

Garry Kiker MS, LPC
Registration Information-Texas

(Please Print)

Date: ___/___/___

Name: _____

Date of Birth: ___/___/___ Age: _____ Sex: M ___ F ___

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____ - _____ - _____ Email: _____

School or Employer: _____ Grade or Occupation: _____

Marital Status: Single / Engaged / Married / Separated / Divorced / Widowed

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Spouse's Name: _____

Date of Birth: ___/___/___ Age: _____

Cell Phone #: _____ - _____ - _____ Email: _____

Parent, Guardian, or Responsible Person (if minor): _____

Relationship to Client: _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____ - _____ - _____ Email: _____

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Whom may I thank for referring you? _____

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In the event of an emergency, whom should I contact?

Name: _____ Relationship: _____

Cell Phone #: _____ - _____ - _____ Email: _____

Garry Kiker MS, LPC

GENERAL POLICIES OF PRACTICE FOR: GARRY KIKER, MS, LPC

Because the people who seek my services are usually in a profound crisis, I appreciate the trust that you have demonstrated by coming here. In respect of that trust, I want you to be aware of some of the general business issues surrounding our therapeutic relationship.

Confidentiality- Your communication will be kept confidential except in the following situations:

1. You grant permission in writing for consultation with someone else (i.e. your physician) about your evaluation and treatment.
2. You desire to bill insurance in which case insurance companies may require certain information before they will pay either the therapist or the insured. This information usually includes but is not limited to diagnosis, prognosis, and an estimate of the amount of time expected for treatment.
3. State law requires me to report known or suspected cases of child or elder abuse, including sexual abuse, to the Texas Department of Human Services.
4. You express intent to harm yourself or someone else in which case it may be necessary to involve other persons to prevent such harm.
5. Your file is subpoenaed by the court in a case where it is subject to subpoena.
6. You file a suit or ethical complaint against me for breach of duty.
7. State law requires me to report cases of illegal actions perpetrated by other therapists against clients under their care.

Note: For adolescents and children, the same is true with the additional exception of involvement in illegal activities. In other situations, I will encourage and facilitate the disclosure of issues to parents. In some cases, we will work toward a specific date of disclosure after which I may disclose the information to parents.

Litigation Limitation- Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc...) neither you nor your attorneys, nor anyone else acting on your behalf will call Garry Kiker to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested. **Initials:** _____

Calls Between Sessions or Emergencies- I am generally available for contact by phone. If you call and get my voice mail, leave a message and I will try to return your call. My goal is to return calls within 24 hours or on the next business day for noon Friday-Sunday calls. **Please only use text messaging to communicate regarding information needed or scheduling issues.** If you need immediate assistance for an emergency, call 911 or seek help at the appropriate emergency facility.

Our Relationship- Even though I will have a close relationship with you, it is a professional relationship. I ask that you not bring gifts during holidays or for special occasions. Your decision to retain my services is a sufficient expression of appreciation for my work. It is a Texas law that sexual contact between a client and a therapist is prohibited.

Office Relationships- I am an independent practitioner. No other therapist is providing supervision for me or is in any way responsible for the therapeutic decisions that I make. I am solely responsible for my professional relationship with you.

Payment Policy and Billing-

Fees: I charge \$150 for the initial session of 50 minutes, \$210 if the initial session is 80 minutes, \$135 for subsequent 50 minute sessions, and \$200 for subsequent 80 minute sessions. 80 minute sessions are scheduled if available and additional time deemed of potential therapeutic benefit. Sessions are mostly scheduled on a weekly basis. When sufficient progress is attained sessions may be spaced to every other week or monthly. **Sessions not cancelled by 12:00 noon the day before the appointment except in the case of illness or personal emergency will be charged at the full rate.**

Payment: Full payment is due at the time of service. Payment can be by cash, credit card, or Venmo. I will provide documentation for you to file with your insurance company if you desire to do so.

Process of Therapy- For those clients consenting to receive counseling or psychotherapy services, it is important to understand that therapy often results in the client experiencing uncomfortable feelings or thoughts. This experience may affect the client's relationships with others, such as family members. If you have any concerns regarding the process of therapy, billing procedures, etc., please let me know and I will be glad to discuss them with you. If we are unable to resolve issues satisfactorily, you may report complaints to the Texas Board of Examiners of Professional Counselors. If you request, I will provide you with the code of ethics, address, and telephone number of this organization.

I have read, understand, and consent to treatment under these policies. If the client is a minor who is involved in court proceedings, I have or will provide documentation that I have the legal right to request treatment:

Client Signature

Date

Spouse, Parent, or Guardian

Date