

# Hope Harbor Counseling Center

*Out of the darkness shines the brightest light*

---

## Counseling Information and Agreement

### Outpatient Services

Welcome! I want you to know how honored I am that you have chosen me for your counseling needs. We want to provide you with the kind of care that will facilitate healing and bring you into right relationship with God, others, and yourself.

This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between you and Hope Harbor Counseling Center.

### Counseling Services

Psychotherapy is not easily described in general statements. It varies depending upon the personalities of the counselor and the client and the particular problems for which you are seeking help. There are many different methods that may be used to deal with the problems you want to solve so it is useful to remember that psychotherapy is not like a visit to your medical doctor. Instead, it calls for a very active effort on your part. During the course of evaluation, you and your therapist will determine which problems/issues you want to work on and what method of treatment will best fit with who you are and what you want to accomplish in therapy. Therefore, in order for therapy to be the most effective, you will have to work on the problems/issues talked about not only during therapy sessions *but also at home*.

**Psychotherapy can have benefits and risks.** Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has been shown to have benefits for people. Therapy often leads to better relationships, to insight and proactive solutions to disturbing problems, and to significant reductions in feelings of distress. But there are no guarantees of what you will experience. Remember, in order for you to be helped the most by therapy, you must be willing to commit yourself to the work of therapy.

### Meetings

Normally an intake evaluation takes place during the first session. This intake session will be a 90- minute session due to the extensive amount of information that will need to be covered to gather the history of your concerns. This simply means is that your therapist will be asking for information in order to understand your needs. After the evaluation is complete, your therapist will be better informed as to how to help you move toward realistic, attainable goals in therapy. We offer three different therapy session options. The shortened session is a 60 minute session. The session-and-a-half is an 90 minute session and the double session is 115 minutes. Many

clients feel a longer session is beneficial so they don't feel the session time has ended just when they feel they are making progress. The choice is yours. There are three options to choose from to meet your counseling needs.

### **Cancellation and No Show Policy**

Your progress in therapy depends upon you keeping your scheduled sessions. However, if you need to cancel your appointment ***you must provide at least 24 hours advance notice in case of cancellation.*** Cancelling without providing at least 24 hours notice incurs a ***cancellation fee. The fee is the same as session fee.*** If you cancel your appointment more than once during the same week an additional fee of ***\$50.00 will be charged for the second rescheduling. If you fail to cancel and do not show for your scheduled appointment, you will be charged the full amount for the missed session.*** Understand that these policies are in place and are strictly held to for your benefit. Your mental and emotional well-being is very important and these policies are in place in order to make certain that you get the help you need so that you are able to cope with the difficult issues you are facing during this time of your life.

### **Professional Fees : Fees are based on level of counselor experience:**

At Hope Harbor, our fees are based on counselor experience. We have three levels of counselor experience: Senior Counselors, Licensed Interns, and Associate Counselors. All Session prices are based on a 50 minute or 80 minute session.

#### **Senior Counselors** (Fully Licensed LPC, LMFT, LMSW, LCSW, PhD.)

80 minute INTAKE session \$150

50 minute sessions are \$125

80 minute sessions are \$150

#### **LPC- Interns** (Interns with Masters Degrees & State License)

80 minute INTAKE session \$100

50 minute sessions are \$75

80 minute sessions are \$100

#### **Associate Counselors** (Master's level graduate students in their last year of school)

80 minute INTAKE session \$75

50 minute sessions are \$50

80 minute sessions are \$75

**\*\*Half of the fee for the intake session is required at the time the appointment is scheduled in order to hold the appointment time.**

***When family therapy involves more than 4 members, the fee will be negotiated according to the number of family members attending and the length of time required for each session.***

**Group Therapy:** *(when available):* **\$30.00** per individual, 90 minutes

**Other Fees for reports, letters, and crisis intervention:**

There may be occasions when you need services *other than a therapy session* at the office. Those services include, but are not limited to, **disability report writing, crisis intervention via telephone**, attendance at other meetings with other professionals you have authorized. Should you require any of these professional services *beyond the regularly scheduled weekly appointments*, there is a charge of **\$50.00** per hour for those services.

