes or chewing tobacco
◆ Are you currently on any medications: Yes No If yes indicate what meds you are taking & how often & reasons taking the med.: _____

◆ Have your medications and/or frequency of taking them changed recently? Yes or No; If yes indicated what has changed? _____

◆ How many hours did you sleep last night? _____ Do you have difficulty falling asleep? Yes No
◆ Do you wake up through the night? Yes No If yes, how many times? _____ Reason? _____
◆ Do you dream? Yes No If yes, are your dreams: (Circle which applies) restful, fitful, nightmares
Briefly Explain (if not restful sleep): _____

◆ Have you had any accident, falls, or injuries recently? Yes No, If yes, explain? _____

◆ Are you involved in any CPS, EPS, governmental, or law enforcement situation(s)? Yes No If so: what & the status: _____

Mood Levels:

Rate your levels from 0 to 5 (0 = NOT experiencing anything & 5 = experiencing the highest level)

What is your <u>Energy Level</u> ?	0	1	2	3	4	5
How <u>Alert</u> do you feel?	0	1	2	3	4	5
How <u>Tired</u> are you?	0	1	2	3	4	5
How <u>Anxious</u> are you?	0	1	2	3	4	5
How <u>Depressed</u> are you?	0	1	2	3	4	5
How <u>Happy</u> are you?	0	1	2	3	4	5
How <u>Sad</u> are you?	0	1	2	3	4	5
How <u>Angry</u> are you?	0	1	2	3	4	5
Any <u>Craving for Drugs</u> ?	0	1	2	3	4	5
The desire to consume <u>Alcohol</u> ?	0	1	2	3	4	5
Having any <u>Family Problems</u> ?	0	1	2	3	4	5

◆ Do you have any thoughts of harming yourself or others? Yes or No If yes, briefly explain: _____

◆ Any thoughts of Suicide? Yes or No (If yes, do you have a plan) Yes or No (If so describe these thoughts) _____

◆ Circle all that apply of how you feel TODAY. Alert Calm Content Focused Happy Hopeful Joyful Relaxed
Angry Annoyed Anxious Confused Depressed Frustrated Helpless Hopeless Irritated Sad Tired Unfocused
Other (Describe): _____

◆ What concerns and/or situations do you feel are important to discuss? _____

Client Signature _____

Date _____

Client Intake/Bio (Psychosocial Questionnaire)

Please complete the below information and questions as accurately as possible. If you need additional space, please use the back & reference the question number you are continuing to answer. **Thank you!**

Client Name: _____ Date of Birth _____ Your Age: _____
(Please Print Your Full Name)
Address: _____ City: _____ State: _____ Zip: _____
Other/Home/Work _____ Mobil Phone: _____
Email: _____
Social Security # _____ Employer: _____
Driver's License # _____ State Issued: _____ Expiration Date: _____
Marital Status: (Circle) Single (Never Married), Married, Separated, Divorced, Other _____
Presenting Concern(s): _____

Are you a Self-Pay Patient? Yes or No (if Yes, Please skip the insurance questions)

- ◆ **(Please Circle)** Are you are using a **Health Insurance Provider** or **E.A.P.** for session(s)? (Yes or No)
- ◆ If Yes, please complete the insurance information below.

(Note: Authorization of services must be verified prior to services rendered.)

Primary Insurance Company: _____ Who is the Name is the policy under: _____
The relationship to you if this person is not you? _____
Is this policy from TX or another state? _____ If from another state are you covered in TX? Yes or No
Do you have mental/behavioral health coverage? Yes or No
What is your deductible? \$ _____ the amount you have met? \$ _____
On your insurance card what is the ID#: _____ Group #: _____
Your Co-Pay for Mental/Behavioral Health: \$ _____ If you do not know leave blank
On the back of your insurance card what is the Mental Health/Behavioral Health phone number # _____
Provider Phone #: _____ Customer Service Number # _____

Do You Have A Secondary Insurance or Other Payer? Yes or No (if Yes, complete the below information)
Secondary Insurance Company: _____ Who is the Name is the policy under: _____
The relationship to you if this person is not you? _____
Is this policy from TX or another state? _____ If from another state are you covered in TX? Yes or No
Do you have mental/behavioral health coverage? Yes or No
What is your deductible? \$ _____ the amount you have met? \$ _____
On your insurance card what is the ID#: _____ Group #: _____
Your Co-Pay for Mental/Behavioral Health: \$ _____ If you do not know leave blank
On the back of your insurance card what is the Mental Health/Behavioral Health phone number # _____
Provider Phone #: _____ Customer Service Number # _____

Are You using an Employee Assisted Program (E.A.P.) Insurance Company: Yes or No (if Yes complete the below information):
Insured Person's Name: _____ Relationship to you (if not under your name) _____
EAP Provider (Circle) Comppsych, Aetna, Optum - The number of sessions authorized _____
Phone # of the above E.A.P. # _____ Authorization Number # _____

Client Intake/Bio (Psychosocial Questionnaire) cont.

If additional space needed to answer please use the back

- ◆ 1. List any medical ailment(s)/condition(s)/concern(s) you have had and/or are experiencing and how long it's existed: _____
- ◆ 2. List any physical restrictions _____
- ◆ 3. Ever contracted a disease/condition Yes or No If yes, what _____
- ◆ 4. Are you currently employed/working? Yes or No If Yes, what is your job title: _____
- ◆ 5. If employed do you have concerns, problems and/or any conflicts there? Yes or No If yes, what are they? _____
- ◆ 6. Do you have financial concerns? Yes or No If yes, briefly describe: _____
- ◆ 7. Do you have housing concerns? Yes or No If yes, briefly describe: _____
- ◆ 8. Who do you currently live with? _____
- ◆ 9. Are there issue(s)/concerns you have in the household you live? Yes or No If yes, briefly describe: _____
- ◆ 10. Do you have children? Yes or No If yes, how many? _____ Their name(s) & age(s)? _____
- ◆ 11. If you have children, how is your relationship with them & any concerns? _____
- ◆ 12. Are parents alive: Yes or No If yes are they still together? Yes or No
- ◆ 13. How long have *or* were your parents together? _____
- ◆ 14. If your parents are alive how do they get along with each other? _____
- ◆ 15. What was your **past** relationship like with your parent(s)? _____
- ◆ 16. What is your **current** relationship like with your parent(s)? _____
- ◆ 17. Do you have any siblings? Yes or No If yes, who are they, their age & what is the relationship like? _____
- ◆ 18. Is there any mental illness in your family (including yourself?) Yes or No If yes, please indicate who/what it is: _____
- ◆ 19. Have you or anyone in your family been hospitalized for mental illness? Yes or No If yes, who, when & the reason: _____
- ◆ 20. Do you or anyone in your family/household have a substance abuse issue? Yes or No If yes, who & explain: _____
- ◆ 21. Do you have or have had in the past involvement with the authorities? Yes or No If yes, (Circle which apply;) CPS, IRS, Court, Law Enforcement, Other _____
When & briefly describe: _____
- ◆ 22. Have you or any family member been arrested? Yes or No If yes, Who, When & for What? _____
- ◆ 23. Have you ever experienced abuse in your life? Yes or No If yes circle which applies; Physical – Verbal - Emotional – Psychological – Sexual
When & briefly describe: _____
- ◆ 24. Have you ever **had thoughts** of harming yourself? Yes or No If yes, briefly describe & when _____
- ◆ 25. Have you ever **harmed yourself**? Yes or No If yes, briefly describe & when: _____
- ◆ 26. Have you ever had **thought(s) of harming others**? Yes or No If yes, briefly describe the thought(s) & when?: _____
- ◆ 27. Any violence in your household currently and/or in the past? Yes or No If yes, briefly describe _____
- ◆ 28. Do you ever feel trapped? Yes or No If yes, for how long has this gone on? _____
- ◆ 29. Do you ever feel helpless? Yes or No If yes, for how long has this gone on? _____
- ◆ 30. Have you experienced any deaths within last 2 years? Yes or No If yes who? _____
- ◆ 31. Do you have anger issues? Yes or No If yes, for how long has this gone on? _____

Client Intake/Bio (Psychosocial Questionnaire) cont.

