



Carrie Carren LCSW, CADP
Psychotherapist & Consultant

CLIENT INFORMATION

Client Name: _____ Date of Birth: _____

Billing Address: _____ Gender: _____

_____ Marital Status: S M W D

Email Address: _____

Ok to Send Correspondence/Statements to above email: Yes No

If Minor (under 18) please write name of legal guardian: _____

Cell Phone: _____ OK to Call or Text: Yes No

Work Phone: _____ OK to Call: Yes No

Employer/School Name: _____ City: _____

Referred By: _____

INSURANCE INFORMATION

Insurance Carrier: _____

Phone Number: _____

Identification Number: _____ Group Number: _____

Is Patient Policy Holder: Yes No

Policy Holder Relation to Patient: Self Spouse Child Other

Policy Holder Name: _____ Policy Holder Date of Birth: _____

Please read the following carefully and sign below:

I give permission to Carrie Carren LCSW, CADP and the billing staff to send required information to my insurance company(s). I am aware that I am placing my signature of file. I also understand that any unpaid balances such as co-pays, deductibles, and non-covered services I will be responsible for. I understand there may be a fee if I fail to give notice for cancellations of my appointment. I understand that my insurance does not cover the cost of missed sessions.

Signed: _____ Date: _____

DX (staff only): _____



Carrie Carren LCSW, CADC
Psychotherapist & Consultant

Informed Consent

Welcome! These guidelines have been written to inform you, the client, about the basic terms, conditions and professional practices that promote a successful therapeutic experience. Please read this information carefully and acknowledge your understanding by signing below.

Appointments

The best results occur when you consistently schedule appointments and maintain regular attendance. Each session lasts approximately 50 minutes. All appointments need to be scheduled in advance. **Appointments cancelled or rescheduled with less than 24 hours notice will be charged the full fee of \$225.** This will be the client's responsibility directly since insurance companies do not pay for "no-shows." In cases of emergency or special circumstances, where 24 hours notice is not possible, the late cancellation fee may be waived.

Payment for Services

Payment for professional services is due in full at the time services are provided unless other arrangements have been made with the therapist. Unpaid invoices are subject to collections after 120 days. Payment methods accepted include Zelle Pay or Venmo app (on private mode) only.

Confidentiality & Risks

All information disclosed within the client's therapy sessions, including case notes and records, will be treated as confidential. No information will be disclosed without the permission of the client or a legally authorized representative unless an applicable legal or ethical exception exists. However, the therapist is required by law to report any disclosed or suspected child, elder, or dependent adult abuse and any situation where the client threatens violence to an identifiable victim or self.

Outpatient counseling has the following risk: at times, the counseling process may intensify the symptoms that brought you and/or your child to treatment. The alternatives to outpatient counseling are: No counseling treatment intervention; an alternative outpatient-counseling program. If you would prefer to receive treatment from another provider, our professional staff members can provide a referral source of an alternative treatment program, or in-patient treatment at a hospital, free standing treatment center, or alcohol and drug treatment facility.

Contacting Information

Between appointments, you may leave a message or contact by telephone Carrie Carren at 847-471-3438. All calls will be returned within 48 hours. In case of an emergency, you are advised to proceed to the nearest emergency room or dial 911.

I agree to pay for all services provided up until the time the therapy relationship is terminated. I have read and understand all of the terms and conditions stated above regarding therapy. All my questions have been answered fully. I understand and agree to the terms and conditions of this agreement.

Client and Parent Signature

Date

Therapist Signature & Credentials

Date

P: 847-471-3438
carriecarren@gmail.com
www.carriecarren.com



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Psychotherapist & Consultant

Teletherapy Consent Form

_____ I hereby consent to engage in teletherapy with Carrie Carren LCSW, CADC. I understand that “teletherapy” includes consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video, or data communications. I understand that teletherapy also involves the communication of my medical/mental information, both orally and visually. The program that is used for all sessions is HIPPA compliant to ensure confidentiality in transmission of information online.

I understand that I have the following rights with respect to teletherapy:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment. The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is confidential.
2. I understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts, that the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
3. In addition, I understand that teletherapy based services and care may not be as complete as face-to-face services. I also understand that if Carrie Carren believes I would be better served by another form of therapeutic services (e.g., face-to-face services) I will be referred to a professional who can provide such services in my area.
4. I accept that teletherapy does not provide emergency services. During our first session or prior, the therapist and I will discuss an emergency response plan. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help.
5. I understand that I am responsible for (1) providing the necessary computer, telecommunications equipment, and internet access for my teletherapy sessions, (2) the information security on my computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session.
6. I understand that while email may be used to communicate with the therapist, confidentiality of emails cannot be guaranteed.
7. I understand that I have a right to access my medical information and copies of medical records in accordance with HIPAA privacy rules and applicable state law.
8. I understand that disclosure of the location where I chose to conduct therapy online is required and if the location changes, it is the patient's responsibility to notify the provider to ensure compliance with State regulations. This is in place to ensure that appropriate emergency contacts/providers are accessible in the event of an emergency. I have read, understand, and agree to the information provided above.

