



832 2<sup>nd</sup> Ave NW  
Hickory, NC 28601  
Phone: 828-328-4673  
Fax: 828-855-0602

Websites:  
[www.PowerToThrive.com](http://www.PowerToThrive.com)  
[www.PowerToThriveRadio.com](http://www.PowerToThriveRadio.com)

**PLEASE FOLLOW THE IMPORTANT DIRECTIONS AT THE TOP OF EACH PAGE.**

*Please read pages 1-6, and then print out and complete pages 7-10 to bring to initial appointment. If you have questions about anything on these forms prior to your appointment, please call our office.*

**AGENCY POLICIES/PROCEDURES:**

**Responsibility for Appointments:** An important part of the therapy process is the acceptance of responsibility for making and keeping appointments. Marriage and Family Therapy Services, PLLC (MFTS) will provide a list of upcoming appointments upon request but clients are encouraged to be responsible for this in a personal calendar or journal. Recurring appointments are offered as a benefit to active clients whose accounts are in good standing. This privilege is available on a first come, first served basis, but recurring appointments must have a calendar end-date. Clients are responsible to renew recurrences on our scheduling system whenever necessary. MFTS makes every effort to provide clients with chosen appointment times and reserves that time for their consultation alone. We are reasonable to unavoidable cancellations due to a true emergency, however, **we charge the full out-of-pocket fee for appointments cancelled or missed with less than 48 business-hours' notice, by the hour.** Business hours are as follows: Monday – Saturday, 9am-7pm. If a scheduled appointment is for Monday at 3 p.m., a client should cancel by Friday of the week prior, no later than 3 p.m., to avoid the missed session fee. Or, if an appointment is scheduled for 10 a.m. on Saturday, client must cancel by no later than 10 a.m. Thursday. A message left on the MFTS voice mail counts as adequate cancellation if the time stamp indicates the message was left within the 48-hour timeframe. MFTS does not make it a practice to schedule appointments through internet, text or email, and attempts by clients to change or cancel appointments this way may not be considered valid. We may send you appointment reminders at your request, via email or SMS text message, however in the event of a failure to receive an electronic message, client is still responsible to attend a scheduled appointment.

**A note about children:** If a minor child is scheduled for therapy, in most cases we prefer for the child's parent(s)/guardian(s) to attend an initial session **without the child present.** This parent/guardian must have legal custody of the child, and must present documentation to this effect prior to MFTS seeing the child in therapy. Parent/Guardian must also agree to remain involved in the therapy process, occasionally attending individual and/or family sessions and **MFTS may request involvement of all legal guardian(s) of child.** For liability reasons, MFTS does not allow children under 13 years old to be unattended in the waiting room while family members are in therapy. If a child in the family is not scheduled to attend a therapy session, clients should either leave them with a caregiver at home, or provide a responsible adult to sit with the child in the waiting room. MFTS will reschedule any individual or family therapy appointments if the child is not already scheduled to be involved in the session but is brought to therapy anyway. Failure to attain appropriate child care in advance of an appointment does not constitute an emergency, and we reserve the right to charge the usual cancellation fee if this occurs.

**Time of Appointments:**

Appointments are scheduled at a specific time, and we request that clients arrive on time. In the occasional event that clients are late, we ask that they call and inform us of this within 20 minutes of their appointed time. We will still hold the appointment open, as long as we have been informed within this timeframe, that the client is planning to attend. **If clients are more than 20 minutes late for an appointment and have not contacted us, we will consider it a missed session, and they will incur the full appointment charge. Additionally, we cannot guarantee the appointment will be held open for the entire session if clients do not contact us within 20 minutes of being late, as therapists will move on to other necessary tasks in their absence.** Should clients habitually arrive late for or "lose track" of appointments, therapists reserve the right to bring this up as a clinically relevant issue. Chronic lateness or absenteeism may result in clients forfeiting any special payment arrangements or "standing appointment" privileges, and may ultimately be considered non-compliance with treatment, leading to termination with an appropriate referral.