- ◆ 32. Is there a family and/or household member that **had, or currently has** anger issues? Yes or No If yes, who & for long has it gone on? _____
- ◆ 33. Would you consider yourself an **Extravert** or an **Introvert**? _____
- ◆ 34. How would you rate your self-esteem? (on a **scale of 1 - 5** with **1 = low** & **5 = high**) _____
- ◆ 35. On a scale from **1-10 (10=extreme)** what is usual stress level _____
- ◆ 36. What is the source of your stress? _____
- ◆ 37. What do you do when you are stressed? (briefly describe) _____
- ◆ 38. Have you ever been in counseling/therapy? Yes or No If yes, when & what was the reason & who did you see? _____
- ◆ 39. Are you on any medications? Yes or No If yes, what, how often taken & the reason? _____
- ◆ 40. Have you ever been hospitalized? Yes or No If yes, when & for what? _____
- ◆ 41. Do you have or have you ever had any addiction(s)? Yes or No If yes, what? _____
& have you addressed it and/or gotten help with it? Yes or No If yes, when & how was it addressed? _____
- ◆ 42. Have you or anyone in your family been diagnosed with a mental health condition? Yes or No If yes, who, what was the diagnoses and when? _____

Below Please Circle which applies in each category:

- ◆ 43. **Chief Concerns:** anxiety, relationships, employment, memory, concentration, substance use, medical issues, recent event, sycosis, other; _____
- ◆ 44. **Reported Mood:** euphoric, elated, cheerful, tranquil, apathetic, dour/down, depressed, lists, suicidal, panicky, fearful, anxious, apprehensive, worried, calm, irritable, angry, enraged, other; _____
- ◆ 45. **Recent Stressors:** finance, housing, conflict, work, losses, medical transitions, legal, other; _____
- ◆ 46. **Reported Coping Ability:** resilient, growing, normal, exhausted, overwhelmed, other; _____
- ◆ 47. **Attitude Toward Therapy:** hardworking, thoughtful, cooperative, passive, dependent, uninterested, preoccupied, irritable, resistant, guarded, defensive, suspicious, manipulative, argumentative, other; _____
- ◆ 48. **Medication Use:** overuse, as prescribed, forgetful, inconsistent, resistant, dissatisfied, discontinued, other: _____

What are they prescribed for; _____

- ◆ 49. **Alcohol Use:** in recovery, non drinker, occasional, social, regular, heavy use, alcoholic
Please provide how much consumption and what type: _____

- ◆ 50. **Tobacco Use:** non user, occasional, social, regular, heavy use, cigars, chews, other; _____
Please provide how much you consume: Circle; Daily or Weekly, quantity: _____

- ◆ 51. **Cannabis Use:** non user, occasional, social, regular, heavy use; _____
Please provide how much you consume: Circle; Daily or Weekly, quantity: _____

- ◆ 52. **Street Drug Use:** in recovery, non user, Oks in all, recreational, regular use, heavy use, addicted, other: _____
Please provide what is consumed; _____ &
frequency, _____ & how much consumed; _____

Client Intake/Bio (Psychosocial Questionnaire) cont.

- ◆ 53. **Physical Health:** robust, healthy, pain, infection, chronic illness, cancer, sensory deficit, cold/flu. Still related to physical health please describe ailments: _____
- ◆ 54. **Physical Activity:** regular exercise, active, fit, average, inactive, lethargic. Still related to physical activity please describe what you do as an activity: _____
- ◆ 55. **Sleep:** heavy sleeper, adequate, inadequate, insomnia. Please indicate amount of sleep achieved each night: _____
- ◆ 56. **Social Activity:** nonstop, highly active, involved, occasional, rare, isolated. Please describe activity you are involved in: _____
- ◆ 57. **Work Activity:** workaholic, overworking, fulltime, part time, sporadic, unemployed, refusing work, keeping house, in school, retired, other _____
Secondary Work Activity: (Please circle which apply): overwhelmed, stressed, satisfied, underemployed, board, searching for work, unemployable, working from home
- ◆ 58. **Hobbies/Sports Activity:** over involved, highly active, good balance, occasional, rare, absent.
What you're involved in: _____
- ◆ 59. **Virtues:** (Please circle all that apply) Creativity, perspective/wisdom, vitality, social responsibility/teamwork, appreciation of beauty/excellence, curiosity, bravery, love, fairness, humility/modesty, gratitude, spirituality (belief in a higher power/God, open mindedness, persistence, kindness, leadership, prudence, hope
- ◆ 60. **Support System:** (Please circle all that apply) spouse, extended family, 12 step, partner, close friend, service system, significant other, group of friends, other: _____
List those in your support system: _____
- ◆ 61. How did you here about our services? (**Circle ALL that apply below**)
 Psychology Today, Another Ad (**which one?**) _____
 Referral (**Who referred you?**) _____
 A web/Internet site (**Which one?**) _____
 Directly from Motivational Foundations web site (**How did you find out about the web site?**) _____
 (**Circle which applies**) From a **doctor/therapist/psychologist/psychiatrist** (**Who?**) _____
 On Line; (**Where?**) _____
 A search you made on the web? (**What words did you use in your search?**) _____
 Other (**Please specify**) _____

Thank you for completing this form

Client Signature:

Date:

Professional Disclosure & Informed Consent Agreement

Darleen Lortz, M.S., CRC, NCC, CART, LPC, (hereafter referred to as Darleen Lortz, I, me, myself and/or MFI) serves the community in both the public, governmental, and private sector with counseling, biofeedback, evaluations, trainings and/or services. Within agreement you the patient/client will be hereafter referred to as the same as well as you and/or your. Services will be provided to you through Motivational Foundations, Inc. which has a dba of Care Counseling which (hereafter referred to as MFI.)

Qualifications & Experience: I, Darleen Lortz am a Certified Rehabilitation Counselor (hereafter referred to as CRC), a National Certified Counselor (hereafter referred to as NCC) Certified Anger Resolution Therapist (hereafter referred to as CART) and a Licensed Professional Counselor (hereafter referred to as LPC) and hold a Master's degree in Rehabilitation Counseling with a secondary concentration in Biofeedback Therapy. I have experience working in the public and private sector with individuals, and groups. Through MFI, I provide services to include adult individuals, couples and groups with, but not limited to; anxiety, stress management, coping skills, boundary setting, relationship building, communication skills, divorce and relationship recovery, faith based/Cristian counseling, career counseling, life skills coaching, career counseling, life and coping skills, workshop training seminar(s), as other modalities when addressing patient/client needs. I am also a Professional Public Speaker who develops, coordinates, implements and instructs various self-help workshop seminars.

Nature of Counseling &/or Therapy: I utilize a multi-model approach in service delivery with a focus on Cognitive Behavioral Therapy also known as CBT. All services are conducted in English. If you should need a translator to an alternative language and/or other accommodations are needed to understand the services provided, you will be personally responsible for obtaining what you need as well as to personally pay for the same. Session(s) will vary in time intervals per the service rendered. The usual time will be discussed in your session. Please inquire when in doubt. Adherence to your given time slot/appointment is important and should be kept. Respect of other patients/clients as well as business procedures must be maintained. Sessions may become intimate on a psychological level at times, however our relationship is on a professional level rather than a social one. Therefore, please do not invite me to social gatherings, ask me to write letters/notes of reference for you, offer me gifts over \$50.00, or ask me to relate to you in any other manner than that of a professional one. If I see you in public, I may not acknowledge that I know you to assist in confidentiality, unless you agree that this is permitted and/or acknowledge me first. Thank you for your understanding in this matter. It is not intended to develop a barrier between us, but to allow you to be aware of the standards I adhere to. You understand and agree that neither I and/or MFI do not complete any forms, fill out documents or provide services other than mental health counseling in session and that you will not ask for any exception, for any reason, at any time. Our contact in person will be centered and limited to the counseling session(s) and/or group and/or workshop services requested. You understand and agree that there may be time(s)/date(s) where we may have a telephone therapy session and due to the electronic means over the phone and/or computer the session cannot be secured, encrypted or insured that it is strictly confidential and that you hold harmless from any liability MFI and/or me and/or anyone associated with the same form liability, damages, reproductions and the like in putridity. You agree that should a phone, telehealth, computer session occur that the session will be treated as an office session and you give your permission to charge whatever charge card you have provided previously or at the time service(s) are rendered. You understand and approve that the charge will occur remotely for your session fee(s) without further authorization needed from you.

Forms of Communication: MFI and I will use the contact number(s), email(s) and other means you provided to MFI and/or me to contact you. You understand and agree that by giving this information to include but not limited to; your telephone number(s), email, texts, and/or any other technical form of communication that you are allowing MFI and/or me to leave message(s), transmit intake paperwork and/or misc. information in regards to but not limited to your session(s), session notes, insurance documentation/submission/etc., scheduling/rescheduling/no shows, payment(s), payee(s), collection(s), documentation, and/or anything that needs your attention and/or for you to contact MFI and/or me. You agree and understand that if you use text messaging, cell phone communication(s) and/or email to me and/or MFI that the means which you use are not secure, encrypted or confidential and that any dialog and/or information you provide is not protected or secured and that you agree to use it at your own risk and that you have been forewarned of this and you will hold harmless me and/or MFI of any liability in using any communication format(s). You acknowledge and agree that for any reason that MFI has phone conversation(s), text and/or email with me as well as session(s) via phone/cell phone, telhealth mediums, you hereby waive confidentiality without exception with any of these means of communication as well as understand and agree that these communications are not encrypted. Should you choose to use a non secure means of communication you agree that you are asking MFI and/or me to respond to you via the same and confidentiality can not be maintained. You understand and agree that delicate information you desire to be held confidential should be addressed in a one on one in person session. You agree that if you do not want information left for you via cell phone, text messaging and/or email than you will provide alternative means to contact you and that you provide written documentation delivered to MFI and/or me of this. Should an expense be incurred by MFI and/or me to communicate by alternative means you understand and agree to immediately compensate MFI and/or me for this. You understand and agree that if you text me and/or MFI for any reason you may not get a return response in a timely manner or at all. In the case of a time sensitive matter you will call MFI and leave a message. You agree that MFI does not provide crisis counseling and that you will call 911 and/or go to the nearest hospital for help if in need and not contract MFI for assistance. Clients achieve their goals at varied lengths and levels of service. You have the right to ask questions concerning the counseling process and to be involved in the treatment process. As a patient/client, you may end our service relationship at any time, though I do ask that you participate in a termination session if you decide to discontinue services. You also have the right to refuse or discuss modification of any of the service techniques or suggestions that you believe might be harmful. If at any time, for any reason you are dissatisfied with services, please let me know. Should you be court ordered and/or required to be in the therapeutic mental health process and/or you discontinue attendance, have no show(s), cancelation(s), noncompliance issues, and the like you must be aware that this will be documented and/or reported per the referral source and/or court.

