



Counseling Services Information Informed Consent Privacy/Confidentiality Policies

Date: _____

Client name: _____

Therapist name: _____

How were you referred to Quality Counseling Services?

NOTE: If you are seeing a therapist at Quality Counseling Services for couple's therapy, each person must fill out and bring a separate set of forms to your first couple's session.

Welcome

Welcome, it takes courage to reach out for support and we look forward to supporting your healing journey. These forms contain information about, and refer to, Quality Counseling Services professional counseling services and business policies. There are also several questions included that will help better identify what challenges you are currently facing so that we can best assist you. It is important that you review the following information before beginning your first session. Please feel free to ask any questions you may have about these policies; your therapist will be happy to discuss them with you. There are various places where your signature is required on the following forms; please bring these **completed** forms with you to your first session.

Therapy Services – Risks and Benefits

The role of a Marriage and Family therapist is to assist clients with issues regarding relationships, addictions, and issues such as depression, anxiety, grief, and other challenges that impact you emotionally. Counseling often involves discussing difficult aspects of your life. During our work together you may experience uncomfortable feelings such as sadness, guilt, shame, anger, or frustration. As a result of what comes out of your therapeutic work and the decisions you make, important relationships may be impacted or may end. Your journey in therapy may also lead to healthier relationships. Counseling support often helps an individual find solutions to problems with family and friends, life challenges, as well as a reduction in feelings of distress, anxiety and depression. If you ever have any concerns about your therapy process, we encourage you to discuss this

Initials: _____

with your therapist during your sessions so that we can collaborate together as you move forward.

Termination of Therapy

You may terminate therapy at any point. When our work comes to a close, we ask that you schedule at least one final session in order to review the work you have done. Occasionally clients return to therapy to process new challenges. If you decide to return in the future, please know that Quality Counseling Services has an open door policy and welcomes the possibility of working together again. However, it will be at your therapists clinical discretion and also dependent upon his or her availability. There is typically a waitlist. If we are not able to see you immediately, we will be happy to add you to our waiting list.

Length of Therapy

Therapy is a process that is unique to each client and the challenges they are presenting with. Some presenting issues can be worked on very effectively in a fairly short period of time (10-20 sessions). Other challenges may take much longer. It can be difficult to predict exactly how long therapy will last and this is best discussed in your first session. You and your therapist will put together a treatment plan and goals that you will be working toward. A guideline to remember is if you attend forty 50-minute therapy sessions that is less than an average work week. If you have questions regarding the length of treatment, please feel free to discuss this with your therapist at the start and/or at any point during therapy.

Dual Therapy

With a few exceptions, it is unethical for two different therapists to provide counseling for the same client at the same time. Some exceptions are: If your therapist has referred you to Quality Counseling Services for specialized treatment, or if you are seeing one therapist for couple's/family counseling and a different therapist for individual therapy. In these situations, we will need to have a release on file from you in order to coordinate care with your other therapist(s) and, if appropriate, collaborate on a clinical plan that best supports your process. You can find this form on our website under the "Forms" section.

Confidentiality

Therapy is best experienced in an atmosphere of trust. Thus, all therapy services are strictly confidential and may not be revealed to anyone without your written permission. **There are, however, exceptions to confidentiality where disclosure is required by law (see below).** There may be occasions where your therapist may consult with adjunct therapists in order to discuss aspects of your sessions to best support your process. When doing so, please understand that your name will not be used and your therapist will change significant identifying details in order to protect your confidentiality. Your confidentiality is very important to us. Should you request that your therapist speak with another professional or person (i.e. doctors, former therapists, teachers, family, friends or anyone else outside the therapy room), you must first provide your signed written consent

Initials: _____

in order to do so and only after your therapist determines if this is in the best interest of supporting your therapeutic process and progress.

Confidential Electronic Data Storage and Email Transmission

Your confidentiality as a client is of utmost importance. To support and secure your clinical information, Quality Counseling Services has set up a system as part of our therapeutic services in order to securely store and protect your information in a confidential and protected capacity. All client protected health information is covered under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Legal Exceptions to Confidentiality

The therapists and staff at Quality Counseling Services take confidentiality very seriously. Your information is confidential, with the exception of information relating to: child abuse, or suspected child abuse; child pornography; elder abuse; dependent adult abuse; intent to harm self or others; other disclosure required by federal, state, or local law; or when mandated by a court of law. Legally, therapists are mandated reporters of abuse or intent to harm another. If you are suicidal or homicidal, your therapist with Quality Counseling Services will take all reasonable steps to prevent harm to you or another.