Client and Parent Signature

Date

Therapist Signature & Credentials

Date



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Animal Assisted Pet Therapy

Charcoal is an approved AAPT dog and is certified in CGC, CGCA, & CGCU. Charcoal is a Black Labrador rescued from a local rescue at 1 year of age. He lives with the Carren family and loves to play catch and do tricks. Charcoal mostly lays around during individual/family sessions but will come to you when called. He has some separation anxiety from leaving Carrie's side, however, this anxiety has shown to make him especially attuned to other's feelings and needs. As a result, he has a loving and intuitive nature to him. He is still trying to figure out how to navigate teletherapy, so he might/might not pop up in a session.

Potential Risks Related to AAPT:

1. Dogs have their own natural defenses. While I will do everything possible to prevent any injury, it is possible that someone will get scratched or bitten.
2. Dogs play and show affection by licking and nibbling. There is a risk for light biting. He will be allowed to lick unless verbal consent is given otherwise.
3. While Charcoal has been screened by a veterinarian before commencing to work as an AAPT dog, animals do sometimes carry disease(s). Because your contact is minimal, this risk is very small. He is up to date on vaccinations and receives regular and routine veterinarian care.
4. Risk for an allergic reaction is present when working with dogs. Please let me know if you have any allergies to animals or foods (for example, dogs are very motivated by peanut butter.) He gets professionally groomed on a monthly basis to assure for shorter nails and less exposed dander.
5. Dogs use their body to communicate and may brush against and lean into a person. Other body language such as tail wagging, body wiggling, or jumping may also occur. Such behaviors create a risk for loss of balance, falling, or light bruising.

Rules & Rights Related to AAPT:

1. Charcoal has individual rights, just as each client has rights. Therefore, the animal can determine if and when he participates with others. While it may be planned to have him in session, he will never be forced to participate.
2. The dog is always treated gently. He should never be hit, have his tail or any other parts pulled, carried or treated in any other way that is uncomfortable to him.
3. The dog will always need his handler present in any therapeutic situation and therefore, will not be left alone with client or family.
4. If the dog becomes irritated, scared, or in any way acts in a negative manner, the handler will put the dog in a safe place. No other person should touch the dog at these times.
5. In the event a client or family member is injured by the dog, Carrie Carren, is to be promptly notified. Should injury occur, Carrie Carren will respond accordingly and take proper action to help get appropriate medical care.

Consent and Release of Liability: By signing below you are consenting to the use of Animal Assisted Pet Therapy and you are stating your acceptance of these rules, rights, and risks outlined above. In addition, you are agreeing to accept full liability in the event that Charcoal harms you or your family member in any way in the course of treatment or at any other place while in the presence of Carrie Carren or Charcoal.

Client and Parent Signature

Date

Therapist Signature & Credentials

Date

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carriecarren@gmail.com
www.carriecarren.com



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Electronic Communication Guidelines and Policy

These guidelines have been written to inform you, the client, about Carrie Carren LCSW, CADC policy regarding therapist-client communications and use of social media. Please review it to understand what you can expect from your therapist regarding these communications.

Email, texting, use of social media, and video chatting are common forms of communication in our society today. At times, people are more comfortable utilizing these forms of communication as an alternative to in-person or telephone. Please be advised that electronic communication and social media sites are not secure and confidential, and at any time, a third party may be able to intercept these communications. Furthermore, any information you send to and receive electronically by your therapist becomes a part of your medical record. To preserve the confidential nature of therapeutic relationships, your therapist will not seek out clients on social media sites, nor accept requests on her own personal social media pages. Monitoring clients' activities on social media sites is also prohibited.

Accordingly, electronic communication sent to and received by Carrie Carren is not intended to be used for any mental health treatment, advice, or counseling. Such services must be conducted in a therapy session either in-person or via telephone. Electronic communication, such as texting an email, is intended for basic information only and may be used to arrange appointments, advise of benefit information, and/or clarify billing questions.

In addition, electronic communication is not intended for a crisis situation. If you are experiencing a life-threatening clinical emergency, please consider the following options: 1) dial 911; 2) go to your nearest emergency room; or 3) contact Carrie Carren based on the after-hours communication method indicated.