Initial(s) _____

Professional Disclosure & Informed Consent Agreement

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Client Rights: You hereby acknowledge and agree that the referral source may have access to your file at any given time without any further approval, release of information and/or documentation from you. You have the opportunity to have this clarified prior to your signing this professional disclosure & informed consent agreement if you have questions and it will be your responsibility to inquire. As a patient/client using insurance as a source of payment you understand that the insurance provider is entitled to your file information as requested. MFI and/or I will make you aware of this as it may occur. In the case that you would like an individual and/or entity to have access to your information you understand that you are required to sign a release of information. You understand and agree that MFI and I will require you to obtain your file information personally and you will distribute to the person(s) and/or entity you desire and not have MFI or I do for you. This is the provision MFI and I have in place to assist with confidentiality where possible. As a result of such release you agree without reservation to hold harmless MFI and/or me and/or those associated with the same from any and all liability, damages, and the like in perpetuity.

Effects of Sessions: In the event that you experience a mental health emergency, you understand and agree that you will call 911 and/or go to the nearest hospital and/or mental health hospital. You completely understand, acknowledge and agree that MFI and/or I have limited office hours as well as days to offer service(s) and may not be available to see you and/or speak with you outside of your scheduled session time/date and that you should call 911 and/or go to the nearest hospital if you are; in distress, have an emergency, in crisis, are thinking of harming yourself or others, are suicidal and/or any other situation needing immediate help/assistance. You understand that MFI and I do not offer crisis counseling. At any time, you may initiate with me a discussion of possible positive or negative effects in entering, not entering, continuing, or discontinuing services. Although MFI and I am hopeful that you will benefit from the services provided, there are no guarantee(s) expressed or implied that any specific results will occur. You agree and completely understand that MFI and/or I cannot and will not be held to specific outcome(s), clinical outcome(s) of therapy and/or service(s). The service(s) provide a personal exploration and may lead to changes in your life, perception(s) and/or decision(s) as well as behavior modification(s) to name a few. Some of these may affect significant relationships, your job, life, and/or your understanding of yourself. You could experience a variety of emotions, both positive and/or negative. You could possibly feel distressed at times, by areas of discussion and/or from uncovering information, and/or changes you make. Due to the nature of service(s) the exact nature of change(s) resulting from the service(s) cannot be predicted. Likewise there are no implied or express guarantee(s) that the services will provide the outcome you are looking to achieve and you understand and agree to this. Your commitment to the process and service(s) is important and an element that must be adhered to for maximum involvement. You understand and agree that when you demonstrate and/or indicate that you are not commitment to service(s) and/or compliance(s) and/or demonstrate noncompliance with the same, and/or there is not a medical necessity for the service(s) to continue, MFI/I retain the option to discontinue such service(s) and will document accordingly as well have the direct option to terminate further services to you. You understand and agree that this information may be relayed to insurance carrier(s), payees and/or those associated with you service(s) and you hold MFI and me and those associated with the same completely harmless from any and all liability and/or damages/loss in perpetuity.

Billing, Scheduling & Fees: The standard mental health counseling/therapy fee is for the first session and other evaluation sessions two hundred twenty five dollars in U.S. dollars (\$225.00) and sessions thereafter are two hundred dollars in U.S. dollars (\$200.00) (and may have add on fee(s) per other service(s) provided) and is subject to change. You understand and agree that you should inquire if you have a question. You understand and agree that a therapy session fee (herein after also referred to as, service fee) may change and should this occur you will be informed a.s.a.p. and/or prior to your next session should you be a self-pay client otherwise you will be responsible to personally contact your insurance carrier on the allowable amount of your insurance product. Should you be utilizing insurance for services, fees will be reflected per the insurance contract agreement that MFI and/or Darleen Lortz/me is contracted at and the discounted rate will be honored until such time as you are no longer covered by the insurance carrier, and/or if MFI and/or I no longer participate(s) with the insurance carrier, you are a self-pay client or another situation arises at which time you will be responsible for the full session fee without a discount. You understand and agree that you will be solely responsible at all times to inform me and MFI of any changes to your insurance carrier to include but not limited to coverage, your financial responsibility, meeting your deductible, your member ID and/or group number changed and/or any and all other information including your personal information. Should you not immediately inform me/MFI of such you will owe for services at the current self-pay rate. You understand that your first session is an evaluation session and that there is required paperwork to be completed by you which you agree is your sole responsibility to acquire, complete and bring to your first session and that if not complied with you may be refused services until completed and be responsible for paying for the current session rate for cancellation without a 24 hour notice which is currently one hundred dollars in U.S. dollars (\$100.00) and subject to change. You therefore understand the importance of bringing such paperwork completely completed to your first session without fail. The paperwork is available on MFI's website at www.motivationalfoundations.com for you to download and print in order to complete and when not available may be available by other means by contacting me/MFI at the time of making your appointment. You will need to make the necessary arrangements to acquire and complete such paperwork prior to your first scheduled session and bring with you to your first session without exception. You understand and agree that MFI and/or I have limited hours and days of operation which does not include overnights, holidays or weekend hours. You understand and completely agree without reservation or restriction that **keeping your scheduled appointment(s) is of utmost importance and not doing so without a 24 hour notice will be considered non compliant and billable to you directly and immediately owing by you (which is Not your co-pay or deductible)**. The amount you will be charged is currently one hundred dollars in U.S. dollars (\$100.00). If an appointment is canceled, or rescheduled less than twenty four (24) hours in advance, and/or you have a no show, the same above referenced owing fee will be your sole and immediately responsibility without exception. You understand and agree that if you are using an insurance company for service payment assistance they will not pay for no-shows nor your fee if you do not provide 24 hour advanced canceling and/or rescheduling thus it will be your sole responsibility to pay.