Legal exceptions to confidentiality are in place to protect your safety and the safety of others. This includes: when there is a reasonable suspicion of child abuse (physical, sexual, emotional, neglect), or adult dependent care abuse, elder abuse/neglect; and where a client threatens to harm or kill other(s) (homicide), or threatens to damage another person's property.

If you are homicidal and make a serious threat to hurt another person(s), your therapist will contact 911 and make every attempt to warn the intended victim or victims. Additionally, if a court issues an order to release records (for example a divorce hearing or custody hearing), your therapist must abide by the court order and may be compelled by court order to testify under oath and thus must answer all questions honestly.

Mandated Reporting of Incidents Involving Minors

A minor is defined as any person who is legally under the age of 18.

Your therapist is obliged under state or federal law to report to the appropriate authorities any instance where a client discloses that they have accessed, streamed, or downloaded material through any electronic or digital media depictions where a child is engaged in an obscene sexual act. It is important for you to understand that all therapists employed at Quality Counseling Services are mandated to report this to legal authorities.

Therapists, among others, are mandated reporters of any sexual acts involving minors. This means that if any of the therapists or staff at Quality Counseling Services learns of any incident involving minors and illegal sexual activity or abuse, we are legally required to report this to the proper authorities.

Initials: _____

If you are a parent seeking therapy at Quality Counseling Services, and discuss with your therapist your concern over your minor teenager sexting OR exchanging nude or sexual pictures of herself/himself to her teenaged minor boyfriend/girlfriend, your therapist is mandated by law to report both minors to authorities for “knowingly accessing, streaming, or downloading material where a child is engaged in an obscene sexual act.”

Additionally, if you share with your therapist that your adult child or any identifiable adult (18 years or older) that you are in relationship with is sexting or texting sexual or nude images to a minor (for example an 18 year old son texting sexual images to his 16 year old girlfriend), or is downloading or accessing child pornography, your therapist is mandated by law to report this to the authorities.

If you are a spouse or partner seeking support with a therapist at Quality Counseling Services, and you disclose that your spouse or partner has accessed child pornography, or your minor child or minor teen has texted nude photos with other minors please know that anything disclosed with respect to offending behaviors with minors (a person under the age of 18 years old) is a reportable offense and your therapist is mandated to report you, your spouse or partner, or your minor child to the proper authorities.

Policy Regarding Suicide / Attempts

If you are suicidal, your therapist will take all reasonable steps to prevent harm to yourself. This may include breaking confidentiality if you pose a serious risk of self-harm to yourself. Your initials/signature indicates that you have read and understand confidentiality and limits to confidentiality in this regard.

Emergency Contact Information

In the event of an emergency, please provide a contact person:

Name _____

Relationship _____ **Phone** _____

No Secrets Policy

Please note that with couples and family therapy the couple and/or the family is the client (e.g. the treatment unit), **not the individuals**. As such all therapists at Quality Counseling Services practice a **no-secrets policy** when conducting marital/couples/family therapy. This means that confidentiality does not apply between the couple or among family members when one member of the treatment unit requests an individual session or contacts their therapist outside of the therapy session to share a secret. On occasion, an individual session may be scheduled to assist in the overall therapy process to the treatment unit (e.g. the couple) and will be scheduled only when mutually agreed upon. Please understand that any information given in the individual sessions **will not** be held in confidence or secret in couples and/or family sessions.

Initials: _____

Your therapist will encourage the person holding the secret to share the secret in the following session and will support the client in doing so. Your therapist also reserves the right to share or disclose information revealed by one partner or family member in an individual session to the other partner or family members as deemed appropriate or necessary to support the treatment units overall treatment progress and goals. If you are seeking couples therapy, or family therapy, please have each member of the treatment unit fill out and sign an intake form.

Conjoint Sessions

On occasion, and only if it benefits the client's therapy goals, your therapist may ask that a family member or significant other join you for a therapy session. It is important to note that this is done only on occasion and at the therapist's discretion when it best serves the client.