Therapists at MFTS do their best to adhere to the set schedule, but due to the sensitive nature of the psychotherapeutic process, occasionally other client sessions may run somewhat late. For this reason, we request that clients allow for a period of extra time after their scheduled appointments, in case the session before is running late. We are committed that you receive *the entire time* that was reserved for you, so in the event that a therapist is running late, your appointment will also run late. This ensures that you will receive the full time in session with your therapist. We ask that you approach this occasional situation with understanding, realizing that you may someday be the client who requires the "extra time."



832 2<sup>nd</sup> Ave NW  
Hickory, NC 28601  
Phone: 828-328-4673  
Fax: 828-855-0602

Websites:  
[www.PowerToThrive.com](http://www.PowerToThrive.com)  
[www.PowerToThriveRadio.com](http://www.PowerToThriveRadio.com)

**AGENCY POLICIES/PROCEDURES, PAGE 2**

**Check in/:**

Please check in at the receptionist desk upon arrival to the office. Payment is expected prior to entering the therapy room, unless other arrangements have been made. If you do not have payment at the time of your appointment, you may reschedule your appointment however you will incur the usual missed session fee. There is an ATM one block away from our location, for the client's convenience.

***Fees: (Subject to change with advanced notice to current clients)***

**Individual/Family/Couples Therapy/Play Therapy - Initial Consultation (50-90 min.):** \$170.

**Individual/Family/Couples/Play Therapy - Follow Up Consultations:** \$110 per 50-60 min.; \$165 for 75-80 min.; \$220 for 110-120 min. **Hypnotherapy:** \$150. per 45-50 min.; \$225. per 75-80 min.; \$300. per 110 – 120 min.

**Legal Consultations - On/Off-Site:** (includes voluntary or involuntary testimony or subpoena) \$1,200 retainer required in advance; \$1,050 per 3-hour (or less) block.

See "Off Site Consultation and Electronic Media Policy" for Telephone/Electronic Consult/Coaching Fees (Active Clients ONLY)

**Payment & Billing:**

MFTS accepts cash, check, or the following Credit Card options: Visa, MasterCard and Discover. Clients paying with credit card must be willing to have the credit card number stored in our electronic medical records system and understand that future charges and balances may be collected using this card number unless specifically requested to remove it prior to charges being assessed. We do not accept debit cards, unless they can be processed as Credit Card. If any balance accrues on client accounts, clients will receive a bill once a month, on or after the 15<sup>th</sup> of the month. **REGARDLESS OF INSURANCE COVERAGE, ALL BALANCES OVER 60 DAYS PAST DUE WILL INCUR INTEREST AT 1.5% PER MONTH, RETROACTIVE TO THE DATE OF SERVICE.** Invoices are due upon receipt. We reserve the right to refuse continuation of treatment (with a proper referral) at least until all balances beyond 60 days are cleared. We also reserve the right to charge administrative costs related to billing beyond 60 days. MFTS employs all legal means to collect unpaid debt, including but not limited to collections agencies and small claims court. If we must employ collections services or legal fees due to the collections process, these fees are added to client's balance. Please see "Informed Consent" form for more information on confidentiality as it relates to the collections process.

**Insurance/Third Party Reimbursements:**

As a group of privately practicing marriage and family therapists, we have determined that being "in-network" with insurance companies can present a conflict of interest by putting therapists in the position of being responsible to insurance companies rather than to our clients. We believe that clinicians should be able to make treatment decisions based on professional and clinical judgment -- not based on "what the insurance company will allow/cover."

Many insurance plans offer "out of network benefits." These benefits provide reimbursement directly to the patient, after they have paid the provider their fee, out of pocket. We encourage our clients to research the benefits their insurance plans provide and to file claims themselves if their coverage allows for this benefit. We also encourage clients to insist on reasonable coverage for out-of-network benefits, (if applicable). On occasion, MFTS may assist clients with out of network insurance claims, but we are under no obligation to do so. In this case, any moneys paid to MFTS by out of network insurance companies over and above client's indebtedness including any interest charges, will be credited or refunded at the end of treatment, or of the fiscal year, whichever comes last.