Initial(s) _____

Professional Disclosure & Informed Consent Agreement

Billing, Scheduling & Fees Cont.: Should a cancelation and/or rescheduling be needed by you, you understand and completely agree that you MUST contact MFI/me at the current direct office telephone number(s) at 817-403-3130 and where MFI and/or I am unavailable to take your call directly you agree to leave a detailed message and a return contact phone number prior to 24 of your scheduled appointment date/time. You understand that MFI does not offer crisis counseling and you agree that at any time you are in a crisis you will immediately go to the nearest hospital and call 911. To reiterate; YOU UNDERSTAND AND AGREE THAT IF YOU ARE EXPERIENCING AN EMERGENCY and/or CRISIS YOU WILL CALL 911 AND GO TO THE NEAREST HOSPITAL. Session fees, co-pay amounts, your financial responsibility for services and/or amounts due are required at the beginning of each the session. When using a charge, credit, debt, HAS, FHA and/or other plastic card for payment you understand and agree to have a convenience fee added to the amount you owe for service(s). Currently the amount of three dollars in US currency (\$3.00) is the convenience fee amount for up to two hundred dollars (\$200.00) you put on a card and should you put over \$200.00 on a card you will inquire as to the current convenience fee amount. You understand you may pay cash for your financial responsibility to avoid the convenience fee. Should you arrive late to your scheduled appointment you understand and agree without exception that your session fee will not be discounted or prorated and the entire session fee will remain owing, due and billable per your scheduled time and your session end time will remain the same as if you arrived on time. A session will typically be forty-five (45) to fifty three (53) minutes long with you in session and may be longer per varied reasons. You understand that when using employee assisted program (EAP) the usual time is forty-five (45). MFI/I will document your session notes upon you exiting the session which will constitute the remainder of the sixty minute allowed where using a primary insurance carrier. There may be situations where a session will run over the typical session time at which time you agree to be billed and/or the insurance carrier and/or third party payer will be billed at the extended time/rate and not the typical rate. You understand and agree that due to the nature of services MFI/I may not be immediately available at your scheduled time as attention to the patient/client prior to you is needed. At which time that this occurs your time will not be subtracted from, and you time line for service(s) will begin when you are notified that your session can begin. If an insurance carrier or another responsible payment source is additionally being billed for your service(s) you need to be aware that in the event that should payment be denied for whatever reason, the session fee(s) will be remain due and payable by you and you understand and agree that it will be your sole responsibility to resolve such issues with the insurance carrier(s) and/or alternative payment source and that you will remain immediately responsible for payment of service(s) to MFI and/or me and that MFI/ I will not be expected to wait for your resolution to any situation(s) that arise. A session and/or service(s) will not proceed without your required financial responsibility for service(s) and/or any and all owing balance to your account. You understand and agree that you must maintain a zero dollar (\$0.00) balance for session(s). When an insurance carrier and/or third party is involved for payment of service(s) there should not be more than a (thirty) 30 day balance on your account in order for future service(s) to continue. You understand and agree that any insurance complication(s), dispute(s), denial(s), etc. will be your sole responsibility to resolve and/or respond to. You understand and agree that when an insurance carrier, third party payer, employee assisted program (E.A.P.) and the like is involved for your service(s) and payment is not received within 30 days you will be responsible to resolve any non-payment issues with them and you will remain responsible for full payment of service(s). You agree to give MFI and/or me the authority to have your insurance carrier(s) make payable and send payment directly to MFI and/or me/Darleen Lortz for service(s). When out of network insurance carriers are used, you understand and agree that you are solely responsible for any/all documentation required by that source to facilitate your reimbursement if any and that neither I nor MFI nor any affiliated with the same will be responsible for documentation and/or paperwork on your behalf and you will be responsible for full payment of each session at the beginning of each session without exception. You further agree that after 30 days of an unpaid account balance you authorize MFI/me to add late fees and other expenses to your account to include but not limited to; employing whatever means necessary to collect such debt owed and/or to employ the services of an outside collection agency and/or attorney, court, and/or legal remedy(s) available to seek payment of all unpaid fee(s) and/or any other expenses associated with the collection process and/or court costs, and/or legal fees and remedies of the same. Should you have provided a charge card number you authorize and understand that such account number and information will be utilized to bring your account to a zero balance. You herein state that MFI/I do not have to get additional approval from you for putting any and all outstanding balance(s) you owe on my payment card and if MFI/I contacts you to inform you of balance(s) owed it is a courtesy and you agree not to reject or delay paying balance(s) owed immediately. You agree to keep current payment card information for payment(s) and should any change occur you will immediately update and inform MFI/me. If for any reason that your payment card is declined MFI/I will attempt to notify you but is not required and you will be assessed fee(s) for reprocessing and any payment(s) to include but not limited to; late, administrative, legal and all other fee(s) and means needed to acquire owed balance(s) associated with the same. You authorize MFI/me to charge any card you have on file and/or you supply without obtaining additional approval to put owing amount(s) on the card. In the event of a no show for a scheduled appointment you understand and agree that MFI and/or I may discontinue services and/or cancel any/all future appointments without further notification to me as a result of my for noncompliance. If MFI/I grant service(s) to continue as a result a no show and/or not giving a 24 hour notice for cancelation and/or rescheduling, you understand and agree that this will in no way grant you an additional tolerance of such. Should you become insolvent and/or file bankruptcy and/or death results by your signature herein you certify, attest and agree that you will not discharge such fee(s) for service(s) to include any and all outstanding indebtedness to MFI and/or me/Darleen Lortz and you will not discharge such in bankruptcy and/or that your estate dismisses owing balances. You understand and agree that MFI and/or me and/or those associated with the same in filing with an insurance carrier for payment toward rendered services is not a right, but a courtesy to you which can terminate at any time. You agree and give permission to MFI/Darleen Lortz/me and/or those associated with the same can provide, correspond with, speak with and correspond with my insurance company('s) and those associated with the same in regards to my session(s) as well as file information to include but not limited to progress note(s), pertinent information, session note(s), date(s) of service, payments(s), treatment plan(s), documentation and any other file and session information requested, required and/or needed. As a result I will at all times hold harmless MFI and/or Darleen Lortz/me and/or those associated with the same of any and/or all damages, liability and/or complications in perpetuity. It remains your sole responsibility to inform MFI and/or me/Darleen Lortz in the event that your insurance changes in any way as you understand and agree it is not MFI and/or me/Darleen Lortz responsibility to keep track of this in any way. Should any other personal information change you agree to immediately inform MFI and/or me/Darleen Lortz. You understand and agree that at any time MFI decides that the weather is or has the potential for being problematic for travel or other reasons to have in person session(s) and/or if the session provider is not able to have an in office session for whatever reason, you hereby agree that a phone, telehealth session may take place which is at MFI's discretion. You understand and agree that MFI may attempt contact me prior to, or as soon as possible to notify you of this and if you are unavailable to respond, a message will be left for you and it will be your responsibility to check your message(s) to acquire the information.

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Billing, Scheduling & Fees Cont.: You understand and agree if you do not make yourself available for a session and MFI/I am available to provide service(s) through the various means at MFI/me discretion, you will be charged the current fee of \$100.00 (one hundred dollars in US currency). You agree that session(s) will be indicated as an office visit. You agree and will be expected to pay for your financial portion of any session(s) at the beginning of each session without exception. You agree and authorized MFI/me to retain any and all credit/debit/HSA card information you have and/or will have in the future.

Legal Matters: You understand and agree that if you are involved in any court proceeding(s) and/or hearing(s) and/or deposition(s), and/or investigation(s) of any kind, and/or CPS and the like that you will not ask or involve MFI and/or me and/or anyone associated with the same to be involved in any way and/or to assist with any documentation, paperwork, completing documentation, testifying, interview(s) and the like. You understand that the therapeutic counseling process is sensitive, personal and confidential in nature and it is therefore agreed by you not to involve me, MFI and/or anyone associated with the same without exception in perpetuity. You further more agree that you, your attorney, representative, etc., or any other person who acts on your behalf will not contact MFI and/or me in any format with the same as above and/or to ask and/or expect the same to testify on your behalf either in and/or out of court for and/or on your behalf and/or at any type of proceeding(s), and/or through a request or demand of disclosure. You understand and agree that you must sign a release of information for your session notes to be released and that it may include information of a delicate and personal matter that could be used for and/or against you and/or others and that you will at all times without exception hold harmless MFI, me and/or those associated with the same for any and all liability, damages, harm in perpetuity. You agree that in the event that MFI/ I am court ordered to provide testimony and/or your records in any legal matter you will immediately be responsible to pay in advance MFI and/or me/Darleen Lortz the sum of two thousand five hundred dollars in US currency (\$2500.00) for each day provided by each entity (via MFI, me, those associated with MFI and me.) Additionally charges will be added for but not limited to: preparation, transportation, accommodations, fees to others for prep and/or care of misc. to accommodate such, any time spent in any proceeding and/or court proceeding regardless of waiting to be called or called in a proceeding. You understand and agree that any communication(s) provided on your behalf will be owing and immediately due at the current self-pay rate as per session. Any appearance(s), preparatory services, dialog with those representing you and/or any proceedings and must be paid fourteen (14) days prior of any service(s) by cash and/or credit card to include a convenience fee when using a card for payment. You understand and completely agree that any such testimony may not be positive for you and that any and/or all that you shared in session(s) may be disclosed and that it could be damaging in nature as well as damage the therapeutic relationship. You therefore without exception completely agree to hold harmless MFI and/or me/Darleen Lortz and those associated with the same from any and all liability, repercussion(s) and/or damage(s), harm in any way/form of any kind and in perpetuity. You further understand that MFI and/or I will not be bias for or against you and could reflect any and/or all confidential information brought to any and/or all sessions and that by your signature herein, you hereby agree, consent to and/or allow any such information and/or documentation to include this professional disclosure & informed consent agreement, agreement(s), documentation, pre-session forms and/or anything from any session and/or discussion(s) either in and/or out of session to be disclosed and that you are providing by your signature herein your agreement, consent to a release of information to any/all sources that inquire per any such proceedings and that you agree to hold harmless MFI and/or me/Darleen Lortz and those associated with the same from any/all damages and/or liabilities, and/or injury of any form/kind as a result in putridity.

Conditions of Ongoing Services: You hereby understand, give permission and agree to have MFI/me to keep, retain and use information you have provided for file/record keeping, session notes, submission of insurance claims, data, files, and the like in a software system that MFI uses, in cell phone, computer, and any other means by MFI has available. You hereby give your permission and agree that MFI/I may communicate with you, your insurance company (if one is utilized) and/or those that you provided permission as needed. You understand and agree that should you use an insurance company for services, MFI/I may interact, correspond with and cooperate with as needed, but not limited to; communications, electronic and/or hard copy submission of claim and payment, inquiry of benefits, approval(s) and/or correspondences the insurance provider requires as well as session and file information. MFI and I reserve the right to postpone and/or terminate services to you if you come to the session under the influence of alcohol and/or drugs and/or other substances. In addition, MFI and I reserve the right to terminate services to you if you do not comply with the medication recommendation(s) and/or prescription(s) of a psychiatrist or physician. MFI and/or I may terminate services at my own discretion if it does not appear that you are benefiting from services and/or you are noncompliant in any format and/or conditions to continue with services are not being adhered to, which include but not limited to, outside processing work and/or homework, processing in session, applying work from session discussion(s). Appropriate behavior on your part must be adhered to in order to continue with services. If inappropriate behavior (determined by me) or the like results from you and/or those you invite to your session(s), it is hereby stated that no notification will be given to you and that the situation will be documented and/or may be reported to appropriate sources and/or authorities and/or for the protection and/or remedying the situation for myself and/or MFI and/or other(s). You agree to waive any and all rights against me/Darleen Lortz and/or MFI and/or those associated with the same from any/all liability, retribution and/or remedies if terminated and/or for reporting. If you have been in counseling and/or psychotherapy and/or have been or are seeing a psychiatrist during the past five (5) years, you will without delay report this to MFI/me and sign a release of information so MFI and/or I may communicate with them and/or receive copies of records from them if MFI/I deem it important to do so. By signing this form, you are agreeing to disclose all previous medical, and/or mental health treatment and to reimburse me and/or MFI for any expenses charged by such medical and/or mental health professional(s) for supplying copies of your records. You understand and agree that I may be working in conjunction with a referral source which referred you to my services. You hereby authorize me to converse, consult with, coordinate with and work with any/all persons associated with such referral source in regards to you and your service(s) without any other written permission from you nor any reservation and/or restriction from you, thus by your signature below provides MFI and/or me and/or those associated with the same a release of information to have interaction and communication with the entities you have had contact with for mental health as well as physical health. If you decide to maintain or establish a professional relationship with another mental health professional, you will immediately inform me of such and as a result I have the option of terminating such service(s) with you. You understand and completely agree without reservation that MFI and/or I reserve the right to postpone and/or terminate services with you and/or report to alternative sources, agencies, and/or authorities if any of the following circumstances occur and/or are occurring, (together with what has been herein been previously described): **1)** If you come to session under the influence of alcohol or drugs; **2)** if you do not comply with the medication recommendations of your psychiatrist or physician; **3)** if I believe you are not benefiting from counseling and/or therapy;