If a family member or significant other agrees to meet for a session, it will be for the client's benefit. If the person joining the session is your significant other, this does not constitute as couples therapy, rather it is as a support to your work, and/or a check-in session.

Additionally, the third party (friend or significant other) is not joining the session for his or her own therapy, nor will your therapist at Quality Counseling Services work with them as a therapist. If we decide that this would be beneficial, you will need to sign a written release of information for this type of conjoint session. This form can be found on our website under the "Forms" section.

Sobriety Policy

We ask that all clients, couples, families, and group members arrive to therapy sober and not under the influence of drugs and/or alcohol. If your therapist notices that you are intoxicated (such as slurred speech, rapid speech, smelling of alcohol, behavior that indicates intoxication with cocaine, prescription drug abuse, marijuana, or other substances) the therapy session will be immediately terminated. We will also assist you in finding a safe ride home (via friend, family member, taxi, etc.) as driving while under the influence constitutes a risk to others and is a reportable offense. Once you are safely home, your therapist will reschedule the therapy session where this occurrence will be processed. You will be charged your full fee for the session if you arrive intoxicated.

Therapy Sessions

Therapy sessions are weekly, and are scheduled in advance. Standard sessions are **50-minutes** in length and begin and end on time. Therapy can be conducted in office or via teletherapy (video counseling or telephone). The fee is the same for in-office or teletherapy as the same amount of time must be blocked out for teletherapy sessions. It is understandable that occasionally you may be late. If you are late to your session, please understand that the session will not extend past your 50-minutes, nor will the time be made up at future sessions, as this will impact other clients.

Initials: _____

Therapeutic Approach & Style

Our goal as a therapists is to help people navigate through difficulties in their life and relationships while providing a safe place to heal, explore, develop insight, practice healthy coping tools, and integrate and take responsibility for their changes. We facilitate a process where the client is able to move toward healing, self-acceptance, and to ultimately grow and thrive in a supportive environment. While we will meet you each step of the way in your therapy process with accountability, compassion and empathy, a therapist is not a cure all, a parent, a friend, or a miracle worker.

The style of the therapists at Quality Counseling Services is collaborative, honest, challenging, and direct with solid boundaries and empathy. We reflect, assist, encourage, and point out incongruent patterns around actions and words. We will not work harder than our clients or accept responsibility for your choices or consequences. We respect our client's decisions, and do not advise or direct our clients, as we believe that you are the expert in your own life and are fully capable of creating the life that you want with support and tools.

Your therapist formulates the therapeutic plan collaboratively with his or her clients based on each client's needs, their presenting problems, and the goals they wish to achieve. We believe that each client has the potential for healing and change and is responsible for their choices and changes, and for meeting their therapy goals – we do not make guarantees for healing.

Non-Discrimination Policy

We respect each person's right to choose his or her own belief system. The therapists at Quality Counseling Services work well with both the Christian client and the atheist client, as well as clients from many religions and beliefs. If a client would like to work from a faith-based approach, your therapist will be happy to discuss this with you and support your process. Additionally, the therapists at Quality Counseling Services respect each person's right to their choices in terms of sexual orientation, and provide a safe place for both straight, gay and transgender clients.

The therapists at Quality Counseling Services believe in supporting people of all ethnicities, cultures and physical challenges. While our gender, ethnicity, orientation or spirituality may be different, we are open to discussing any concerns or questions you may have in working with a therapist who is either a different race, religion, orientation or gender than you. Having an open discussion on any of these topics can lead to a greater level of trust and rapport. If you have any questions regarding our therapeutic approach and style, or our non-discrimination policies, please feel free to discuss this with your therapist now and/or in the future.

