

Employment Status:

- 1. Employed full-time
- 2. Employed part-time
- 3. Unemployed
- 4. Full-time homemaker
- 5. Retired
- 6. Full-time student
- 7. Part-time student
- 8. Other _____

Place of Employment: _____ Occupation: _____

Please List All Household Members

Name:	Age:	D.O.B.	Relationship:
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

Medical History

Currently under Doctor's care: Yes No

Doctors involved in your care/child's care (use reverse side if necessary): _____

Health Problems (include allergies): _____

Medication currently used: NONE

Medication	Dosage	Prescribing Doctor	Reason prescribed
_____	_____	_____	_____
_____	_____	_____	_____

Past Hospitalizations:

Date(s)	Reason(s)	Hospital
_____	_____	_____
_____	_____	_____

Previous Counseling, Psychiatric Services or Chemical Dependency Services

Counselor/Facility Name	Date(s)	Reason(s)	Helpful?
_____	_____	_____	_____
_____	_____	_____	_____

Policies and Procedures

About Our Fees

- ◆ Usual and customary fees are \$50.00 for a chemical dependency / substance abuse evaluation per the contract with **Denton County Adult Probation (DCAP)**.
- ◆ Usual and customary fees are \$55.00 for a chemical dependency / substance abuse evaluation per the contract with **Collin County Adult Probation (CCAP)**.
- ◆ Should counseling be recommended upon completion of your substance abuse evaluation, DCAP contractual fees are \$50.00 / session and CCAP are \$55.00 / session.
- ◆ Should your case require your assessor / clinician to go to court on your behalf, court testimony costs begin at \$250.00 an hour with a minimum charge of three hours. A retainer of \$750.00 is **due one week prior** to the court date. Travel is billed at .50/mile. Failure to provide the specific fees as described constitutes a release from the requested court appearance.
- ◆ It is required that a minimum of 36 hours' notice be given if the testimony is not required, otherwise the entire retainer is forfeited. If proper notice is given, the retainer will be refunded.
- ◆ Additional services related to court preparation including all correspondence with attorneys or other service providers via phone, email or letter, documentation review and/or documentation preparation are also billed at \$250.00 per hour, rounded to the nearest 15-minute increment.
- ◆ In cases where a therapist is being contracted to work with a child in a divorce/custody case, a certified copy of the temporary orders or divorce decree must be provided prior to the therapist beginning treatment.
- ◆ For a mental health/clinical evaluation (battery of assessments), usual and customary rates are between \$700.00 and \$900.00 whether ordered by the court system or requested from an individual. Cost is based on what is required in the battery. We do not accept insurance for any court ordered mental health/clinical evaluation.

Payment is to be made prior to the beginning of each session. Payment may be made with either cash, credit card or money order.

I understand that my fee will be \$ _____ for the substance abuse evaluation or counseling services. **(Please initial _____)**

Client Commitment to Lifeway Counseling Center

LCC is committed to providing you with affordable and professional counseling services. To assist us with our efforts, we ask that you read and sign the following agreement:

Should I, _____ be remanded to counseling / therapy after my initial evaluation, I will make every effort to come for each counseling appointment. If it is

necessary to cancel an appointment, I understand that this should be done at **least 8 hours in advance**. Should I fail to notify the counselor and miss an appointment, I understand that the usual fee will be assessed and that it will be my responsibility to pay for the missed session. Further, should I need to reschedule an appointment, I understand that fees will be assessed based on the following schedule regardless of whether insurance is being used:

8 hour notice (or more) = no charge

Less than 8 hour notice = 35% of normal fee

Less than 4 hour notice = 65% of normal fee

Failing to show for appointment without notification = full fee

X _____
Signature of client or parent/guardian

Date

Statement of Confidentiality

A. **Confidentiality:** Under Texas law, a therapist / counselor cannot guarantee confidentiality under the following circumstances:

1. There is suspected or witnessed child abuse or a belief that a child may be in imminent danger of abuse/maltreatment
2. There is suspected or witnessed elder abuse or a belief that an elderly person may be in imminent danger of abuse/maltreatment
3. There is suspected or witness abuse of a disabled person or a belief that a disabled person may be in danger of abuse/maltreatment
4. There is a threat of suicide / homicide, in which case the counselor may contact the appropriate authorities who can help prevent harm
5. In response to a properly issued subpoena from the court or order from a presiding judge.
6. There is a request from the State Licensing Agency for the client's records. In this event, those records shall be made available for the purpose of insuring professionalism.

B. **Except as noted in A above,** no information regarding a client shall be released without the prior written consent of the client or in the case of a minor, the written consent of the minor's parent/legal guardian.

I have read & understand the limits to confidentiality _____ (initial here)

Any suspected violations of counselor ethics may be reported in writing to the following governing agencies:

TX State Board of Examiners
of Professional Counselors

OR

TX State Board of Examiners
of Marriage & Family Therapists

Complaints Management and Investigative Section

P.O. Box 141369 Austin, Texas 78714-1369

Disclosure Statement & Consent for Treatment

You have the right to competent, quality treatment that is consistent with professional standards established in practice and supported by research. Please be aware that the therapeutic process may involve personal awareness that may be emotionally painful, may cause heightened emotions, may cause anxiety, tension or stress and may cause some disruption or turmoil in your life as well as the lives of your significant others due to the subject matter being disclosed.

Counseling/therapy also has the potential to provide emotional support and stability for any family member involved in therapy. Further, it may relieve anxiety and create a safe environment for children or family members who are distressed. Finally, counseling/therapy has the potential for creating positive life changes in the form of long-term solutions to difficulties, and creating better communication. No guarantee can be offered for services as to results.

All communication with your therapist / counselor becomes part of the clinical record. Files are closed once the counseling relationship ends. Records for adult clients are destroyed seven years after the file is closed. Records for minor clients are destroyed seven years after the client turns 18 years of age. Records are the property of Lifeway Counseling Center. If at any time in the future you would like to request a copy of your records, you will need to submit a written letter of request in which your therapist / counselor has up to 15 days to produce copies (at a cost of \$.50/page) for you. For more information on records request, please see the Texas Health and Safety Code, Title 7, Subtitle E, Chapter 611.

All clinical records are stored and maintained according to HIPAA guidelines. As a consumer of mental health / behavioral health services, you have certain rights under HIPAA guidelines. By signing below, you are attesting to the fact that you have read and that you understand the HIPAA guidelines as outlined in the HIPAA notice posted on our website and/or in our office.

Finally, we do not provide 24-hour crisis stabilization services. If you experience a crisis, please contact 911 or immediately go to your nearest emergency room. You may also contact the Denton County MHMR Crisis Hotline at: 1.800.762.0157.

I have read and understand all the above statements (**session / court fees, client commitment, limits to confidentiality & the disclosure statement**) and I / WE VOLUNTARILY CONSENT TO TREATMENT.

Signature of self/parent/legal guardian: _____

Signature of spouse / witness: _____

Date: _____