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Conditions of Ongoing Services (cont.): 4) if, I learn that you are battering your partner/spouse; 5) if I learn that there is abuse of child and/or elder and/or a person with a disability, 6) If you disclose that you intend physical harm on yourself, another person, me and/or those associated with the same, and/or an animal, and/or if you are suicidal and/or have a plan for self harm of yourself or those indicated, 7) if I am impaired in providing competent counseling and/or therapy to you, 8) In the case of group counseling, I reserve the right to deny group entry to anyone I consider inappropriate for the group and/or to terminate from the group to anyone whose behavior I consider detrimental, harmful and/or inappropriate to the therapeutic effectiveness of the group, and/or process of the same, 9) if your absence(s) from session(s) is consistent and/or I believe service(s) is impaired. 10) if you have any outstanding and owing accounting balance(s), service(s) fee(s), other fee(s) and the like which are not brought current immediately, 11) you indicate that you had and/or are involved with having relations and/or consensual sex with any person under the age of 17 years old, and/or that a health care provider has a sexual or inappropriate relationship with you or a minor. 12) if you are not consistent in attending counseling sessions and/or if in MFI and/or my discretion session(s) are not medically necessary, 13) if under the age of 17 year old and your parent(s) and/or legal guardian require(s) a report and/or to review the file it may be provided, 14) if the CIA, CPS, EPS, FBI Home Land Security, court(s), correctional facility and/or law enforcement agency, attorney and/or the like subpoena my record(s) on you, they may be turned over and you hereby understand, grant and agree with your signature below that you are in agreement with this and completely hold harmless MFI, me/Darleen Lortz and those associated with the same for any and all liabilities, damages, harm in perpetuity, 15) should you bring to any session any weapon(s) of any kind, they will likewise confiscated (taken from you and you will not resist in surrendering such item) and such weapon **Will Not** be returned to you, and may be reported to authorities and/or service(s) terminated, 16) If you have a communicable disease and/or HIV/AIDS and/or any such condition, and/or have put others at risk and/or will put others at risk. 17) you are in my sole discretion not benefiting from the service(s) provided and/or are non-compliant on any level. In all of the aforementioned cases involving termination, I will try and provide you with referral(s) (when/where available/possible.) You may choose to decline the referral(s). 18) In the event that you have had a no show and/or a cancellation without 24 hour notice and/or have not paid any owing amounts on your account you agree and understand that any and/or all future appointments may be canceled. 19) MFI/me do not believe that our working together is beneficial. If MFI/I terminate service(s) due to having to report to authorities and/or any of the herein mentioned area, you hereby understand, agree and state that you waive any/all rights to be notified, as well as agree to hold me, MFI and/or those associated with the same without exception or duration completely harmless from any and all liability, damage, harm and the like in perpetuity. If MFI and/or I believe that you would be served better in another capacity and/or with another health care professional/provider and the like, I may refer your service(s) and/or elect to alter the service(s) MFI and/or I provide. In the case that you have a medical and/or mental health care condition, you must reveal the information to me for documentation and related issues. MFI and I reserve the right to terminate any service(s) to you in the event that I feel in my sole discretion that I am not the mental health provider that would best suit your needs. If you have medications, which have been prescribed, you must adhere to your doctor's protocol unless otherwise advised by them that it is acceptable to alter set protocols.

Consent to Disclosure: By your signature herein you agree that should there be an investigation involving you and it involves law enforcement, governmental agency(s), child and/or elder and/or a disabled person protection agency(s) and the like you agree that MFI, me and/or those associated with the same do not have to acquire a separate release of information document and/or signature form you to allow those involved in the investigation to have access to your file(s). As a result of such release you agree to completely hold harmless MFI and me and/or those associated with the same form any and all liability, damages, and the like in perpetuity.

Referrals: MFI and I recognize and you understand and agree that not all conditions presented by you are appropriate for treatment. You agree that that where in my and/or MFI's sole discretion feel that I am not the correct provider for you and your condition(s) that I may choose to discontinue service(s) and attempt to provide referral(s) where available to you. For this reason, a referral may be presented to you and/or that another entity may need to intervene and/or take over service(s). You may also be provided some alternatives, which may include programs, and/or people to assist you (where available.) You will be solely responsible for contacting and evaluating those referrals and/or alternatives for yourself and/or making the necessary steps to coordinate services.

Cancellation: In the event that you will not be able to keep an appointment, you understand and agree that you must directly notify MFI and me **at least** 24 hours (twenty four hours) in advance which has additionally been described herein. If a reminder is sent to you to confirm your appointment, you understand that this is a courtesy and not a requirement of MFI/me and it is your sole responsibility to remind yourself and attend a scheduled appointment. In the event that you are absent for session(s), MFI and/or I will consider your commitment level to be diminished and/or non-compliant, and/or not medically necessary and you understand and agree that I have the sole discretion to discontinue providing services to you. You completely understand and agree to be consistent, respectful and committed to your sessions and that your participation is a vital component for progress and follow through. In the event that in my/MFI sole discretion I determine that you are resistant and/or not compliant and/or not benefiting for services provided, your services may be terminated without recourse from you or anyone representing you without exception. You are hereby agreeing that you will commit to keeping scheduled appointment(s), and if termination results you agree to and understand that services will be evaluated on an individual basis and at my sole discretion. I may additionally have to place you on a waiting list to provide further service(s) as a result if service(s) continue. Likewise, if you intend to discontinue service(s), you agree to immediately inform me to avoid complications. You understand and fully agree that you will be immediately responsible for any and all service fee payment(s) and that should any collection means result and/or legal remedies at law, you will be responsible for such compensation of expenses in association with you, your service fee(s), collection and the like without delay and/or resistance. You agree without delay to bring any and all balanced due current to a zero balance.

Initial(s) _____

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Records and Confidentiality: All communication(s) and/or service(s) may become part of your client/case file. The record(s) are property of MFI and/or me. Generally your record(s) and our communication(s) are confidential in nature and protected. You agree and understand that MFI and/or I may utilize an electronic clearing house and/or system to document your session notes, submission of insurance claims, for bookkeeping, etc. In the event that you want a third party to have access to your records and/or for MFI and/or me and/or those associated with the same to communicate with them you will be required to complete and sign a release of information form that MFI/me or those associated with the same will provide or by your written permission. There are exceptions to this of which can be and/or will be and/or must be reported to the authorities which include but not limited to; 1.) The actual, active or suspected physical, emotional or sexual abuse and/or neglect of a child, elderly, person with a disability or a dependent adult. 2.) Sexual misconduct and/or abuse of a patient by a health and/or mental health professional. When you and/or a client/patient present that they intend serious or suicidal harm to themselves and/or others. 3.) When you and/or a client/patient threatens serious bodily harm to another person. With this both the authorities and necessary entities will be notified as well as the potential victim. 4.) Court ordered testimony or the release of records. You understand and agree that your case file can/may be used and/or authorities and others notified and/or involved: 1) for the purposes of education, supervision, professional development, and/or research and/or to consult with other professionals about a case. In such cases, to preserve confidentiality, MFI/me will to the best ability identify you by first name and last initial where possible; 2) determine that you are a danger to yourself or someone else; 3) you disclosed abuse, neglect or exploitation of a child, elderly, or disabled person(s); 4) You disclose sexual contact with another mental health professional; 5) MFI and/or I am ordered by a court to disclose information; 6) learning that you are infected with a potentially life-threatening illness that could be transmitted to another and/or specific uninformed person; 7) testifying in a child custody or visitation case involving you; or actual and/or alleged child or elder abuse, 8) MFI and/or I testify in a; proceeding, court of law and/or lawsuit in which your mental health is at issue and/or service(s) provided; 9) you have been charged with a crime; 10) you bring a negligence suit and/or any other charges and/or complaint against me; 11) you have a communicable disease which may endanger yourself or another, 12) you direct MFI and/or me to release your records. Should you wish to discuss any situation it should be done in session as anything discussed on any electronic means or through any means other than personally in session as MFI and/or I cannot provide confidentiality to you otherwise, and you hereby acknowledge this and hold harmless MFI and/or me and those associated with the same. 13) with a written request, you may request a copy of your file and after paying for copying and administrative fees, then such can be made available to you within a reasonable length of time. You understand and agree that if you would like other parties to have any part of your file that you will personally obtain your file information and you will not ask and/or require MFI and/or me to do so for you, 14) If MFI and/or I am otherwise required and/or directed by the law/court(s) to disclose information, 15) I have to report you for inappropriate, indecent, and/or a situation MFI and/or I feel that I need to protect MFI and/or myself and/or those associated with the same from, 16) You present yourself in a manner that MFI and/or I and/or those associated with the same feel threatened and need to report. 17) MFI and/or I may present and/or publish article(s) on a counseling, therapy, and/or service topic(s) which may require MFI and/or me to utilize the situation(s) and/or information which present themselves within session(s). In this situation, MFI and/or I will refer to you by first name basis and/or an alias to preserve confidentiality. 18) You understand that your session(s) may be recorded for consistent service application. 19) Where you have already herein agreed the release of information per individual section(s) of this document. If MFI and/or I and/or those associated with the same have services, information and/or something that you may be interested in and/or that are available to you now and/or in the future, you give permission to contact you and/or inform you through all media means you have supplied and/or that are available. You may opt out of notifications by a written request to do so. In the event MFI and/or I believe that you are in danger emotionally and/or physically to yourself and/or to another, you hereby give me full consent to do what is necessary to warn another and/or others of the danger(s), to alert authorities, as well as to refer you to appropriate sources and/or professional(s) to render assistance and you agree to hold harmless MFI and/or me and/or those associated with the same from liability, damage(s) and/or harm in perpetuity. If you provide MFI and/or me with a person, who you wish for contact in an emergency you should provide their name and telephone number(s) herein give your full permission/consent (as a release of information) to contact this person and provide them with information concerning you and your file and/or condition. In providing this information you understand that it is not the responsibility of MFI and/or me and/or those associated with the same to make contact with this person but as an aid if needed and you agree that this name and information can be provided to any other source (s) needed and/or assisting with helping you if the need arises.