Court Reports, Letters, Testimony; Related Fees

Initials: _____

The therapists of Quality Counseling Services do not write legal letters or court reports on behalf of clients involving divorce, custody or other legal matters or lawsuits. We do not write letters pertaining to legal matters to any outside person (i.e. doctor, school, attorney, etc.) or agency regarding your treatment. If a special circumstance arrives where a letter is required by court order, it will require your written consent and will be billed to you at \$25.00 per page in addition to our hourly fee. We reserve the right to refuse to write letters on your behalf (unless court mandated) if we do not feel this would be in your best interest, if it places us in a dual relationship, or will compromise our therapeutic relationship. We will not write letters on your behalf if you are involved in a lawsuit for any aspect of your personal or professional life, as this places us in a dual relationship as both your therapist and court advocate, thus crossing therapeutic boundaries. **If you are involved in a lawsuit, please understand that entering your mental health status into a court hearing may not always be in your best interest as it may compromise your confidentiality, your clinical files may be requested, and your therapist must speak honestly if under oath.** Your therapist will not be your advocate in a court hearing or speak on your behalf as that is not the nature of the therapist/client relationship.

If you become involved in legal proceedings that require your therapist's mandated participation, you will be expected to pay for all of your therapist's professional time, including preparation and transportation time and costs, even if called to testify by another party. Because of the time involved and the interruption to my clinical work, you will be charged \$250 per hour for time out of practice, time for preparation, travel time, and attendance at any legal proceeding on your behalf that you will be responsible for. Additionally, if other client sessions must be cancelled, these must be covered at the rate of those sessions and will be billed to you. Also, please note that insurance does not typically cover such costs, therefore you may be required to pay these expenses out-of-pocket even if you are otherwise covered by insurance. Court fees can be very expensive, so please understand: 1) Your financial responsibility in covering these expenses should your therapist be mandated to go to court for a legal issue you are involved in; 2) That a therapist is not a court advocate or friend; and 3) That a therapist must legally speak truthfully under oath.

Insurance/Fees

In order for the therapist to be reimbursed by an insurance company, a diagnosis of the client must be made and submitted to the insurance carrier before the therapist is paid. Sometimes, information on the presenting problem and symptoms the client is experiencing, from the client's private therapy records, are also required by the insurance company. This information, once released, becomes part of the client's medical records and may impact confidentiality. Once submitted to your insurance company, this information is no longer under the control of Quality Counseling Services. By supplying your insurance information, you understand and consent to these requirements.

If you are covered by insurance other than that accepted by Quality Counseling Services, we are glad to provide a "superbill" receipt that you may submit to your insurance company, if you wish, for a possible out of network reimbursement, however, Quality

Initials: _____

Counseling Services will not fill out forms or work directly with or on your behalf with your health care insurance company, other than those companies for which we are a network provider.

The fee for therapists at Quality Counseling Services ranges from \$85-\$115 per **50-minute** session. This fee is the same for in office, teletherapy, family, or couples therapy. Therapy is an investment in self-care, and is a process that takes time.

Additionally, it is important that you also understand that there is no guarantee that your insurance carrier will cover your therapy sessions. We ask that clients carefully consider this before we begin our work together and check with your insurance company prior to beginning therapy. If you choose to work with a Quality Counseling Services therapist, you are required to pay for any services not reimbursed by insurance. Your initials/signature indicates that you understand and agree to respect this policy, and will honor this agreement now and in the future.

Session Payments

Therapy sessions not covered by insurance, and any required co-payments, are paid via Visa, MasterCard, American Express, check, cash, or PayPal. To pay by credit card, please fill out the credit card form included in this packet and bring with you to your first session. It can also be found on the Quality Counseling Services website under the “Forms” section. The information is stored securely.

Some clients prefer to pay by cash for confidentiality reasons. Please bring the exact cash amount for your session fee—we do not keep cash from which to give you change. We do not extend credit.

Fee Increases

Fees are reviewed each year, and may increase periodically. The increase will be discussed with the client, and a 30-day notice will be given prior to the increase. We will be happy to answer any questions you may have about this fee agreement. Please understand that you have the right to terminate therapy at any point. If you have any questions regarding the fee policy, please do not initial or sign until discussing with your therapist. Your initials/signature indicates that you understand and agree to these conditions.

Appointments/Cancellations

If you are trying to reach your therapist on the same day of your session, please contact your therapist via the phone number you have been given, rather than by email. Please note that cell phone conversations cannot be guaranteed as confidential. We make every effort to return calls and emails within 24 hours. We understand that occasionally circumstances beyond your control may arise which would prevent you from keeping your appointment.

Initials: _____

If your therapist is unable to attend your scheduled therapy session due to an unexpected emergency or illness, every attempt will be made to contact you 24 hours in advance on the phone numbers and/or email you have provided.