By signing our paperwork, you are acknowledging your understanding that out of network claims will not be filed by MFTS and that there is no implied or expressed guarantee being made, regarding reimbursement by any third party.



832 2<sup>nd</sup> Ave NW  
Hickory, NC 28601  
Phone: 828-328-4673  
Fax: 828-855-0602

Websites:  
[www.PowerToThrive.com](http://www.PowerToThrive.com)  
[www.PowerToThriveRadio.com](http://www.PowerToThriveRadio.com)

**INFORMED CONSENT:**

**I. POTENTIAL RISK/ALTERNATIVE TREATMENTS:**

I agree to enter treatment for counseling with Marriage and Family Therapy Services, PLLC (MFTS). I realize that this treatment may involve discussing and dealing with intense emotional issues which may at times be distressing. However, it is my understanding that this process is intended to help me both personally, and with relationships. I have been made aware of alternative treatment facilities available to me, or plan to ask about this at my initial appointment if I have not.

**II. CONSENT TO TREATMENT:**

By signing the MFTS Clients Rights and Responsibilities form, I give permission for any therapy, testing, or diagnostic evaluation deemed necessary by MFTS to treat me, my marriage, family, or other relationship. I have had all of my questions about treatment answered to my satisfaction, and understand I can raise further questions at any time during my course of treatment. I further acknowledge that I can refuse any/all specific treatments, although this may not be in compliance with best practices and/or my treatment plan.

**III. RESULTS/OUTCOMES AND TERMINATION:**

I realize that there is no guarantee of particular results or outcomes from consultations. I further realize that I may leave counseling at any time, although I have been informed that this is best accomplished when in communication with the therapist. It has also been explained to me that, under certain circumstances, counseling may need to be terminated by the counselor. I acknowledge that if termination should be necessary, MFTS will make an appropriate referral for me.

**IV. CONFIDENTIALITY:**

I realize that all therapists at MFTS are independently practicing professionals, however, they frequently review cases as professional colleagues. I understand that MFTS colleagues and staff will keep all records and information pertaining to my treatment in strict confidence. Therapists, colleagues, and staff may not disclose any information/records regarding my treatment to others, including the fact that I, my family members, or companions are receiving treatment, except when specifically required by law, or with my written consent. I understand that the law and professional ethics require MFTS to break confidentiality in cases of suspected child abuse or neglect, with or without my consent. I also understand that the law and professional ethics require MFTS to report threats by me, companions, or family members to physically harm others or ourselves, or suspicions thereof. Further, I realize that MFTS is legally responsible to break confidentiality when ordered to testify in a court of law or to produce client records by a Judge, in lieu of testifying. I understand that MFTS may utilize all legal means to collect any debts owed on past due accounts, including collections procedures which might disclose my name and other personal information, limited only to the purposes of the collections process. I realize no treatment information other than dates of service will be disclosed for collections purposes. MFTS practices in compliance with HIPAA privacy standards.

**V. CLIENT'S REQUEST FOR INFORMATION:**

At the clients' request, Therapists at MFTS may communicate (verbally or in writing) with specific people outside of the treatment unit, only after proper release of information forms have been attained by all parties within the treatment unit. Releases of any information from MFTS may take between 1 and 2 weeks to be completed. If the release does not appear to be in the best interest of the client(s), the therapist may inform the client(s) of this and make other recommendations.

**OFF-SITE CONSULTATION AND ELECTRONIC MEDIA POLICY**

**OPTIONAL OFF-SITE CONSULTATIONS:**

On a limited basis, adjunctive consults may be available in between sessions. These services are considered “Coaching” and are distinct from face-to-face therapy. Consults of this sort may be provided in the following forms: Telephone coaching, Email message coaching and SMS Text Message coaching. If a client’s credit card is on file, it will be used to pay for these off-site consults unless otherwise specified ahead of time by the client.