Name: _____, address/city/state/ _____, zip code: _____ phone/cell: _____.

In the event of my death your records will be given to a colleague of mine for safe keeping until the legal limit of time to retain your file has expired. MFI/I am required to retain client records per state statute required years and after that period of time the records will no longer be available and/or destroyed. You may examine your file and/or receive a copy of your record when you request to do so in writing and pay the administration, copying and processing cost(s) associated with doing so. The fee is currently thirty five cents in US currency (\$.35) a page for copying plus an administration fee and if mailing needed there is a handling and postage fee owed immediately. (Please inquire as to the current fee for such as fees and may be subject to change.) Except in certain circumstance MFI and/or I may restrict certain record information if in my opinion it may be harmful for your review and per my discretion. In the event that services were rendered to a couple, it is completely understood and agreed to by your signature herein that each individual will be required to sign a release of information for such release of the file. In the event that both individuals do not sign a release the file will be crossed out which involves the non signing party which may render the file unusable. Except by the provisions herein stated there are exceptions to the release. You hereby understand in the event that two or more individuals are seen for service(s) only one individual will be documented as the patient/client and the remainder individual(s) will be considered guest(s) of the patient/client. By your signature herein you hereby give your consent to share your service(s) information health care carrier as it relates to service date/time/coding etc. for payment and authorization for service(s) and/or entity required to receive documentation on your behalf. By your signature below are releasing MFI and/or me and/or those associated with the same from any liability as well as departure from your right(s) of confidentiality that may result from working with such entity. You understand and agree that if you disclose something about yourself that may be damaging to the counseling profession, MFI and/or me and/or others you understand and agree that I will act on that information without retribution or recourse from you in any form. You understand and agree that any and all paperwork completed by you can be uploaded and/or kept by an outside source which MFI and/or I utilize for administration, billing and organizational means and you hold harmless MFI/me and those associated with the same should any breach occur.

Initial(s) _____

Conjoint Session(s): Should you invite and/or request that another individual(s) be present in and/or at any session(s) and/or to listen in on your conversations with and/or those associated with the same for whatever reason, you agree to release MFI and/or me and/or those associated with the same from any lack of confidentiality, harm, liability, damage, repercussions and the like. You agree to assume full responsibility with any and all that is revealed, shared and/or released in session and/or any communication(s). You acknowledge that with this invitation and/or when involved in group session(s) confidentiality can not be guaranteed, nor protected. The presence of any such person you invite or allow in session or to hear your conversation(s) will hereby constitute that you give full permission to include them and you therefore assume full responsibility and/or reproductions (if any exist at that time and/or in the future). MFI and/or I reserve the sole right to restrict, exclude and/or reject such other person(s) into any session(s) and/or to be a party to conversation(s). In the event that you have another individual in any session or in any conversation(s), you will be completely responsible for informing them of the terms within this agreement which they will be expected to abide by and that you will assume full responsibility for any and/or all noncompliance and/or situations that arise. MFI and/or I reserve the right at all times to terminate the session(s) and/or conversation(s) if in our sole discretion the therapeutic process and/or session and/or communication has been compromise in any way.

Other Provisions: Should you use text messaging to MFI/me for whatever reason, you understand and agree that MFI/I may do the same and you understand and agree that text messaging and/or phone conversations are not secure communications and are not encrypted. You understand and agree that should you text message MFI/me, you may not receive a response and/or a response, it may be delayed or not responded to and that if time sensitive you will phone MFI/me and leave a message if not able to answer your call. You understand and agree MFI/I do not provide crisis service(s) and should you be in a crisis, you understand and completely agree to immediately contact the nearest hospital and/or call 911. You waive any and all liability to MFI/me and those associated with the same without restriction and without expiration and in perpetuity. You agree to receive text and/or email messages from the outsourced company MFI/I utilize and/or through MFI/me to remind you of an appointment. You agree that the appointment reminder is a courtesy and not a requirement of MFI/me and if you do not receive a reminder notice of an appointment it remains your sole responsibility to attend scheduled appointment(s). You acknowledge and agree that for any reason that MFI and/or I should decide that a phone/telehealth session take place you agree to this and that it is acceptable in place of being seen in person in the office and that MFI and/or I will place the call to you to the phone number you have provided previously in your file. Should there be an alternative number that should be contacted at you agree that it is your sole responsibility to provide such number in order for it to be added to your file prior to any phone session. You agree to be available for any session(s) scheduled for without delay and you agree to be free from any distraction(s) and be fully engaged in such session. If for any reason you do not keep any scheduled appointment(s), you completely understand and agree to be solely responsible for the session charge herein previously described. You understand and agree that at any time MFI and/or I decide that the weather is potentially questionable and/or is and/or may be problematic or I cannot attend an in person session which will be in MFI and/or my sole discretion, a phone/telehealth/computer session will take place that is completely acceptable and agreeable with you without reservation or exception. I agree that should I dismiss and decide not to have the alternative session in place of the in person session I will be charged the fee herein described for not giving 24 hour notice to cancel as MFI/I am available to provide service(s) and you are choosing not to attend. I understand and agree that MFI and/or I may contact you prior to, or as soon as possible (if possible) to let me know that the session will be a phone/telehealth/computer session, in place of an in person session. You agree that any session that takes place via the alternative means will be submitted for payment to your insurance company (if one is utilized) as an office visit. You agree and will be expected to pay for your financial responsibility for any session at the beginning of each session without exception. You agree to supply MFI and/or me with card payment information needed to process payment(s) for any session without exception. In the event that you have paid cash for any session you understand and agree that MFI/I do not keep cash on hand and any overage will be applied to future session(s). You agree and understand that MFI/I do not make refunds to your account but apply any overage(s) to your account file and will be applied to future session(s) without exception. You agree to and authorized MFI and/or me to obtain, keep and charge your payment card information for future session payment(s), and/or other charges associated with your account and/or file where necessary and/or to apply for any outstanding balances that are associated with your account. You hereby understand, agree and give permission to have MFI and/or me keep, retain and file your name, phone number(s), e-mail address and any other information you have provided. Such may be kept in a hard copy file and/or but not limited to; a Software System utilized for file and/or record keeping and/or for submission of insurance claims and data, file, cell phone, computer, and any other means MFI and/or I have available. You will refrain from text messaging and/or emailing MFI/me with what should be brought into session. You hereby give permission and agree that MFI/I may communicate with you and/or those that you provided permission, through any means that you have provided without exception or restriction. This is to include but not limited to; text messaging, cell phone, home/work phone and/or any telecommunication, e-mail, etc. You understand and agree that any such correspondence(s) may not and/or cannot be secure. You hereby agree that at all times that you will hold harmless MFI and/or I and/or those associated with the same from any and/or all liabilities, damages and/or problematic situations that may arise from, or as a result of what has been described herein, and/or that takes place, without exception and in perpetuity. You understand and fully agree to immediately notify MFI and/or me of any changes in any way concerning form(s) of payment for services, your insurance carrier (if applicable) and any and all relevant information to include but not limited to; payment source(s), co-pay, deductible, meeting or exceeding deductible and/or out of pocket amounts, credits and any relevant information that corresponds to the insurance carrier. You agree to consistently and immediately provide a copy of your insurance card as well as a current driver's license to be added to my file. You understand and agree that you will at all times be responsible for updating this and/or any/all information as well as my personal information immediately without delay and without fail. Your personal information will constitute but will not be limited to my current physical and mailing address, cell and home phone number, email address, driver's license, insurance carrier(s), any physician, mental health provider(s) and facilities who have or will provided services, marital status, employer and any other relevant information. You agree that any default of providing any or all information which may result in the delay of service payment(s) or denial of payment(s) from an insurance carrier for whatever reason, you will be solely, immediately and completely responsible for any/all balance(s) owed, fee(s), cost(s), time spent by MFI and/or me and/or those associated with the same to work on my file in whatever capacity, as well as any/all damage(s)/loss(es), administration fee(s)/cost(s), time spent on my behalf and/or any situations MFI and/or me and/or those associated with the same address and/or deal with any/all issues.

