

Intake Forms

Welcome to our practice. The following information is known as **Informed Consent** and is intended to assist you in making your counseling experience as productive and comfortable as possible. This document contains important information about professional services and business policies. Although this document is lengthy, please read this form carefully, in its entirety, and note any questions or concerns you may have. We will discuss these before beginning therapy. After you and I both sign this document it will constitute a binding agreement between us.

Therapy Process/Benefits and Risks:

As a collaborative process, therapy requires your active effort and honesty in order to achieve your desired outcome. I will periodically ask for your feedback on therapy and expect that you will respond honestly. Most people experience improvement or resolution to the concerns that brought them to counseling, however, I am not able to guarantee a particular outcome.

There are some risks, including increased levels of awareness that may cause discomfort for you or your family members. You may find yourself having to discuss very personal information, which you may find difficult or embarrassing. You might experience some anxiety or depression during and after such conversations. While therapy is intended to alleviate problems, change is often difficult and requires time to adjust. As you learn more about yourself, you might experience increased conflict with friends, co-workers and family members. Sometimes, it may seem the problems get worse before they get better. This is a common experience in the change process. I may ask you to do things that, at first, seem awkward or uncomfortable. Change sometimes requires trying new ways of doing things. You will always be free to move at your own pace, however.

I will challenge you and your old ways of thinking and doing, but I cannot offer any promise about the results you will experience. Your outcome will depend on many factors. If you choose to not pursue therapy for your problems, you may experience a worsening of your symptoms, an improvement over time, or no change.

If I believe that your problems require knowledge that I do not have, I may refer you for a consultation with someone who has specific training or experience. I will discuss any such referral with you before I act.

At the beginning of therapy, we will create a treatment plan together. That is, we will consider what you would like to change, what we will do to change it, how we will know when you are succeeding, and approximately how long it will take, where possible. We will periodically review this plan to measure progress and to update it as needed.

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Emergencies:

I am often not available immediately by telephone. We do, however, check phone messages periodically. If you need immediate help or have a psychological emergency, please call 911, the National Crisis Line **(800) 784-2433**, or go to your nearest hospital emergency room.

If you need to set up a telephone consult between sessions, please call (719) 494-7412 for the business voicemail and your call will be returned as soon as possible, most often within 48 hours after we receive your message, except over weekends or holidays. If you have not received a response in this time, please try calling again. The cost for phone consults will be prorated at the regular billing rate and are to be used in addition to, not in place of, your regular appointment.

Initial: _____

Office Policies

Fees/Cancellations:

Appointments are scheduled to begin on the hour or half hour. Initial Assessments are typically 75 minutes. Individual sessions are typically 50 minutes, and all **Couples sessions are 75 minutes**. We must end each session promptly. **A working phase of therapy is typically weekly or every other week.** It will be important to consider how to accommodate into your schedule a working phase of therapy in order to accomplish your goals in a timely manner.

- ▶ The **initial assessment** for an **individual** is scheduled for **75 minutes**. An additional 15 minutes is built into the fee for time spent writing up the diagnostic evaluation.
- ▶ The initial **marital assessment** is scheduled for **75 minutes**. This fee includes the additional time for writing up the diagnostic evaluation, as well as the time spent analyzing your completed marital assessment packet.
- ▶ Regular session fees for **Caralee Frederic, LCSW** are **\$140.00 per 50-minute Individual session; \$200.00 for a 75 minute Couple session and \$250 for Couples/Marital assessments to cover the cost of the assessments given and analyzed.**
Session fees for Amanda Linan, LSW are **\$110 per 50 minute Individual session; \$165 per 75 minute Couple session and \$215 for a Couples/Marital assessment to cover the cost of assessments given and analyzed.**
- ▶ The client's portion of the fee, when applicable, must be paid in full at each session. Fees may be paid in cash, personal checks, HSA cards or credit cards. You are primarily responsible for all payments for service. If a 3rd party payor does not pay as expected, you will be billed for the remaining fees.
- ▶ My time spent on **client requested** letters, reports, or extended sessions will be prorated at the regular billing fee.
- ▶ Except for unpredictable emergencies and unique circumstances (discretion is given by the therapist) payment will be expected for missed appointments. Clients who do not give **24 hours** notice of cancellation will be charged the **full counseling fee**. No-show and cancellations will not be billed to ecclesiastical leaders or other third party payors, but are the responsibility of the client.
- ▶ Please understand that because I see a limited number of clients, there are often people waiting to be seen, so missed appointments not only affect your care, but also the availability for others to receive care. Repeated cancellations may result in the termination of therapy, referral to another provider, or arrangements made for a payment plan. If 2 consecutive payments are missed, we will suspend

Principle Skills Relationship Center
7710 N. Union Blvd., Suite 202, Colorado Springs, CO 80920
719-494-7412
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scheduling of future appointments until the account is brought up to date. Any returned checks will incur a \$30.00 charge.