**OFF-SITE CONSULTATION FEES: (Prepaid if possible)**

0 – 5 minutes:     \$15.	31 – 60 minutes:     \$125.
6 – 15 minutes:    \$45.	61 – 90 minutes:     \$160.
16 – 30 minutes:  \$70.	91 –120 minutes:    \$250.

**Telephone Coaching:** Clients must make appointments for and payment for telephone coaching sessions in advance if possible. They are worked in at various times throughout the day or evening, around a clinician’s face-to-face sessions. The coach will call the client on a predetermined number at an appointed time. These consultations are not covered by insurance, as they are generally not considered medically necessary. If clients need to speak briefly with their therapist over the telephone in between sessions, they may call the office phone, but please remember our therapists are with clients most of the time. You may leave a voice mail if we are unavailable and we will return your call as soon as possible. Calls under 5 minutes are not considered telephone consultations, and there will be no charge for them. If a phone call goes beyond 5 minutes, clients will be charged according to the above fee schedule.

**Emails, SMS/MMS Text Message Coaching:** Clients may request off-site coaching via email message or text. It may not be available on an immediate basis, and clients must understand that some clinicians may not receive their emails or SMS text messages right away or at all. If this service is utilized however, charges will be incurred according to the above fee schedule. Occasionally we may utilize email and/or SMS Text Messaging for appointment reminders or other administrative tasks. There is, of course, no charge for this.

**LIMITS TO CONFIDENTIALITY WITH OFF-SITE CONSULTATIONS:**

Staff cannot be held responsible for breeches of privacy not directly preventable/controllable by MFTS (including but not limited to phone calls overheard by 3rd parties unrelated to MFTS, text or email messages being intercepted or seen by 3rd parties on the client’s end, etc.). By choosing to utilize MFTS’s optional off-site services and/or send or receive messages via electronic media, clients understand these limits and voluntarily relinquish the right to hold MFTS or its representatives accountable to any potential confidentiality breach which may inadvertently occur as a consequence of employing this form of consult.

**PREREQUISITES AND LIMITS FOR UTILIZING OFF-SITE CONSULTATIONS & ELECTRONIC MEDIA:**

Clients are required to have a minimum of one face-to-face Intake session prior to utilizing off-site consultations. These consultations are NOT therapy and cannot be used as a substitute for therapy, but rather as an adjunct to in-office sessions. These services may be offered only to clients who, at the time of the service provision, are present in the state of North Carolina, and whose account is in good financial standing with MFTS. These services are not appropriate, nor available if clients are in the following state/condition at the time of the service provision: Experiencing suicidal or homicidal ideation or intent, intoxication by alcohol or under the influence of any medication or substance not otherwise prescribed by an appropriate medical doctor.

MFTS does not participate in non-professional (social) forms of contact with clients. If clients attempt to use off-site consults or electronic media for social purposes, they will not be responded to. We may create or participate in internet-based websites which clearly designate us as Professional Marriage and Family Therapists (such as the MFTS Facebook Page, or the Power to Thrive Radio blog, etc.), acting in this role as general consultants in the field. If active clients choose to participate in these forms of electronic media, they do so with the understanding that clinicians are not engaging in therapy in this context, therefore, voluntarily relinquish the right to hold MFTS or its representatives responsible for any of the therapeutic responsibilities in the course of participating in this activity.



832 2<sup>nd</sup> Ave NW  
Hickory, NC 28601  
Phone: 828-328-4673  
Fax: 828-855-0602

Websites:  
[www.PowerToThrive.com](http://www.PowerToThrive.com)  
[www.PowerToThriveRadio.com](http://www.PowerToThriveRadio.com)

## HYPNOTHERAPY INFORMATION

Liza M. Shaw has received training and certification in clinical hypnotherapy. The type of hypnosis that she practices is known as hypno-behavioral therapy, which combines traditional hypnosis techniques with Ericsonian techniques, Neuro-Linguistic Programming (NLP), Cognitive Behavioral Therapy, and Jungian psychology. This approach offers an effective and productive adjunct to other types of therapy. It has been demonstrated to work well for both adults and children. The following information provides answers to some of the most commonly asked questions about hypnosis.