Initial(s) _____

Professional Disclosure & Informed Consent Agreement

Other Provisions (cont.): You understand and agree that you will be billed the current session charge of a self-pay patient/client should MFI and/or I and/or those associated with the same have to address any/all issues arising from any of the above mentioned information not being provided immediately and/or having to intervene and/or correspond to my insurance company for whatever reason except for the individual initial electronic billing per session otherwise you will be immediately and solely responsible for any owing balance(s) on your account without exception in perpetuity. If you have any question(s) as to information to be provided or updates you agree and understand that it is your sole responsibility to inquire. You agree that if any credits exist on your account they will be applied to current and/or future session financial charges/responsibilities. You agree that there will not be any physical refund(s) and/or all credits that are available to your account will be credited toward future session(s). You understand and agree that whenever you make any payment(s) via debt, health savings account (HSA) card, payment card and/or credit card you will see on your statement MFI as the source paid as a receipt is not otherwise generated. You agree that any payments for service(s) provided to you should be sent directly to MFI/me and not pass to you. You will at all times hold harmless MFI/me and/or those associated with the same of any/all damages, liability and/or complications in perpetuity. You understand and agree that MFI/I and/or those associated with the same may cancel at our discretion your appointment(s) in advance and/or the day of your session for various reasons. You hereby understand, give my permission and agree to have MFI keep, retain and file my name, phone number(s), e-mail address and any other information you have provided within but not limited to; a Software System that MFI utilizes for record and/or session note keeping and/or for submission of insurance claims and/or data, file(s), cell phone, computer, and any other means MFI has available. You hereby give my permission and agree that MFI/I may communicate with me, my insurance company and/or those that you provided permission. You understand and agree that should you use an insurance company for services, MFI/I may interact, correspond with and cooperate with as needed, but not limited to; electronic and/or hard copy submission of claim and payment, inquiry of benefits, approval(s) and/or needed correspondences. You hereby state that when you use text messaging you will not use your full name but will use your first name and letter of your last name to assist with confidentiality. In text messaging MFI/me, you agree that MFI/I may do the same for communication(s). You understand that text messaging and/or other conversations on devices are not secure communications and are not encrypted and you hereby waive confidentiality to the same and release MFI/me and those associated with the same of any liability in using the means of communication herein described. You will refrain from transmitting personal information where possible. You agree to receive text messages to remind you of an appointment with MFI/me. You understand and agree that should you text message MFI/me and/or anyone associated with the same, you may not receive a response until it is available for MFI/me to do so and/or MFI/I will not be expected to respond on days where services are not provided and/or for various reasons. You understand should you be in crisis, you will not rely on MFI/me for response and you will contact the nearest hospital and/or call 911. You waive without exception confidentiality in perpetuity when using text messaging, the phone, emailing, telecommunication and/or any communication means that is not secure and I hereby release MFI/me and/or those associated with the same of any liability and/or damages and/or associated with non-secure and/or non-encrypted communication modalities should you engage in using any of them. In the event that you provide MFI with payment card information it may be amended from time to time as needed by you for MFI/me or by MFI/me from me to put through amount(s) owed on such payment card for any and/or all amounts owed to MFI/me. You understand and agree that you will be personally responsible for all service(s), session fee(s) and/or any other money(s) that you owe.

Consent to Treatment: By your signature below you state that you are voluntarily agreeing to receive service(s) through MFI and/or me. You agree that you have read all herein stated and that you are in agreement of as well as state that you fully understand as well as agree without reservation to all stated herein. You hereby state that you have had the ability and ample opportunity to ask questions about areas you have or had question(s) on, about, not understood, that needed clarification and/or that was unclear. You agree that any questions that you had were answered to your satisfaction. You understand and agree that you were provided the ability to obtain a copy of this document and any other document(s)/paper work. You agree that by your signature below, you completely understand and agree to all herein and that you are not under duress and are of a sound mind to sign below. You agree that you have voluntarily come to MFI and/or/Darleen Lortz (me) for services and will fully participate in such service(s), as well as abide to all terms stated herein, without reservation. You agree that should any portion of this professional disclosure & informed consent agreement be found to be unenforceable and/or invalid and/or void you agree and acknowledge that the remainder will be preserved intact and enforceable without reservation and/or restriction. You freely agree to all stated herein without reservation, restriction and in perpetuity.

1.) Client: Print Name _____

Client's Signature; _____

Date: _____

2.) Client: Print Name _____

Client's Signature; _____

Date: _____

Service Provider _____

Date: _____

Initial(s) _____

Care Counseling dba to Motivational Foundations, Inc./ Darleen Lortz, MS, CRC, NCC, CART, LPC
Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice of Privacy Practices, please contact our Privacy Officer at Motivational Foundations, Inc./ P.O. Box 1885, Pilot Point, TX 76258.

INTRODUCTION

Motivational Foundations, Inc./Care Counseling/Darleen Lortz, MS, CRC, NCC, CART, LPC (herein after referred to as Service Provider) is required by law to maintain the privacy of Protected Health Information (herein also referred to as "PHI", to provide individuals with notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. PHI is information that may identify you and that relates to your past, present or future physical or mental health or condition and relates to the provision of health care or payment for the provision of health care for your past, present or future physical or mental health or condition and related healthcare services. This Notice of Privacy Practices ("Notice") describes how we may use and disclose PHI to carry out treatment, obtain payment or perform our health care operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to PHI about you.

Service Provider is required to follow the terms of this Notice currently in effect. We will not use or disclose PHI about you without your written authorization, except as described in this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. Upon request, we will provide any revised Notice to you.

OUR PLEDGE

The privacy of your personal health information (PHI) is important to us. Your PHI includes, but is not limited to, medical, dental, pharmacy, and mental health information. This Notice describes our privacy practices. Our privacy practices must be followed by all of our employees and staff. This Notice tells you about the ways in which we may use and disclose your PHI. Also described are your rights and certain obligations we have regarding the use and disclosure of your PHI. We use and disclose your PHI in compliance with all applicable state and federal laws.

HOW PHI ABOUT YOU MAY BE USED AND DISCLOSED

The following categories describe different ways that we use and disclose PHI. For each category of use or disclosure, an explanation of what is meant and some examples are provided. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose PHI will fall within one of the categories.

For Treatment. We may use or disclose your health information to provide and coordinate the mental health treatment and services you receive. For example, if your mental health care needs to be coordinated with the medical care provided to you by another physician, we may disclose your health information to a physician or other healthcare provider.

For Payment. We may use and disclose your health information for various payment-related functions, so that we can bill for and obtain payment for the treatment and services we provide for you. For example, your PHI may be provided to an insurance company so that they will pay claims for your care.

For Healthcare Operations. We may use and disclose your health information for certain operational, administrative and quality assurance activities, in connection with our healthcare operations. These uses and disclosures are necessary to run the practice and to make sure that our patients receive quality treatment and services. For example, healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

For Special Purposes. We are permitted under federal and applicable state law to use or disclose your PHI without your permission only when certain circumstances may arise.

We are likely to use or disclose your PHI without your permission for the following purposes:

Motivational Foundations, Inc./ dba:Care Counseling/Darleen Lortz, MS, CRC, NCC, CART, LPC
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- **Individuals Involved in Your Care or Payment for Your Care.** We may disclose PHI to a close personal friend or family member who is involved in your medical care or payment for your care.
- **Disclosures to Parents or Legal Guardians.** If you are a minor, we may release your PHI to your parents or legal guardians when we are permitted or required under federal and applicable state law.
- **Worker's Compensation.** We may disclose your PHI to the extent authorized by and necessary to comply with laws relating to worker's compensation or other similar programs established by law.
- **Public Health.** We may disclose your PHI to federal, state, or local authorities, or other entities charged with preventing or controlling disease, injury, or disability for public health activities.
- **Health oversight activities:** We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for our licensure and for government monitoring of the health care system, government programs, and compliance with federal and applicable state law.
- **Law Enforcement.** We may disclose your PHI for law enforcement purposes as required by law or in response to a court order, subpoena, warrant, summons, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about a death resulting from criminal conduct; about crimes on the premises or against a member of our workforce; and in emergency circumstances, to report a crime, the location, victims, or the identity, description, or location of the perpetrator of a crime.
- **Judicial and administrative proceedings.** If you are involved in a lawsuit or a legal dispute, we may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.
- **United States Department of Health and Human Services.** Under federal law, we are required to disclose your PHI to the U.S. Department of Health and Human Services to determine if we are in compliance with federal laws and regulations regarding the privacy of health information.
- **Research.** Under certain circumstances, we may use or disclose your PHI for research purposes. However, before disclosing your PHI, the research project must be approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.
- **Coroners, medical examiners, and funeral directors.** We may release your PHI to assist in identifying a deceased person or determine a cause of death.
- **Organ or tissue procurement organizations.** Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- **Notification.** We may use or disclose your PHI to assist in a disaster relief effort so that your family, personal representative, or friends may be notified about your condition, status, and location.
- **Correctional institution.** If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents PHI necessary for your health and the health and safety of others.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your PHI to appropriate authorities when necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public. We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes.
- **Military and Veterans.** If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority.
- **National Security, Intelligence Activities and Protective Services for the President and Others.** We may disclose your PHI to authorized federal officials for intelligence, counterintelligence, provision of protection to the President, other authorized persons or foreign heads of state, and other national security activities authorized by law.