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Confidentiality: Trust is the foundation of a healthy therapeutic relationship. I strive to provide a safe atmosphere where you can explore personal issues. All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. You should be aware of the following information about confidentiality

Circumstances where disclosure is required by the law are as follows:

- ▶ A reasonable suspicion of abuse or neglect of a child, dependent, or vulnerable adult. I am mandated by law to make a report to appropriate protective agencies.
- ▶ When you present or threaten grave bodily harm to others or to property. I have a legal duty to warn those threatened, and to contact law enforcement.
- ▶ When you are actively suicidal or threaten significant bodily harm to yourself. I have a duty to obtain help from others to do what is necessary to keep you safe.
- ▶ Disclosure may be required pursuant to legal proceedings, if ordered by the court. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the therapy records and/or testimony by Caralee Frederic, LCSW. Also, in a custody dispute, my records may be open to the court, by order of a judge.
- ▶ If there has been a divorce and you are seeking therapeutic services for your child(ren), please bring with you to the first session a copy of the court order detailing who can/must consent for therapeutic services for the minors involved.
- ▶ When you express a threat to national security.

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My record keeping of client mental health information involves paper documentation and typed notes from therapy sessions into Simple Practice software. In order to maintain strict privacy and confidentiality, notes, client forms and computer files (disks, thumbnail drives, etc.) are locked in a private filing cabinet.

Any communication between us via **social media**, including email or texting, is not a secure medium for purposes of transmitting privileged information. Professional advice will not be provided via the internet. Any inquiry or contact with my website or office via the internet should not be considered a substitute for telephonic, written, or in-person communication. If you send a message by email or other electronic form of transmission, **you acknowledge/agree that you may be compromising confidentiality** by using such means of communication. Clients with professional inquiries are requested to contact my office in person, by telephone or in writing. I also request that you not communicate with me via texting (other than for scheduling purposes), Facebook or other social media. Again, I cannot protect your confidentiality via these means of communication.

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Litigation Limitation:

My professional time is best spent assisting clients in the therapeutic setting rather than participating in legal proceedings. Therefore, you agree that should you be involved in legal proceedings, **neither you nor your attorney** will call on me to testify in court or at any other proceeding, **nor will a disclosure of the therapy records be requested**. If, for any reason, I am summoned to court on your behalf, **my fees will be substantially higher than my regular fees**. Time charged to you will include all time spent in preparation and "door to door" for travel and appearance in court or depositions, as well as any and all other expenses incurred by me as a result, including the loss of time to meet with clients. My fees for any and all involvement in litigation proceedings are **\$300/hour** for reports, communication, case, review, legal consults, door to door travel costs, etc. Depositions, either by phone or in person, are **\$500/hour**. If you choose to involve me in litigation, contrary to this agreement, it may result in termination of therapy with me. I will provide referrals to the best of my ability.

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Completion of Therapy:

Therapy is complete when you assess that you have met your goals and believe that you can maintain growth on your own. Most clients find it helpful to have an ending or termination session to bring closure to therapy, assess progress made, and explore issues related to separation and loss. This ending session is an important part of the therapeutic process. Throughout treatment we will regularly discuss your progress towards the therapeutic goals and plan for the ending session.

Consent to Treatment:

My signature below affirms my informed and voluntary consent to enter therapy (and/or have my child enter therapy). I affirm that prior to becoming a client of Principle Skills Relationship Center, I was given sufficient information to understand the nature of therapy, including the possible risks and benefits. I understand the office policies and procedures. I have had an opportunity to ask questions and have had my questions answered satisfactorily. I consent to psychological services for myself (or for my child).

Print Client Name: _____

Client Signature: _____ **Date:** _____

Print Client Name: _____

Client Signature: _____ **Date:** _____

Therapist Signature: _____ **Date:** _____