- 1. *Isn't hypnosis only effective for treating issues such as weight loss and quitting smoking?***  
Although clinical hypnosis has been demonstrated to be very helpful in treating addictions such as compulsive eating, smoking, etc., this therapeutic tool has a much wider reaching application. Hypnotherapy has been shown to be effective in the management of chronic and acute pain, increasing self-esteem, treating post-traumatic stress disorder, eating disorders, anxiety/phobias, depression, anger management, grief issues, and sexual difficulties.
- 2. *Will I be "unconscious" when I go under hypnosis?***  
No, you do not lose consciousness while in the hypnotic state. The hypnotic trance-state has been shown to be similar to the brain-state during meditation or prayer. It provides a feeling of extreme relaxation, similar to that relaxed state you experience *just before* falling asleep. Under hypnosis, you continue to hear sounds inside and outside of the room, and you are able to respond verbally to suggestions. *You are never out of control, but rather, hypnosis can help you gain more control over your thoughts and behaviors so that you gain more control over your life.*
- 3. *Are you going to make me "cluck like a chicken?"***  
This seems like a silly question, but almost everyone asks it, and the answer is, absolutely not. Hypnotherapy is very different from the hypnosis stage shows, which are intended to entertain through embarrassment. My ethical obligation to clients is to offer the opportunity for therapeutic healing to take place. Additionally, as emphasized above, you never lose control of your behaviors when under hypnosis, and would never do anything in-trance that you wouldn't do in your waking state. Any time you do not like a suggestion during hypnosis, you have the empowerment and personal responsibility to reject it. Hypnosis simply offers you a tool to access parts of yourself that have been inaccessible in your fully awake state (such as repressed emotions).

Most hypnotherapy sessions last between 90 and 120 minutes. The first half-hour is usually spent talking and identifying relevant information. The next 45 minutes to an hour is spent in hypnotherapy and the last 15 to 30 minutes in completion and weekly instructions. During your session, Liza will make an audio recording which you may use to extend the benefits of your session. We can transfer the file to an audio CD or onto a flash drive which you bring with you to the session. Generally speaking, most sessions are scheduled once per week, using both hypnotherapy and talk therapy, and then decreasing frequency to every other week.

If you have any questions regarding hypnotherapy, please discuss them with Liza. Please ask for a suggested reading list if you would like to learn more about clinical hypnosis. ***If you choose hypnotherapy as a form of treatment,*** please sign the optional Hypnotherapy Agreement on your intake paperwork.



832 2<sup>nd</sup> Ave NW  
Hickory, NC 28601  
Phone: 828-328-4673  
Fax: 828-855-0602

Websites:  
[www.PowerToThrive.com](http://www.PowerToThrive.com)  
[www.PowerToThriveRadio.com](http://www.PowerToThriveRadio.com)

### **COUPLES/FAMILY/CHILD/GROUP THERAPY PRIVACY POLICY**

#### **COUPLES/FAMILY/CHILD/GROUP THERAPY IS DIFFERENT.**

This statement of policy is intended to inform all participants in couples/family/child/group therapy how therapists at Marriage and Family Therapy Services (MFTS) choose to handle privacy/confidentiality, as well as the treatment records, which is fundamentally different than in the case of individual therapy.

#### **“TREATMENT UNIT”**

When MFTS Therapists agree to treat a couple, family, child or group, we consider everyone attending (the “treatment unit”) to be the client. If, for example, clinical records of the treatment unit were ever requested by anyone, inside or outside the treatment unit, your therapist would be required to seek the authorization of **all** members of the treatment unit before releasing any confidential information, and would not release any information without this authorization (see exceptions to this on MFTS’s “Informed Consent” document which all new clients receive at the onset of therapy). If clinical records were ever **subpoenaed in a legal situation**, your therapist would assert the psychotherapist-patient privilege on behalf of the entire treatment unit.