**Fees for legal proceedings**

An authorized release of information is also necessary should you become involved in any legal proceedings that require your therapist's participation. If this does occur, you will be expected to pay for the professional time even if called to testify by another party. Going to court is expensive in both time and money; therefore, ***clients are strongly discouraged from having their therapist subpoenaed.*** Remember, your therapist's testimony will be to the facts of the case and his/her professional opinion and *may or may not be in your favor*. However, should you choose to have your attorney subpoena your therapist, on the day your therapist receives the subpoena, your account will be charged a non-refundable **\$1500 retainer fee. This fee is non-refundable even if the case does not go to court.**

If the case does go to court, the following fees apply and must be paid in full by the end of the court day. *If they are not paid by the end of the court day, all fees are doubled.*

1. Preparation time (including submission of records): \$225/hr (no less than one hour)
2. Phone calls or emails with your attorney, the attorney's office personnel, or the court: \$225/hr (one hour will be charged for each contact regardless of time actually spent)
3. Depositions: \$250/hr (no less than one hour)
4. Time required giving testimony (this includes wait time prior to the hearing and will be charged whether testimony is given or not): \$350/hr
5. Mileage: \$.40/mile (travel to and from will be charged)
6. Any expenses such as parking, meals, or snacks/drinks
7. All attorney fees and costs incurred by the therapist as a result of the legal action.
8. Time away from office due to depositions/testimony: \$225/hr (no less than one hour)
9. Time away from other employment that the therapist must take time off for: \$225/hr
10. Filing a document with the court: \$100

If a subpoena or notice to meet with an attorney(s) is received without a 48-hour notice, there will be an additional \$250 "express" charge. If the case is reset with less than 2 business days notice, you will be charged an additional \$500 which is non-refundable. Finally, *all fees are doubled if the counselor had prior scheduled plans to go out of town.*

**Billing and Payments**

You are expected to pay for each session at the time it is held, unless otherwise agreed. In circumstances of extreme financial hardship, it may be possible to negotiate a fee adjustment or a payment plan or to arrange for a limited number of pro bono sessions. However, keep in mind

that the stated fees above are comparable to the fees charged by other mental health professionals in the area.

Forms of payment accepted are: cash, check, MasterCard, Visa, Discover, and American Express.

If a check received does not have the funds to cover it, there will be a fee of \$25.00 to cover the bank's returned check charges. Your therapist **does not** take insurance, *however, I will provide the information you need in order for you to file the necessary paperwork to receive any benefits to which you may be entitled from your healthcare insurance company.* If you decide to file for out-of-network provider benefits with your insurance company, you need to be aware of a couple of important things:

1. Your insurance company will require that a mental health diagnosis be given to you.
2. Some confidential information may be disclosed to the insurance company.

***If you are seeing an associate counselor or LPC-Intern at reduced rate fees, insurance will not cover their services. Their rates are reduced to compensate for you not being able to file their services with your insurance.***

### **Contacting Your Therapist**

Your therapist is not always immediately available by phone. If you need to contact your therapist immediately, call the contact number on your written information and leave a message. Your therapist will make every effort to return your call on the same day you made it, however understand that may not always be possible. In an emergency, you should call your primary care physician, your psychiatrist, or 911. You may also contact your therapist by phone. Should your therapist be unavailable for an extended amount of time, for example, being on vacation, you will be provided with the name of a colleague to contact. Text messaging is also permitted, ***but we are required to inform you that in the event the cell phone is lost or stolen, your confidential information may be compromised. If you send your therapist a text message you are affirming that you understand this potential risk.***

You may contact Dawn Irons, clinical director of Hope Harbor at: Cell: 806-500-9903.

### **Professional Records**

The laws and standards of the counseling profession require that counselors keep treatment records. The clinical record that is maintained on you is the property of the counseling center you are receiving services. You are entitled to receive a copy of the records unless your therapist believes that seeing them would be physically, mentally, or emotionally damaging. In that case, you have the right to have your records viewed by another mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. Should you decide to view your records, it is recommended that they be reviewed with your therapist who can answer any questions or concerns you may have concerning the contents of your file.

### **Concerning Minors**

It is my policy to not counsel clients under the age of 18 apart from their family. However, in the course of family therapy exceptions may occur to this policy. If it is beneficial and if it is possible, therapy sessions with minors may be scheduled, but you will be fully informed as to when those sessions will be scheduled. If you are under 18 years of age, please be aware that the law may provide your parents the right to know about the content of those private counseling sessions. *If you are under age 18, it is the policy of this practice to request that your parent(s) sign an agreement stating that they agree to occasional private sessions and will give up access to your records.* If they agree, they will be provided with only general information about your

therapy progress. However, if there is reason to believe that you might seriously harm yourself or others, your parents will be notified of that concern.

