

TELEPONE GROUP FORM

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clients Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_

Clients Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ER Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Interested In: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Policy:

I give permission to Martinez Counseling to bill for group sessions. The fee for each 50 minute support group is $15.00 A consecutive 4-week (or 5week Month) commitment is required for all groups. A charge of $60.00 for a 4 week will be charged on the first of the month. If there are 5 weeks in the month, you will be charged for $75.00. Unattended group meetings are non-refundable. PLEASE NOTE: Termination of group participation must be submitted within 48 business hours prior to the next billing cycle.

**Martinez Counseling PLLC**

**Terrie Martinez, M.A., LPC**

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Colorado Springs, CO  80918

719-465-1901

**Email:** [**t.martinezcounseling@gmail.com**](mailto:t.martinezcounseling@gmail.com)

[**https://terriemartinezcounseling.com**](https://terriemartinezcounseling.com)

**CREDIT CARD AUTHORIZATION FORM**

Martinez Counseling PLLC (“MC”) requests that you provide your credit card information below. If you choose to pay by credit card your credit card will be charged $\_\_\_\_\_\_\_\_ for each session as a onetime charge at the first of the month. If you choose to pay by cash or check, your credit card will only be charged if your account is past due and/or for any additional fees you and/or your minor child/ren incur such as late cancellation or no-shows fees.

□ I do not authorize MC to charge my credit card after each session but only for additional fees I and/or my minor child/ren incur as set forth in MC’s disclosure statement and policies. I will be notified of the type of additional fees I and/or my minor child/ren incur.

□ I authorize Martinez Counseling to charge my credit card $\_\_\_\_\_\_\_ for each session for a onetime charge at the beginning of the month. Any and all additional fees I and/or my minor child/ren incur.

If your credit card does not go through, you do not have a credit card, or you do not wish to provide your credit card information, in the event your account remains past due for sixty (60) days, your account may be sent to collections. MC reserves the right to send your account to collections, in accordance with MC’s policies and procedures; at any time after your account is considered past due.

By signing this authorization form, you agree to notify MC of any changes to your credit card information such as a new expiration date or when your credit card has been cancelled, lost, stolen, or revoked. A new form must be submitted if information such as the list of authorized users and the credit card account’s expiration date is amended.

**MARTINEZ COUNSELING PLLC**

**ONLY ACCEPTS THE FOLLOWING CREDIT CARDS:**

□ **VISA** □**DISCOVER** □**AMERICAN EXPRESS** □ **MASTERCARD**

Name on Credit Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Credit Card: Visa \_\_ MasterCard \_\_ Discover \_\_\_ American Express \_\_\_

Credit Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CCV Code: \_\_\_\_\_\_\_\_\_ Expiration Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Holder’s Full Address, including zip code (the mailing address for your Credit Card statements):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This credit card authorization form will remain in effect and on file at MC unless revoked in writing or until the therapeutic relationship is terminated, at which time, authorization to charge your credit card will be revoked, unless an outstanding balance remains on your account after termination. MC will not share your credit card information with any third-party without your consent. Your credit card information will be kept confidential.

Please check one:

□ Card Holder is the client (or parent/legal guardian) receiving services from Martinez Counseling.I hereby authorize Martinez Counseling to charge the above credit card number for payment of the counseling fees I or my minor child/ren incurs, which shall include late or past due fees or fees related to cancellations or no-shows. I understand that my credit card will be billed in accordance with the authorizations listed above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client/Parent/Legal Guardian Signature DATE

OR

□ Card Holder is a third-party payer for the client receiving services from MC.

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize MC to charge the above credit card number for payment of the counseling fees (Client)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ incurs, which shall include late or past due fees or fees related to cancellations or no-shows. I understand that my credit card will be billed in accordance with the authorizations listed above. I understand as a third-party payer that I am only entitled to receive information concerning payment and that this Credit Card Authorization Form does not authorize me to receive any confidential and protected information about Client beyond payment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Third-Party Payer’s Signature DATE

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize MC to communicate with the above Third-Party Payer solely as it may relate to payment for services I receive from MC.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Signature DATE



TELEPHONE GROUP NORMS FORM

Please read and complete prior to joining group meetings.