Motivational Foundations, Inc./ dba:Care Counseling/Darleen Lortz, MS, CRC, NCC, CART, LPC
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- **As required by law.** We must disclose your PHI when required to do so by applicable federal or state law.
- **Treatment Alternatives.** We may use and disclose PHI to tell you about or recommend possible alternative treatments, therapies, health care providers, or settings of care that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.
- **Appointment Reminders.** We may use or disclose PHI to provide you with appointment reminders (such as voicemail messages, postcards, or letters). You have a right, as explained below, to request restrictions or limitations on the PHI we disclose. You also have a right, as explained below, to request that information be communicated with you in a certain way or at a certain location.

Other Uses and Disclosures of PHI

Your Authorization. We will obtain your written authorization before using or disclosing your PHI for purposes other than those described above (or as otherwise permitted or required by law). If you give us an authorization, you may revoke it by submitting a written notice to our Privacy Officer at the address listed below. Your revocation will become effective upon our receipt of your written notice. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by the written authorization. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

Psychotherapy Notes. We will not use or disclose psychotherapy notes without your written authorization, and only as permitted by law.

Marketing Health-Related Services. We will not use or disclose your protected health information for marketing communications without your written authorization, and only as permitted by law.

Sale of PHI. We will not sell your protected health information without your written authorization, and only as permitted by law.

CHANGES TO THIS NOTICE

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changed Notice effective for all health information that we maintain, including health information we created or received before we made the changes. When we make a change in our privacy practices, we will change this Notice and make the new Notice available to you.

YOUR HEALTH INFORMATION PRIVACY RIGHTS

You have privacy rights under federal and state laws that protect your health information. These rights are important for you to know. You can exercise these rights, ask questions about them, and file a complaint if you think that your rights are being denied or your health information isn't being protected. Providers and health insurers who are required to follow federal and state privacy laws must comply with the following rights:

To Request Restrictions on Certain Uses and Disclosures of PHI. You have the right to request restrictions on our use or disclosure of your PHI by sending a written request to the Privacy Office. We are not required to agree to those restrictions. We cannot agree to restrictions on uses or disclosures that are legally required, or which are necessary to administer our business. We must agree to the request to restrict disclosure of PHI to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the PHI pertains solely to a health care item or service for which you, or another individual other than a health plan on behalf of you, has paid us in full.

To Request Confidential Communications. You have the right to request that PHI be communicated to you by alternative means or at alternative locations. For example, you can ask that you only be contacted at work or by mail. We will accommodate all reasonable requests.

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To Access PHI. You have the right of access to inspect and obtain a copy of your PHI. You may not be able to obtain all of your information in a few special cases. For example, if your treatment provider determines that the information may endanger you or someone else. In most cases, your copies must be given to you within thirty (30) days, but may be extended for another thirty (days) if you are given a reason by us in writing. We may charge you a fee for the costs of copying, mailing and supplies that are necessary to fulfill your request.

In accordance with Texas law, you have the right to obtain a copy of your PHI in electronic form for records that we maintain using an Electronic Health Records (EHR) system capable of fulfilling the request. Where applicable, we must provide those records to you or your legally authorized representative in electronic form within fifteen (15) days of receipt of your written request and a valid authorization for electronic disclosure of PHI. You may request a copy of an authorization from the Privacy Office at the address below.

To Obtain a Paper Copy of the Notice Upon Request. You may request a copy of our current Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy from the Privacy Office at the address below. A reasonable fee may be charged for the costs of copying, mailing or other supplies associated with your request.

To Request an Amendment of PHI. If you feel that PHI we have about you is incorrect or incomplete, you may request an amendment to the information. Requests must identify: (i) which information you seek to amend, (ii) what corrections you would like to make, and (iii) why the information needs to be amended. We will respond to your request in writing within 60 days (with a possible 30-day extension). In our response, we will either: (i) agree to make the amendment, or (ii) inform you of our denial, explain our reason, and outline appeal procedures. If denied, you have the right to file a statement of disagreement with the decision. We will provide a rebuttal to your statement and maintain appropriate records of your disagreement and our rebuttal.

To Receive an Accounting of Disclosures. You have the right to request an accounting of your PHI disclosures for purposes other than treatment, payment or healthcare operations. Your request must state a time period. The time period for the accounting of disclosures must be limited to less than 6 years from the date of the request. We will respond in writing within 60 days of receipt of your request (with a possible 30-day extension). We will provide an accounting per 12-month period free of charge, but you may be charged for the cost of any subsequent accountings. We will notify you in advance of the cost involved, and you may choose to withdraw or modify your request at that time.

To Notification in the Event of a Breach. You have a right to be notified of an impermissible use or disclosure that compromises the security or privacy of your PHI.

We will provide notice to you as soon as is reasonably possible and no later than sixty (60) calendar days after discovery of the breach and in accordance with federal and state law.

To File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our privacy officer, listed below. You may also file a complaint directly with any or all of the following federal and state agencies: the Secretary of the Department of Health and Human Services, the Office of the Attorney General of Texas, or the applicable Board of the Texas Department of Health and Human Services: Texas State Board of Examiners of Professional Counselors, Texas State Board of Examiners of Marriage and Family Therapists or Texas State Board of Social Worker Examiners. We will provide you with the addresses to file your complaint with the Secretary, the Office of the Attorney General of Texas and the or the applicable Board of the Texas Department of Health and Human Services: Texas State Board of Examiners of Professional Counselors, Texas State Board of Examiners of Marriage and Family Therapists or Texas State Board of Social Worker Examiners, upon request. You will not be penalized in any way for filing a complaint.

If you want more information about our privacy practices or have questions or concerns, please contact us.

Care Counseling dba to Motivational Foundations, Inc., Darleen Lortz, MS, CRC, NCC, CART, LPC

Privacy Officer: Darleen Lortz, @ P.O. Box 1885, Pilot Point, TX 76258

Motivational Foundations, Inc./ dba:Care Counseling/Darleen Lortz, MS, CRC, NCC, CART, LPC
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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

1. Patient Name: _____

2. Patient Name: _____

I/we have been given a copy of this Notice of Privacy Practices ("Notice"), which describes how my health information is used and shared. I understand that Motivational Foundations, Inc./ Care Counseling/Darleen Lortz has a right to change this Notice at any time. I may obtain a current copy by contacting the practice's Privacy Officer.

My/our signature(s) below acknowledges that I/we have been provided with a copy of the Notice of Privacy Practices.

1. _____
Print Name Date

Signature of Patient

Personal Representative's Title (where applicable)
(e.g. guardian, executor of estate, health care power of attorney)

2. _____
Print Name Date

Signature of Patient

Personal Representative's Title (where applicable)
(e.g. guardian, executor of estate, health care power of attorney)

For practice use only: Completed if unable to obtain a signature.

If patient(s) or personal representative(s) is/was/are unable or unwilling to sign this Acknowledgement, or the Acknowledgement is not signed for any other reason, state the reason:

Describe the steps taken to obtain the patient's or personal representative's signature on the Acknowledgement:

Completed by: _____
Signature Date

Release of Confidential/Protected Information

I hereby give my permission for those indicated herein and below to correspond with and/or supply Motivational Foundations, Inc./Care Counseling/Darleen Lortz, and/or representatives, assignees, employees, facility, operators and the like (which will be hereafter referred to as MFI), any information in regards to and/or on me which include but not limited to: personal information, session information, session assessment, therapy notes/records, psychological records, medical information, neurological information and/or testing, psychological testing, records, diagnosis, case notes, insurance data, office and/or file information, evaluations, medications and the like. I authorize this information to be supplied to MFI either in person, by email, fax and/or at the current mailing address. Any fee/costs that are encured for supplying this information I agree will be my sole responsibility and not that of MFI. I authorize MFI to communicate at will with any of the individual(s) and/or entities listed below in regard to my file and/or services. I will immediately reimburse MFI for any costs incurred. I hereby authorize and accept that MFI to correspond with and/or share my information/records with the below indicated, as well as any payee, insurance carrier that I am associated with and/or third party source(s) who participate in the payment of services. As a result of my authorization for release of information I completely release form any liability and hold harmless MFI in perpetuity (without end or expiration)

Primary Insurance Carrier: _____ Name of Insured: _____

Secondary Insurance Carrier: _____ Name of Insured: _____

Medical Doctor PCP:

Name: _____, Phone: _____ Address: _____
City: _____, State: _____ Zip: _____

Other Mental Health Professional/Therapist:

Name: _____, Phone: _____ Address: _____
City: _____, State: _____ Zip: _____ Relationship: _____

Psycyatrist:

Name: _____, Phone: _____ Address: _____
City: _____, State: _____ Zip: _____ Relationship: _____

Spouse/Significant Other:

Name: _____, Phone: _____ Address: _____
City: _____, State: _____ Zip: _____ Relationship: _____

Others:

Name: _____, Phone: _____ Address: _____
City: _____, State: _____ Zip: _____ Relationship: _____

Name: _____, Phone: _____ Address: _____
City: _____, State: _____ Zip: _____ Relationship: _____

This release of information shall be in effect from the date of signing this document until revoked in writing by me and personally delivered by me to MFI and/or received via certified mail at the current mailing address of MFI.

Print Name:

Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date Signed: _____