

### CLIENT INFORMATION

*(This information is necessary for our files and is strictly confidential)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender (circle 1): MALE FEMALE

Marital Status:  Never Married  Partnered  Married  Separated  Divorced  Widowed

Are you employed?  Full Time  Part Time  PRN  Temporary/Seasonal  No

Address: \_\_\_\_\_  
*(Street) (City) (State) (Zip Code)*

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Allow Text? Y N Other: \_\_\_\_\_

Email: \_\_\_\_\_ Do you check it regularly? YES NO

Which form of contact is preferred? CALL TEXT EMAIL

Whom may we thank for referring you to Good Healer Christian Counseling? \_\_\_\_\_

### PAYMENT INFORMATION *(All payments must be paid to Jason Bien as Supervisor)*

Preferred method of payment: CASH CHECK

### IF CLIENT IS A MINOR, PLEASE FILL OUT THE FOLLOWING INFORMATION:

Guardian Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Address *(if different from client)*: \_\_\_\_\_  
*(Street) (City) (State) (Zip Code)*

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Allow Text? Y N Other: \_\_\_\_\_

Email: \_\_\_\_\_ Do you check it regularly? YES NO

Which form of contact is preferred? CALL TEXT EMAIL

### EMERGENCY CONTACT *(This information is necessary for our files and is strictly confidential)*

Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Street) (City) (State) (Zip Code)*

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Street) (City) (State) (Zip Code)*

Phone: \_\_\_\_\_

## PROFESSIONAL DISCLOSURE STATEMENT AND INFORMED CONSENT

Welcome. I appreciate your giving me the opportunity to be of help to you. This document answers some questions regarding the practice of counseling. It is important to me that you know how we will work together. After you read this, we will discuss, in person, how these issues apply to your own situation.

*What to expect of Counseling:* Counseling is a personal exploration and may lead to major changes in your life perspective and decisions. Change will sometimes be easy and quick, or it may be slow and frustrating. There are no instant cures and no “magic pills.” However, you can learn new ways of looking at your problems that will be very helpful in developing more positive ways of coping with your current situation. These changes may affect significant relationships, your job, and your understanding of yourself. The exact nature of these changes cannot be predicted and some may be temporarily distressing. We will work together, as a team, to achieve the best possible results for you.

Counseling requires your very active involvement. It will be important for you to be honest with me about your feelings, emotions, and experiences. Counseling is most effective when you feel trust in our therapeutic partnership and are open to change and the uncomfortable feelings that may be associated with stepping outside your typical way of viewing life, yourself and others.

We will plan our work together. I expect us to agree on a plan that we will both work hard to follow. In our treatment plan, we will list the areas to work on, our goals and the methods we will use. From time to time, we will look together at our progress and goals and if we think we need to, we can make changes.

*Counseling Philosophy:* Many different techniques will be utilized in order to work towards increasing your self-awareness and personal growth. Techniques may include dialogue, education, relaxation strategies, reframing negative thoughts, art and writing exercises, or role-playing positive communication techniques. An important part of your counseling will be practicing the new skills you learn. I will ask you to practice outside our meetings, and we will work together to set up homework assignments for you. You can expect the unfamiliar feelings often associated with change to dissipate as you begin to incorporate the various techniques into your life.

I am a Christian counselor who uses both the wisdom that God provides through His Word and the wisdom that man has produced over time through trial and error. Though I am a Christian, I will work to meet you where you are and respect your religious views.

*Counseling Relationship:* You are the expert in your life. I have studied, been trained and taught, and continue to explore proven ways to help people in similar situations as you. As previously mentioned, we will work together to find your best path.

I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever, be a close friend or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship with any client during, or after, the course

of therapy. I cannot have a business relationship with any of my clients other than the therapy relationship.

If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy relationship, and I must put this relationship first.

Counseling sessions will last for approximately 45-50 minutes for adults and 30-45 minute for minors based on their attention span. The counseling contact will be limited to the counseling sessions that are scheduled in advance. Because of professional ethics, phone, email and other electronic forms of contact will need to be minimal unless other arrangements are made and agreed upon ahead of time. Please make sure to write down your appointment date and time at time of session, as contact is limited during non-business hours. Texts and emails received after business hours will be responded to on the next business day.

*Counseling Minors:* It is important that your child is able to establish a trusting relationship with his/her counselor; therefore I will only give parents my opinion about my interaction with their child and will not go into specifics unless I deem it necessary. If the child discloses something that needs to be shared with a parent, I will first prompt the child to share it with the parent in session before disclosing directly to a parent. Since issues often come up regarding parents during these sessions, it is imperative that the parent be willing to address these issues and make appropriate changes based on the recommendation we discuss.

*LPC-Associate -Licensed Professional Counselor - Associate:* This is the designation I hold with the state of Texas. To achieve this licensure, I was required to earn a Master's degree in professional counseling and complete over 400 counseling hours under a state licensed supervisor. If you have any other questions regarding education or experience, all questions can and will be answered in session.