#### **CONFIDENTIALITY IN COUPLES/FAMILY/CHILD/GROUP THERAPY:**

During the course of couples/family/child/group therapy, your therapist may find it clinically appropriate to consult with a smaller set of the larger treatment unit (e.g., an individual or two siblings) for one or more sessions. Unless occurring for specific, Individual issues that are unrelated to the couples/family/child/group work, these sessions would be seen by all participants of the treatment unit as a **part of the larger whole**: the work that the entire treatment unit is doing, unless otherwise indicated. If you are involved in one or more of such sessions with your therapist, please understand that generally these sessions are still considered confidential in the sense that your therapist would not release any confidential information to a **third party** unless required by law to do so, or prior written authorization was provided. In fact, since those sessions can and should be considered a part of the treatment of the couple or family, we would also seek the authorization of the other individuals in the treatment unit before releasing confidential information to a third party.

#### **“NO SECRETS”**

However, your therapist may find it clinically necessary to discuss information learned in a session with only a portion of the treatment unit being present, with the entire treatment unit – that is, the family, couple or group, to effectively serve the goals of the unit being treated. Your therapist will use professional judgment as to whether, when, and to what extent they may make disclosures to the treatment unit, and will also, if appropriate, first inform and give the individual or the smaller part of the treatment unit being seen the opportunity to make the disclosure. Thus, if any individual within the treatment unit feels it necessary to talk about matters that they absolutely do not want shared with anyone else in the larger treatment unit, a consultation with an individual therapist who can treat you individually may be necessary. MFTS can make a referral to an individual therapist in this case.

This “no secrets” policy is intended to allow your therapist to continue to treat the couple, family, child or group, by preventing, to the extent possible, a conflict of interest to arise where an individual’s interests may not be consistent with the interests of the unit being treated. For instance, information learned in the course of an individual session may be relevant or even essential to the proper treatment of the couple or the family. If your therapist is not free to exercise clinical judgment regarding the need to bring this information to the family, couple or group during their therapy, your therapist might be placed in a situation where termination of treatment is necessary. This policy is intended to prevent the need for such a termination.

If choosing to engage in couples/family/child/group therapy, please sign the optional “Couples/Family/Child/Group Therapy Privacy Policy” Agreement on the intake paperwork. A signature on this agreement indicates that each member of the treatment unit has read or had read to them, this policy, has had an opportunity to discuss its contents with the therapist, and chooses to undertake couple/family therapy in agreement with and with an understanding of how this policy may impact confidentiality and the handling of any records.

**PLEASE HAVE EACH PERSON ATTENDING COMPLETE A SEPARATE INTAKE PACKET AND BRING PAGES 7-11 WITH YOU TO INITIAL APPOINTMENT.**



832 2<sup>nd</sup> Ave NW  
Hickory, NC 28601  
Phone: 828-328-4673  
Fax: 828-855-0602

Websites:  
www.PowerToThrive.com  
www.PowerToThriveRadio.com

**CONFIDENTIAL CLIENT INFORMATION**

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Number and Street City State Zip

Phones: (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w): \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Client's Date of Birth: \_\_\_\_\_ Parent/Guardian's Name(s) (if client is minor): \_\_\_\_\_

If Parents/Guardians of minor are separated or divorced, list which parent(s)/guardians have custodial rights:  
*[MFTS must have a copy of official custody documents on file prior to providing any services to a minor]*

Religious/Spiritual Background: \_\_\_\_\_ Current Religion/Spiritual Practice: \_\_\_\_\_

Occupation: \_\_\_\_\_ Your Highest level of Education: \_\_\_\_\_

Please check any/all that apply in your **current** family (only yourself, spouse, and/or kids). History of: Suicide  
Alcoholism Substance Abuse Mental Illness Domestic Violence Sexual Abuse None

Please check any/all that apply **anywhere** in family tree (your parents, relatives, spouse's family, etc). History of: Suicide  
Alcoholism Substance Abuse Mental Illness Domestic Violence Sexual Abuse None