If you are sick or experiencing any symptoms of illness, we ask that you conduct your session via the phone. If your therapist is ill, he or she will extend the same consideration. More information on the illness policy is contained later in this document.

Client Cancellation Procedures and Fees

Short-Notice Cancellation: Appointment cancellations made less than **24 hours** before the scheduled appointment will be charged the full agreed upon fee for the session.

No-Show: If you do not show up for a scheduled appointment (that you have not called to cancel) you will be charged the full fee for the session. If you tend to forget appointments please let us know—we will be happy to email you in advance to confirm your appointment. However, you are ultimately responsible for keeping track of and attending your sessions.

Ongoing Cancellations or Multiple No-Shows: It is understandable that occasionally an appointment will be cancelled or missed due to illness or emergency. However, your scheduled session day/time has been reserved for you. Our current client schedule and wait list does not allow for a great deal of flexibility with respect to continual cancellations, rescheduled appointments, or no shows. If you find that your schedule is no longer able to accommodate the session time reserved for you, please discuss this with your therapist. He or she will do their very best to find an alternative solution, such as teletherapy sessions or a different appointment time, so that we can continue our work together. However, please note that should ongoing cancellations, frequent reschedules, missed appointments, and/or late payments/nonpayment become an issue, your therapist will discuss this with you. If, after discussing other options with you, your attendance has not improved, we will offer your reserved time to clients on the waitlist, and add you to the waitlist. If you prefer not to be placed on the waitlist, then we will provide you with a therapy referral and/or terminate with you.

Therapist Availability Between Sessions

Subject to his or her schedule, your therapist may be available to take a brief (up to 5-minute) phone call or to answer a short email regarding your therapy appointment times or therapy homework between sessions. We will not process therapy issues via email unless you have been specifically asked by your therapist to check in as part of your treatment. If the client feels that more contact is needed between sessions due to crisis, your therapist is willing to discuss the possibility of increasing the weekly sessions or scheduling a phone appointment temporarily if he or she feels that it supports the client's therapy. If frequent non-crisis contact continues between sessions, it will be important to talk about charging for that support time, and/or referring out for a higher level of care than a once a week therapy session can offer.

Initials: _____

Holiday, Weekend and Evening Contact

Your therapist will make every effort to return a call, email or text message of a non-emergency/non-urgent client message within 24 hours during a scheduled work week. If this call, text or email arrives during a holiday, weekend or evening, your therapist will generally return the non-emergency/non-urgent client contact during the first working day following the holiday, weekend or evening. **In the case of a life threatening emergency, you should call 911 immediately** or go to the nearest emergency room. In the event the client requests an urgent phone call session to deal with an unexpected development, the therapist will make every effort to return the call and schedule the urgent session at the first opportunity. There will be a regular session fee or partial session fee for urgent phone calls/sessions.

Explanation of Dual Relationships

While a therapeutic relationship can feel psychologically close, it is one that is professional in nature with important boundaries. It is unethical for a therapist to invite you into a business venture, ask you for personal favors, start a social relationship with you, etc. These examples are called, “dual relationships” and can negatively impact clinical boundaries. Although our sessions may be intimate psychologically, it is important to acknowledge that we have a strictly professional relationship. On the rare occasion that your therapist sees a client outside of the office (when we may accidentally run into each other in public), your therapist will be highly discreet and will maintain your confidentiality. He or she will do their best to follow your lead, and thus it is your choice to acknowledge the encounter and your therapist. If you do not choose to acknowledge the encounter, your therapist will respect this and will follow your lead.

Policy Regarding Internet, Professional, and/or Social Networking Sites

On the topic of Social Media and Internet Sites, our primary concern is your privacy. If you follow your Quality Counseling Services therapist on a site like Twitter or Facebook, for example, please note that your Quality Counseling Services therapist will not follow you back. We only follow other health professionals on social media and do not follow current or former clients. Our reasoning is that casual viewing of clients’ online content outside of the therapy session can create confusion in regard to whether it is being done as a part of your treatment. In addition, viewing your online activities without our explicit arrangement towards a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share with your Quality Counseling Services therapist, please bring them into your sessions where we can view and explore them together, during the therapy session.