### **Confidentiality and Release of Confidential Information**

In general, the law protects the privacy of all communications between a client and a therapist and information about your therapy can only be released with your written permission. However, there are a few exceptions:

- if you are likely to harm yourself
- if you are likely to harm others
- if you are a minor and are being physically or sexually abused or neglected
- if you report the abuse of a child or elderly person in a therapy session

You also need to know that your therapist may find it helpful upon occasion to consult with other professionals about a case. During these consultations, every effort is made to keep the identity of the client from being revealed. The consultant is also legally bound to keep the information shared confidential.

Your therapist may find it helpful to receive or exchange information with your primary care physician or other health and mental health professionals who are currently treating you. Your signature on this agreement is written advanced consent for Dawn Irons (or any counseling center where she is seeing clients) to release information to these professionals. A record of any disclosures will be kept in your clinical record. If you do not wish to release any information to other health or mental health professionals who are currently treating you, please be sure to sign the non-release of information statement on the next page.

### **Summary**

While this written contract should provide helpful information to you about the services, policies, and procedures, it is important that you discuss any questions or concerns you may have regarding any of the content in this contract with your therapist during your next session. Your therapist will be happy to discuss these questions or concerns with you, but if you need specific legal advice, it is in your best interest to contact your attorney.

### **Associate Counselors**

If you are seeing an Associate Counselor, you need to be aware that the therapist is their last year of their graduate program earning the practical hands-on clinical skills in order to take their licensing exam that will lead to their state license. They are not eligible to take the licensing exam until graduation from their graduate program.

### **LPC-Interns**

If you are seeing an LPC- intern therapist, you need to be aware that the therapist is licensed by the state of Texas. Being a licensed intern, your therapist is required to do a 3000 hour supervised internship. Part of the supervision process is the discussion of all client-cases and records with the supervisor. This is for your protection and to insure that you are getting the best care possible.

**[Please proceed to the next page to sign and turn in the signature page to your therapist at the intake session.]**

**Signature page**

**\*\* Important\*\*** your signature below indicates that you have read the information in this document and agree to abide by its terms while you are in a therapeutic relationship with Hope Harbor Counseling.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

**Agreement to private counseling sessions if under 18**

By signing below, you are agreeing to allow your minor to engage in private counseling sessions and ***agree to give up access to the content of those sessions.***

Signature of parent: \_\_\_\_\_

Signature of minor: \_\_\_\_\_

Date: \_\_\_\_\_

**TYPE OF SESSION YOU PREFER:**

*Shortened Session (50 Minutes)* \_\_\_\_\_

*Session and a Half (80 minutes)* \_\_\_\_\_

*Double Session (110 minutes)* \_\_\_\_\_

---

**FOR OFFICE USE ONLY:**

**Proof of income verified:**

\_\_\_\_\_ yearly (Husband)

\_\_\_\_\_ yearly (Wife)

**Session Rate According to Sliding Scale:** \_\_\_\_\_

**AMS** \_\_\_\_\_

**Credit Guarantee Form signed** \_\_\_\_\_

## Client Information and History

Name: \_\_\_\_\_ Male Female

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (zip code)

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

Email: \_\_\_\_\_

Marital status: \_\_\_\_\_ If married, for how long? \_\_\_\_\_

Spouse's name/age: \_\_\_\_\_ Number of dependent children \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Education: \_\_\_\_\_

**Emergency contact name and phone #:** \_\_\_\_\_

**How did you hear about Hope Harbor Counseling?** \_\_\_\_\_

**May we contact this person/place and thank them for the referral?** YES NO

*Are you currently having suicidal thoughts?* \_\_\_\_\_

*Homicidal thoughts* \_\_\_\_\_?

**Are you currently struggling with drug or alcohol addiction?** \_\_\_\_\_

For what problem(s) or issue(s) are you seeking counseling at this time?

\_\_\_\_\_  
\_\_\_\_\_

What have you done so far to handle or resolve the problems or issues?

\_\_\_\_\_  
\_\_\_\_\_

What do you expect from counseling regarding this problem?