Current Medications: (List dates first prescribed, reason, dosage, frequency, name of prescribing doctor. Use reverse side if necessary): \_\_\_\_\_

Please list previous counseling (Name of therapist, date(s) attended, any diagnoses) \_\_\_\_\_

List any hospitalizations for mental illness/date(s)/reason(s): \_\_\_\_\_

Do you, today, have thoughts of harming yourself or someone else? \_\_\_\_\_

Please briefly describe what you hope to accomplish as a result of working with your therapist: \_\_\_\_\_

**PLEASE HAVE EACH PERSON ATTENDING COMPLETE A SEPARATE INTAKE PACKET AND BRING PAGES 7-11 WITH YOU TO INITIAL APPOINTMENT.**

Confidential Client Information, Page Two

Please list below, any internet search engines you used or websites you visited in your therapist search.

Google                      Yahoo                      www.powertothrive.com                      Psychology Today Website  
www.powertothriveradio.com                      Other: \_\_\_\_\_

Briefly describe why you choose MFTS over another therapy practice. \_\_\_\_\_

Please check any/all issues which are a concern for you today:

- |                              |                 |                    |                    |                   |
|------------------------------|-----------------|--------------------|--------------------|-------------------|
| Abortion                     | Adoption        | Alcohol Use        | Ambition           | Anger             |
| Anxiety                      | Appetite        | Attention Probs.   | Children           | Codependency      |
| Chronic Pain                 | Communication   | Concentration      | Constant Conflicts | Crying            |
| Death of loved one           | Decision Making | Depression         | Divorce            | Domestic Violence |
| Drug Abuse                   | Eating Habits   | Education          | Emotional Abuse    | Energy Level      |
| Exhaustion                   | Family Problems | Fears              | Finances           | Focusing Probs.   |
| Friends                      | Gender Identity | Headaches          | Health             | Hyperactivity     |
| Incest                       | Inferiority     | Infertility        | Infidelity         | Insomnia          |
| Legal Problems               | Loneliness      | Marital Problems   | Marital Separation | Memories          |
| Motivation                   | My Thoughts     | Nail-biting        | Nervousness        | Nightmares        |
| Obsessive Thoughts/Behaviors |                 | Overweight         | Parenting          | Perfectionism     |
| Pornography Use              | Procrastination | Sexual Abuse       | Self-Control       | Self-Esteem       |
| Sexual Addiction             | Sexuality       | Sexual Orientation | STIs               | Shyness           |
| Smoking                      | Spirituality    | Stress             | Suicidal Thoughts  | Temper            |
| Underweight                  | Unhappiness     | Work               | Other: _____       |                   |

Please list below any questions or concerns you want addressed and answered in your initial appointment, related to: the therapeutic process, the policies you are agreeing to follow or anything else regarding your treatment. (use additional paperwork if necessary)

---

---

---

---

---

---



**PLEASE HAVE EACH PERSON ATTENDING COMPLETE A SEPARATE INTAKE PACKET AND BRING PAGES 7-11 WITH YOU TO INITIAL APPOINTMENT.**



832 2<sup>nd</sup> Ave NW  
Hickory, NC 28601  
Phone: 828-328-4673  
Fax: 828-855-0602

Websites:  
www.PowerToThrive.com  
www.PowerToThriveRadio.com

**ACKNOWLEDGMENT OF CLIENT'S RIGHTS AND RESPONSIBILITIES:**

I have read and/or have had explained to me and understand all of the following Marriage and Family Therapy Services, PLLC (MFTS) documents: **Agency Policies/Procedures, Informed Consent, Offsite Consultation and Electronic Media Policy, optional Hypnotherapy Policy and Couples/Family/Child/Group Therapy Privacy Policy.** I understand these are posted on the company's website and I may either print these from the internet or request and receive written copies of them by MFTS at any time. By signing and dating below I accept full responsibility to comply with all policies of MFTS.