Please do not use SMS (mobile phone text messaging) or messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact Quality Counseling Services therapists. These sites are not secure and messages may not be read in a timely fashion. Do not use Wall postings, @replies, or other means of engaging with Quality Counseling Services therapists publicly online if we have an already established client/therapist relationship. Engaging this way could compromise your

Initials: _____

confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart. If you need to contact your therapist between sessions, please do so directly via email. See the email section below for more information regarding email interactions.

Email Policy

Therapist and staff at Quality Counseling Services prefer using email only to arrange or modify appointments. Please do not email content related to your therapy sessions, letters to read, blogs, videos, etc., as email is not completely secure or confidential. If you choose to communicate by email, be aware that all emails may be retained in the logs and/or backups of your and the Quality Counseling Services Internet service providers.

While it is unlikely that someone will be looking at these logs or backups, they are, in theory, available to be read by the system administrator(s) of Internet service providers. You should also know that any emails received from you and any responses that sent to you become a part of your legal and medical record.

“Friending”

It is the Quality Counseling Services policy to not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when you meet with your therapist to discuss further.

Following

Quality Counseling Services has its own Facebook business page. There is no expectation that you as a client will want to follow our Facebook business page.

If you have questions or concerns about any of these policies and procedures or regarding our potential interactions on the Internet, do bring them to your therapist’s attention so that we can discuss them.

Physical Contact

Sexual contact is never acceptable in the therapeutic relationship. Romantic or sexual talk, flirting, or sexual innuendos and sexual jokes are also unacceptable in the therapeutic relationship. If you should express a sexual comment or joke while in session directed to your therapist, we will explore this comment professionally and in a non-shaming way within a therapeutic non-sexual relationship.

Hugging is an expression of affection, a greeting or a goodbye within many cultures. However, in some cases hugging can be misconstrued as sexual, and can be triggering for some clients, or may interfere with the therapeutic relationship. Occasionally a client may spontaneously hug his or her therapist while they exit the office, may ask for a hug

Initials: _____

after a particularly difficult or emotional session, or may feel quite comfortable with a hug at the end of sessions or when ending therapy. Some clients are huggers, some are not, and so it is important for your therapist to understand your stance and to maintain appropriate professional boundaries.

Illness Policy

When a private practice therapist is consistently exposed to cold and flu viruses in the office and becomes ill as a result, the office closes down, sessions are cancelled, and everyone suffers. In order to maintain good health and create a safe and relatively germ free environment so that your therapist can support all of his or her clients, we ask that clients who are experiencing any stage of illnesses respect safety boundaries and conduct their sessions via teletherapy until they are recovered.

If you:

- Are ill with a head cold, flu, lice, virus, chicken pox, pink eye, scabies, or any other potentially contagious illness at any stage, no matter how mild, that would potentially expose therapists or others in the office;
- Feel ill; or,
- Feel as if you are becoming ill.

Please alert your Quality Counseling Services therapist, and either reschedule your session by the **24-hour cancellation time period**, or conduct your therapy session via teletherapy.

You understand that your therapist may, on the rare occasion, ask that your session be conducted via teletherapy if he/she is ill or recovering from a contagious illness.

On the rare occasion that an emergency or grave illness occurs that does not allow you to give 24 hours notice, special consideration may be extended.

Referrals of Friends, Family, Co-workers

The greatest compliment a therapist can receive are referrals from current or former clients. There are times when clients wish to introduce their therapist so they can make a recommendation as a referral, which is ethical and acceptable. Please understand that your confidentiality is extremely important to Quality Counseling Services. If another client that we see referred you to us, or if you refer a friend, co-worker or family member to Quality Counseling Services, legally and ethically your therapist is not able to acknowledge that other person's attendance to you if they should begin seeing us in therapy or if they are currently in therapy with us.

It is your personal decision whether to share the fact that you are seeing a Quality Counseling Services therapist with the person who referred you or with someone you refer.

Please be assured that the therapists at Quality Counseling Services will not acknowledge you as a client to anyone outside of Quality Counseling Services without

Initials: _____

your written consent, or unless mandated by statute or a court of law. Occasionally we may discover through something you share in a session that we have seen/are seeing someone that you know in therapy. If this is the case, your Quality Counseling Services therapist must maintain that person's confidentiality as well, and will hold this information just as he or she would uphold your confidentiality.