*Complaints:* If you feel I have acted unethically or have failed to maintain your rightful privacy please contact my supervisor, Jason Bien, LPC-S at [jasonbienlpc@aol.com](mailto:jasonbienlpc@aol.com) or 903.920.9004. Complaints may also be directed by phone to the LPC Board Office 512-834-6658. Complaint Hotline: 1-800-942-5540. Texas Department of Health, Publication Number E75-11652, Date of publication 02/03

*Appointments:* Initially, we will meet once a week, then less often. The frequency of our sessions will be a joint decision. An appointment is a commitment to our work. If you are late, we will be unable to meet for the full time.

If you miss a session without canceling or cancel with less than 24 (twenty-four) hours' notice, for non-emergency reasons, you may be charged \$60.00. I cannot bill these sessions to your insurance.

I request that you do not bring children that are young and need babysitting or supervision, as it would be difficult for you to fully devote your attention while also attending to a small child.

*Fees:* As of January 9, 2020, I will offer the following self-pay counseling rates: \$60 per session. As an LPC-Associate, insurance will not cover our sessions and fees must be paid to my supervisor, Jason Bien. The fee for each session must be paid at the beginning of each session. Payments can be paid with cash or check. There will be a \$50 charge for any non-sufficient funds.

*Records and Confidentiality:* All communication between you and I will become part of the clinical records. All LPC records may be shared between counselors in the Good Healer offices to better facilitate the best treatment for you. Adult records will be disposed of three years after sessions are terminated. All minor's records will be kept until 3 years after the minor turns eighteen. In case of emergency, death, or retirement of this counselor, all records will go to Jason Bien, LPC-S. All communication is confidential with these exceptions (*please initial each to represent you understand each limitation of confidentiality*):

1. If it is determined that you are a danger to yourself or someone else. \_\_\_\_\_
2. If you disclose abuse or neglect or any exploitation of a child, elderly, or disabled person.  
\_\_\_\_\_
3. If you disclose inappropriate behavior by another mental health professional. \_\_\_\_\_
4. If a judge (not a lawyer) asks for your records to be opened for any reason. \_\_\_\_\_
5. If you ask your counselor to release your records to another mental health professional.  
\_\_\_\_\_

In addition to these that are required by law, when conducting marriage counseling, the counselor reserves the right to disclose information discussed in individual sessions with the corresponding spouse if deemed necessary for the health of the marriage. \_\_\_\_\_

*Couple and Family Therapy Limits to Confidentiality:*

If you and your partner decide to have some individual sessions as part of the couple's therapy, what you say in those individual sessions will be considered to be a part of the couples therapy and can and probably will be discussed in our joint sessions. Do not tell me anything you wish kept secret from your partner. I will remind you of this policy before beginning such individual sessions.

Confidentiality also extends to parents. Other than the exceptions listed above, I will not share specifics of what your child said or did during a session with you unless your child gives me permission to do so. I will, however, talk with you on a regular basis about your child's therapeutic progress, treatment goals, your expectations for therapy, and your concerns and hopes for your child.

In cases where I treat several members of a family (parents and children or other relatives), the confidentiality situation can become very complicated. I may have different duties toward different family members. At the start of our treatment, we must all have a clear understanding of our purposes, any limits on confidentiality that may exist and my role.

I also request that you respect the right of confidentiality of others that you may see at this practice. I ask our clients to not disclose the identity of those they may see coming or going, as each individual has the right to decide with whom they share this information.

*Future Litigation:* Since it is important to maintain the confidentiality of the client(s) both now and in the future, the undersigned agrees not to involve the counselor in any current or future litigation within the court system. If the counselor is called to testify for any reason, a fee of \$1,000.00 per day plus expenses will be billed to the client in advance of the court date.

*Termination:* The process of ending counseling, called “termination,” can be a very valuable part of our work. Stopping counseling should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop counseling, I ask that you agree now to meet then for at least one session to review our work together. We will review our goals, the work we have done, any future work that needs to be done, as well as our choices.

The following are two exceptions to our joint decision to end counseling. (1) If I am, in my judgment, not able to help you, because of the nature of your presenting concerns/diagnosis/medical illness or because my training and skills are, in my judgment, not appropriate, I will inform you of this fact and refer you to another therapist who may meet your needs. (2) Verbal or physical threats, harassment, and violence towards me, my family, or my co-workers may result in an immediate and unilateral termination of treatment. If I terminate you from counseling, I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for counseling.

*Referrals:* I may refer you to other professionals, such as doctors, nutritionists, or other supportive services if I feel that you would benefit from additional resources. I believe in a collaborative approach and would request you to fill out a release of information form, so that I may talk with these other professionals. You may, as with all aspects of your treatment, decline such recommendations.

*By your signature below you are indicating that you have read and understand this consent form, and/ or that any questions you have about this statement were answered to your satisfaction. Please print a copy of this document for your personal records.*

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*Printed Name of client*

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*Signature of the client (or guardian if minor)*

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*If Guardian of minor please Print Name*

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*Phone number*

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*Email*

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*Date*