I understand that any balance over 60 days past due will incur a 1.5% interest fee, *retroactive to the date of service*, and that it is my responsibility to pay this balance regardless of any expectation on my part of third-party reimbursement. I realize that any money received by Marriage and Family Therapy Services, PLLC, from Third Parties, over and above my indebtedness will be refunded to me after my account is paid in full, including any interest charges, at the end of treatment, or of the fiscal year, whichever comes last.

I acknowledge that there is no guarantee of results. I am responsible to pay in full, any balance for services rendered regardless of the outcome of therapy. I also realize MFTS Services may utilize all legal means to collect unpaid balances, and that I may incur further costs associated with the collection of this debt, including but not limited to legal fees and reimbursement for administrative time spent in the collections or court process. I will be responsible for arriving on time, making and keeping all appointments. I realize that even if MFTS offers appointment reminders, I am the sole party responsible for keeping track of my appointments and that a missed reminder does not justify a non-emergency cancellation or no-show. Any non-emergency missed sessions **not cancelled within 48 business-hours** will incur the entire session fee (not a discounted rate). Business Hours are Mon. – Sat. 9 a.m. to 5 p.m. I understand that MFTS is not in-network with insurance companies. I read in the Informed Consent document, or have had explained to me the potential risks of therapy and by signing below have agreed to all conditions. I understand the limits of confidentiality described in the Informed Consent document. Alternative treatment options have been or will be explained to me in my first appointment to my satisfaction, and I take responsibility to ask any questions I may have regarding this or anything else regarding my treatment. I also realize MFTS is not a crisis service, and I promise to call 911 if I am in a life threatening emergency.

\_\_\_\_\_  
Client Signature and Date

\_\_\_\_\_  
Clinician – Signature and Date

\_\_\_\_\_  
Legal Guardian (if minor) and Date

**FOR COUPLES/FAMILY/CHILD/GROUP THERAPY:**

**Couples/Family/Child/Group Therapy Privacy Policy Agreement:**

I have read and understand the unique way privacy is handled with Couples/Family/Child Therapy, and agree to follow the guidelines set forth in this policy.

\_\_\_\_\_  
Signature of Responsible Party and Date

**FOR HYPNOTHERAPY:**

**Hypnotherapy Agreement**

I have read and understand that there is no guarantee of particular results or outcomes from hypnotherapy. I knowingly and willingly request hypnotherapy treatment by my therapist at MFTS for me and/or my child, \_\_\_\_\_. I acknowledge that this is in no way a replacement for any medical treatment.

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Print name(s) of person(s) who will receive Hypnotherapy

**PLEASE HAVE EACH PERSON ATTENDING COMPLETE A SEPARATE INTAKE PACKET AND BRING PAGES 7-11 WITH YOU TO INITIAL APPOINTMENT.**



832 2nd Ave NW  
Hickory, NC 28601  
Phone: 828-328-4673  
Fax: 828-855-0602

Websites:  
[www.PowerToThrive.com](http://www.PowerToThrive.com)  
[www.PowerToThriveRadio.com](http://www.PowerToThriveRadio.com)

### **AUDIO/VIDEO RECORDING PREFERENCES**

As a standard practice in the psychotherapeutic context, therapists and therapists-in-training occasionally audiotape or videotape counseling sessions for purposes of case review with peers and/or supervisors, or for use in training, research or professional publication.

Therapists and therapists-in-training at Marriage and Family Therapy Services, PLLC (MFTS) may occasionally choose to tape sessions for the above purposes, with the express understanding that confidentiality will be protected to the highest professional standard, and that no identifying client information would be used in any publications or research without specific consent to this effect. Recordings of all counseling sessions will be destroyed immediately after its use as stated above, and will not become a part of the clients' permanent record.

Clients of MFTS have the right to decline audio and/or video taping of counseling sessions; this is not a condition of treatment. Please sign below indicating your understanding of this policy, and your preference regarding the occasional use of audio/video tapes for the above stated purposes.

Please check this box you prefer not to have any appointments taped at this time.

**OR**

Please check this box if you understand the audio/video taping policy and give your consent to have your counselor occasionally record your sessions.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_