

**ARMAND HOWARD MA, LPC**  
**INDIVIDUAL, COUPLE, FAMILY & GROUP TALK THERAPY SERVICES**

I, \_\_\_\_\_, choose to enter a talk therapy with Armand Howard LPC. I agree to attend sessions punctually and consistently and to prioritize the work of the process both in and between sessions. I further agree to:

**(Please initial next to each item below to indicate that you have read, understand and agree.)**

- \_\_\_\_\_ Using insurance benefits based on a diagnosis and treatment plan to reduce associated symptoms (measured at intervals with GAD7).
- \_\_\_\_\_ Such services are subject to denial by your insurance, and no longer apply once you no longer meet criteria for the original diagnosis.
- \_\_\_\_\_ Client is responsible for a **\$75 fee if cancellation or rescheduling does not occur at least 48 hours** prior to appointment.
- \_\_\_\_\_ Client is encouraged to cancel/reschedule in advance to allow other clients to benefit from the appointment time.
- \_\_\_\_\_ Client authorizes nonclinical communication from a third party practice administrator via email [ahlpcservices@gmail.com](mailto:ahlpcservices@gmail.com) and may send all cancelation or “no show” fee related questions to the third party administrator at the same email address.
- \_\_\_\_\_ Client is responsible for all scheduling, rescheduling and canceling and setting appointment reminders via TherapyNotes client portal.
- \_\_\_\_\_ Sessions are 50 minutes or less and end on time even when they start late.
- \_\_\_\_\_ Emergencies, crises, and diagnostic conditions other than mild to moderate depression, anxiety, and/or grief are beyond the scope of this service and are likely to require referral to a higher level of care.
- \_\_\_\_\_ Emotional discomfort is often part of the process, especially in the beginning of the therapy.
- \_\_\_\_\_ Check in process for in person appointments: park, text & wait in your vehicle until you receive an “all clear”, then you may walk over, ring/knock once and immediately enter.
- \_\_\_\_\_ Virtual encounters require all parties to be in a safe, quiet space that is conducive to the work of therapy.
- \_\_\_\_\_ For the sake of confidentiality, nonscheduled public encounters may be initiated by client only.
- \_\_\_\_\_ Closure of the therapy process or transition to “as needed” sessions should include no less than one session.
- \_\_\_\_\_ Medication noncompliance, intoxication, and consistent missing of sessions are all grounds for termination.
- \_\_\_\_\_ The fee for participation in legal involvement is \$500 per hour regardless of outcome.
- \_\_\_\_\_ I have received a copy of the HIPPA privacy laws and informed consent for my review (available on website).

By my signature below, I am indicating that I have read and understand every section and every detail of this professional disclosure statement and contract, that any questions I have about this statement were answered to my satisfaction, and that I was furnished a copy of this statement. I verify the accuracy of this statement and acknowledge my commitment to conform to its specifications.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

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Name & Date: \_\_\_\_\_

**Generalized Anxiety Disorder 7 Symptoms Scale**

**Over the last 2 weeks, how often have you been bothered by the following problems?**

	<b>0-Not at all,</b>	<b>1-Several days,</b>	<b>2-Over half the days,</b>	<b>3-Nearly every day</b>
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all \_\_\_\_\_

Somewhat difficult \_\_\_\_\_

Very difficult \_\_\_\_\_

Extremely difficult \_\_\_\_\_

**GAD7 #1 SCORE:** \_\_\_\_\_