On occasion a client may say, "My friend Jane/John Doe mentioned that she/he started seeing you and is enjoying the work you are doing with him/her." This is an example of our standard response which is stated in a kind tone: "I appreciate any referrals clients make, however, I cannot reveal who I see in therapy, and thus I cannot remark on who I see clinically at this time." Because this may sound rather official to clients, and because Quality Counseling Services will not acknowledge who is seen in therapy, including you, we thank our clients here on this page one time in advance for any referrals they may make:

Thank you for the referral; We are honored by your trust and confidence.

(Please proceed to the next section and fill out the following information in full.)

Initials: _____

CLIENT INFORMATION

Full Name:		Name that you like to be called (nickname):	
Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship Status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> Sep <input type="checkbox"/> W	
Occupation:			
Employer/Company Name:			
Work Address:			
Home Address:			
OK to mail to this address? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email:			
OK to email? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please note that email correspondence is not guaranteed to be confidential)			
Home Phone#:	Cell Phone#:	Work Phone#:	
OK to leave messages? <input type="checkbox"/> Yes <input type="checkbox"/> No	OK to leave messages? <input type="checkbox"/> Yes <input type="checkbox"/> No	OK to leave messages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you previously attended therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No What kind of therapy? Inpatient /Outpatient/ Other: _____	If yes, what was the length of treatment, and when were the dates attended? Length: Date(s):	If yes, why did you stop attending therapy?	

BIOPSYCHOSOCIAL HISTORY

Symptoms and Behaviors (Please be as specific as possible to any 'yes' responses)			
Mania/manic symptoms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
Depressed Mood	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
Appetite Disturbances	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
Sleep Disturbances	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High

Initials: _____

Change in Energy Level	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ←1 2 3 4 5 6 7 8 9 10 →High
Decreased Concentration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ←1 2 3 4 5 6 7 8 9 10 →High
Worthless/Helpless Feelings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ←1 2 3 4 5 6 7 8 9 10 →High
Anxiety Symptoms/ Panic Attacks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ←1 2 3 4 5 6 7 8 9 10 →High
Bingeing/Purging	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ←1 2 3 4 5 6 7 8 9 10 →High
Feelings of Guilt	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ←1 2 3 4 5 6 7 8 9 10 →High
Obsessions/ Compulsions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", please describe:
Phobias	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", please describe:
Medical Conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", please describe:
Hyperactivity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", please describe:
Are you having suicidal thoughts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", do you have a plan about how you would commit suicide:
Do you have the means to carry out your plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", how would you do this?
Have you ever made a suicide attempt or been hospitalized for suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe: Date(s) of attempt(s):
Is there a history of suicide in your family of origin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", please list who and what year:
Have you had a previous diagnosis by a therapist or psychiatrist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please list the diagnosis and the years:
Prescription Medications (please list all currently taking or have taken, the length of time and what they are prescribed for: pain, illness, depression, etc.)			
1.			
2.			
3.			
4.			

Initials: _____

List anything other medications or comments that your therapist should be aware of regarding your physical or mental health:

Substance Use

Are you currently using alcohol, nicotine or other prescription or non-prescription drugs? Please list how much and how often you drink and/or take prescription or non-prescription drugs:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

Have you ever felt you would like to cut down on your substance use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

L If so, which one(s)?

Have you ever been arrested for a DUI/DWI, or drug use? Or do you have a past that involves using drugs or alcohol. Please briefly describe circumstances below:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Family & Relationship History

	Age	Name	Living With You (Y/N)	Deceased (Y/N)
Spouse/Partner	_____	_____	_____	_____
Parent	_____	_____	_____	_____
Parent	_____	_____	_____	_____
Stepparent	_____	_____	_____	_____
Stepparent	_____	_____	_____	_____
Sibling	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Children/Step	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Are your parents divorced? Yes No Remarried? Yes No

Initials: _____

Religion (if any) _____

Sexual orientation _____

Gender orientation _____ (female, male, transgender, transsexual)

Ethnic Group (select all that apply):

American Indian Alaskan Native Caucasian Middle Eastern
Asian Filipino Native Hawaiian Pacific Islander Hispanic/Latino
Black/African American Multi-Ethnic/Other _____

Family of Origin (Circle Your Answer)

Have you experienced any abuse in your family or relationships?