Carrie Carren LCSW, CADC may revisit this policy during the course of your treatment, as appropriate, to ensure that the confidential nature of therapeutic services is preserved.

By signing below, you indicate your understanding of the disclosures listed above regarding electronic communication and the use of social media. Your signature also indicates your agreement to refrain from utilizing electronic communication for a crisis situation, mental health treatment, advice or counseling.

Client and Parent Signature

Date

Therapist Signature & Credentials

Date



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Policy on Legal Proceedings

Carrie Carren LCSW, CADC will assist clients in certain legal matters should it be requested by the client or if the therapist is subpoenaed by a judge. These legal proceedings are often related to a personal injury, divorce, child custody or criminal matters. Prior to Carrie Carren LCSW, CADC being deposed or testifying in court on behalf of a client, the client must agree in writing to waive his/her right to confidentiality. By doing so, the client is allowing his/her records to be reviewed and scrutinized by non-clinical persons involved in the legal case. Additionally, it is understood that a therapist's testimony may not always work in favor of the client's case.

Court and legal proceedings are very time consuming and may require preparation by the therapist. Due to this, there are fees allotted to each type of legal involvement which are due **PRIOR** to the service. If client requests the therapist to appear for a deposition, the client is required to pay \$900.00 at least 96 hours prior to the deposition. This fee covers three (3) hours of time in a deposition and one (1) hour of travel. If the deposition and travel equate to more than four (4) hours of the therapist's time, the client will be billed at the rate of \$225.00 per hour, including any time the therapist needs to review your file and prepare for the deposition.

If client requests therapist to appear in Court, the client will be required to pay \$1,800 at least seven (7) days prior to the Court appearance. This fee represents an eight (8) hour day. The client will be billed at the rate of \$225.00 per hour for any time over eight (8) hours spent by the therapist for travel, preparation, waiting, or to testify in court.

I have read the above policy and hereby agree to the terms of payment and confidentiality:

Client and Parent Signature

Date

Therapist Signature & Credentials

Date

P: 847-471-3438
carriecarren@gmail.com
www.carriecarren.com



*Carrie Carren LCSW, CADC
Psychotherapist & Consultant*

Notice of HIPPA Compliant Privacy Rights Signature Page

request HIPPA related forms

I, _____, acknowledge receiving a copy of Carrie Carren LCSW,
CADC Notice of Privacy Practices in accordance with the Health Insurance Portability and Accountability
Act.

Client and Parent Signature

Date

Therapist Signature & Credentials

Date

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*Carrie Carren LCSW, CADC
Psychotherapist & Consultant*

**NEXT PAGE ONLY SIGN IF REQUESTED BY
THERAPIST**



Carrie Carren LCSW, CADC
Psychotherapist & Consultant

Release of Information

I _____, authorize Carrie Carren LCSW, CADC, to disclose to/obtain from/discuss with _____
(Name / Organization and contact information) the following:

- ☐ Assessment, Diagnosis, and Recommendations
- ☐ Discharge/Transfer Summary
- ☐ Drug Screen Results
- ☐ Educational (Attendance, Behavior, Testing)
- ☐ Medical (Diagnosis, Treatment, Med Management)
- ☐ Psychological Evaluation
- ☐ Psychiatric Evaluation
- ☐ Treatment Plan or Summary
- ☐ Treatment Update (Participation and Progress)
- ☐ Other (Specify) _____

Purpose

I understand that the sharing of information may assist in providing high quality services by: Improving assessment and treatment planning, sharing information relevant to treatment, and when appropriate, coordinating treatment services.

Revocation

I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to Carrie Carren LCSW, CADC. I further understand that revocation of the authorization is not effective to the extent that action has been taken in reliance on this authorization prior to revocation.

Expiration

Unless revoked sooner, this consent becomes effective upon the date signed and expires no later than:

(Not to exceed 6 months)

Form of Disclosure

Unless I have specially requested in writing that the disclosure be made in a certain format (e.g. in person, in writing, by phone), Carrie Carren LCSW, CADC reserves the right to disclose information as permitted by this authorization in any manner deemed appropriate and consistent with applicable laws and best practices, including electronically.

Conditions

I understand that Carrie Carren LCSW, CADC will not condition the services received on whether full authorization for the requested disclosure is authorized. I understand that I have the right to inspect and copy the information to be disclosed. I further understand that refusal to authorize the release of information specified above will prevent disclosure of such information to the organization/person identified above, which may result in not receiving the highest quality of services needed or requested.

Client and Parent Signature

Date

Witness Signature & Credentials

Date