1. All group participants are expected to treat each other with confidentiality, dignity and respect. What is said in the group stays in the group.
2. This is a “group” and it is important that members actively participate in order to receive the benefit of the group.
3. I agree not to talk more that 5-10 minutes at one time to allow others to speak.
4. I will refrain from giving advice and only speak of my own experience during and aft group.
5. I will attend group on time and courtesy to other group members.
6. The groups are designed for women only and will meet weekly.
7. It is understood that the group will meet one per week for 50 minutes unless prior notice is given to the group members.
8. All group members agree to a minimum 4 –week commitment. If for any reason this commitment is broken prematurely, the group member will not receive a refund for unattended meetings.
9. The fee for each group is $15.00 per meeting, billed 4 sessions at a time (unless there are 5 weeks in month). There are no refunds for missed meetings.
10. The groups are not “drop in “type; and therefore weekly attendance is expected to be maintained by all except in cases of urgency or emergency, whereby the client is to make every attempt to inform the therapist before the meeting.
11. Group members agree that they may be expected to purchase a workbook and or DVD if required at their own cost and agree to do so by the 3rd meeting.
12. Each week the group member will receive feedback from other group members and will consider and apply this feedback appropriately, as she progresses though her workbook. You, the group member, always have the right to refuse feedback at any time.

*I have read all the above information and that I understand the conditions as stated. The undersigned releases Terrie Martinez from any claim to litigation whatsoever arising from the undersigned’s participation. I agree to full accept the above terms a of the agreement*

*\*\*\*By signing below, I also agree to confidentiality of all teleconference numbers, access codes\*\*\**

Client enter full name and date below as you electronic signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Terrie Martinez Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check in Sheet**

**Check-in is intended to be brief (less that 2 minutes per attendee).** This is your check-in, so try to stick to the issues you are dealing with not our spouses’ s issues, or those of others in your life. This is not a time to ask questions, reflect on things that need to be processes or to receive feedback or be asked questions.

Hi! My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and I’m in group because I am partner of a sex addict/intimacy anorexia / worthlessness/ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

And I am healing from:

Trauma/PTSD Mothering Other: Disassociation

Spending/Shopping Depression Love Addiction Rescuer

Escaping Control/Avoidance Anxiety Health Issues:

Low Self-Esteem Eating Disorder Panic

**Acting IN/OUT: YES/NO Triggered: \_\_\_\_\_\_\_\_\_\_\_\_Who I called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This week I used the following behaviors to sabotage my own recovery:**

ACTING OUT ACTING IN\_\_\_\_\_\_\_\_\_\_\_\_\_

Anger/Rage/Bulling Eating poorly

Checking up on him Excessive sleeping

Not being able to separate Negative self-talk

Controlling Fantasy/escapism

No sex/hypersexual Self-pity

Changing boundaries Isolation/depression

Shaming Perfectionism

Spiritualizing Avoidance

Scoping out women he might be looking at TV/social media/games

Looking for more proof Shopping carelessly

Trying to think about what he is thinking Disassociation

Pretending you are in a perfect relationship Stuffing anger

Sarcasm/baiting Self-loathing talk/actions

Hitting Him Seductive dressing

Fantasizing about him acting out Romance novels

Using his problems to not deal with your feeling’s Poor choices

Reinforcing our fears of abandonment Self-harm

Feeling threatened or insecure around women when with him Biting fingernails

Rationalizing staying together when he is not recovering Passivity

Lying Poor hygiene

Cursing/yelling Overworking

**CONSEQUESNCE (within 24hrs): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date completed: \_\_\_\_\_\_\_**

**I am ready to work on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in group.**

**This week I was intentional about my 5 Commandments**

Morning prayer: \_\_\_\_\_\_days out of 7 days Attending groups:\_\_\_\_ days out of 7 days

Reading recover material: \_\_\_\_\_days out of 7 days

Call to others: \_\_\_\_\_ days out of 7 days Evening prayer:\_\_\_\_\_ ­­­­ days out of 7 days

My spiritual self-care this week:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My self-care this week was:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What I like about my self today is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For those that have Intimacy Anorexia**

Acting In

Withholding love or affection

Withholding appreciation from partner

Controlling or create desistance with silence or anger

Ongoing or ungrounded criticism

Withholding sex or disconnected during sex

Withholding spiritual connection

Withholding authentic feelings

Staying busy to avoid time with partner

Blaming your spouse not taking responsibility for your part of conflict

Control or shame with money issues

This week or today I felt\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I remember the first time I felt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_was when\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

My 5 commandment this week (THESE ARE YOUR PERSONSAL COMMANDMENTS)

Morning prayer

Reading recovery material

Calls to others

Attending group

Evening Prayer

My spiritual self-care the week was\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My self-care this week was \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What I like about myself today is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 Dailies w/spouse \_\_\_\_\_\_\_/7

Date night agreement Y/N

Sex agreement Y/