None Emotional Physical Sexual Uncertain

In general, how happy were you growing up?

None Somewhat Mostly Extremely

How much is your family of origin a source of support for you?

None Somewhat Very Extremely

How much conflict in values do you experience with your parents?

None Somewhat Substantial

Legal Issues

Have you personally experienced legal problems? No Yes (describe)

Are you currently involved in a lawsuit? If so please describe:

Briefly describe concerns in your life and/or in your relationships that would be relevant for your therapist to know. You may use the back of the form for more space if needed:

On a scale of one to ten, how motivated are you to resolve this issue? _____

Please list your therapy goals (list as many that apply):

1.

Initials: _____

2.

3.

4.

Thank you for taking time to read and complete these questions. This information will be helpful in your therapy process. Your signature is required on the last page before we can begin our work together. Please discuss any questions you may have with your therapist prior to signing.

- **I have thoroughly read and I fully understand all information contained in this document.**
- **I have thoroughly read, fully understand, and agree to all policies and procedures contained in this document.**
- **I have answered all questions fully, truthfully, and to the best of my knowledge.**
- **Any questions I have about this document and/or any information, policies, and/or procedures contained herein have been answered to my satisfaction.**
- **I sign this document willingly and without undue influence or coercion.**
- **I authorize my therapist employed with Quality Counseling Services, Inc. to provide psychotherapeutic treatment for me, the client, signing below:**

Client's name (printed): _____

Client's signature: _____ Date: _____

Therapist's name (printed): _____

Therapist's signature: _____ Date: _____



Acknowledgement of Receipt of Privacy Practice Notice

By signing below, I hereby acknowledge receiving and reviewing the Quality Counseling Services, Inc. Notice of Privacy Practices and Limits of Confidentiality contained in this document.

Client's Name (print)

Signature of Client

Date



Client Credit Card Authorization Form

Please note that the information on this form will be stored securely. While secure methods to protect your information are in place, and we take your safety seriously, no company can 100% guarantee that any online system cannot be breached, nor that any hard copy files cannot be lost due to theft, burglary, or other act beyond the control of the therapist. Thus, you are accepting responsibility and risk in allowing Quality Counseling Services to store your information for therapy charges.

I authorize my therapist with Quality Counseling Services, Inc. to keep my signature and credit card information on file in order that:

1. Therapy session fees (individual, couples, family, or other);
2. Any fees related to therapy related materials (workbooks, DVD's, CD's, and other materials, and/or fees); and/or,
3. Therapy session fees for any appointments with my therapist that are not cancelled 24 hours before the scheduled appointment time

may be charged to my credit card as provided below for therapy services provided to:

(Therapy Client's Name: Please Print)

I understand that this authorization is valid until canceled in writing. I understand that though this information will be securely stored. I agree to assume the risk if the file and credit card information is compromised. I understand that charges for ongoing services or materials will normally be charged to my card account within 48 hours of each session date.

Additionally, I agree that the card listed below may be charged by my therapist with Quality Counseling Services, Inc. in order to settle any outstanding balances accrued by the above listed client upon termination of therapy services.

I agree that if I have any concerns or questions regarding charges to my account, or if the charge fails to post to my account, I will contact my therapist with Quality Counseling Services for assistance and/or disclosure. I agree that I will not dispute any charges with my credit card company unless I have already attempted to rectify the situation directly with my therapist and those attempts have failed.

Further, if I am assuming session payment responsibility for the client above whose name is listed in the printed area, and that client is someone other than myself, I understand

Initials: _____

that I am not entitled to information pertaining to confidential therapy sessions as provided by this person's therapist at Quality Counseling Services.

I understand and agree to these terms. I understand the conditions of this payment policy and agree to the conditions stated above:

Cardholder Name (print): _____

Signature _____

Relationship to client: _____

Billing Address: _____

Zip Code: _____

Card Type (**circle one**): 1. Visa 2. MasterCard 3. American Express

Acct. Number: _____ - _____ - _____ - _____

Exp. Date: _____

I understand that my therapy sessions will be charged via this form and not by swiping my card. I also understand that any therapy session not cancelled at least 24 hours in advance will be charged via this form as well:

Cardholder Signature: _____ Date: _____