\_\_\_\_\_

**Medical Information and Health History**

Please list all of your current medications and dosages:

**Medication**                      **Dosage**                      **Length of time**                      **Reason for this Med?**

- 1.
- 2.
- 3.
- 4.
- 5.

Primary care physician \_\_\_\_\_ Phone \_\_\_\_\_

Psychiatrist \_\_\_\_\_ Phone \_\_\_\_\_

Please list all current health problems and any serious past health problems

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

Please list all current and past mental health problems for which you have sought treatment, i.e. depression, mood swings, substance abuse, anxiety, anger, abuse, etc....

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Are you currently seeing another therapist? \_\_\_\_\_ If so, for what reason and how long?**



Have you ever been admitted to a psychiatric or a substance abuse facility? \_\_\_\_\_  
If so, for what reason and when? \_\_\_\_\_

**Please circle any substances you currently use and give the amount you use each day**

<u>Substance</u>	<u>Amount each day</u>
Cigarettes	_____
Alcohol	_____
Non-prescription pain relievers	_____
Prescription pain relievers	_____
Pills not prescribed for me	_____
Marijuana	_____
Cocaine or crack	_____
Crystal Meth	_____
Other illegal drug(s)	_____

**Please indicate if you are having any of the following problems:**

- \_\_\_\_\_ Difficulty falling asleep or staying asleep
- \_\_\_\_\_ Sleeping too much
- \_\_\_\_\_ Change in appetite: increased or decreased
- \_\_\_\_\_ Rapid change in weight: lost gained How much? \_\_\_\_\_
- \_\_\_\_\_ Vomiting, nausea, or diarrhea several times a week
- \_\_\_\_\_ Frequent crying spells
- \_\_\_\_\_ Panic attacks or anxiety attacks
- \_\_\_\_\_ Suicidal thoughts
- \_\_\_\_\_ Suicide plans/intentions
- \_\_\_\_\_ Self-harming behaviors (cutting, inducing vomiting or bowel movements)
- \_\_\_\_\_ Problems concentrating or focusing on daily living tasks or work-related tasks
- \_\_\_\_\_ Difficulty remembering names, important dates, directions, or recent events
- \_\_\_\_\_ Easily startled or jumpy
- \_\_\_\_\_ Recurring flashbacks of traumatic past events
- \_\_\_\_\_ A vague sense that something bad happened in the past, but unable to recall it
- \_\_\_\_\_ Difficulty controlling anger or easily "ticked-off"
- \_\_\_\_\_ Verbally or physically abusive (yelling, calling names, hitting, slapping, kicking)
- \_\_\_\_\_ Frequent arguments/conflict with family members or co-workers
- \_\_\_\_\_ Feeling like "I just can't stand this any longer"
- \_\_\_\_\_ Feeling enraged when people don't cooperate with you or agree with you
- \_\_\_\_\_ Mood swings
- \_\_\_\_\_ Seeing things or hearing things that other people don't see or hear
- \_\_\_\_\_ Hearing voices inside your head
- \_\_\_\_\_ Thinking that other people are talking bad about you or are planning to get you
- \_\_\_\_\_ Feeling tired almost everyday
- \_\_\_\_\_ Little or no interest in sex
- \_\_\_\_\_ Obsessed with sex (masturbating 4-5 times per week, viewing pornography daily)
- \_\_\_\_\_ Feeling depressed when criticized
- \_\_\_\_\_ Avoid situations where you would have to talk to people you don't know
- \_\_\_\_\_ Difficulty making decisions on how to start or complete a task

- \_\_\_\_\_ Unable to discard things which are no longer needed (newspapers, magazines)
- \_\_\_\_\_ Feel "put out" or irritated if asked to do something that you feel is beneath you
- \_\_\_\_\_ Feel upset when others do not do a task in the way you want it don

**Marriage and Family Information**

Name of spouse: \_\_\_\_\_ How long have you been married? \_\_\_\_\_  
 Ages when married: Husband \_\_\_\_\_ Wife \_\_\_\_\_  
 How many times have you been married before? \_\_\_\_\_  
 How many times has your spouse been married before? \_\_\_\_\_  
 In your current marriage, have you ever been separated? \_\_\_\_\_ How many times? \_\_\_\_\_  
 For what reason did you separate? \_\_\_\_\_  
 For what reason did you reconcile? \_\_\_\_\_  
 How long were you separated? \_\_\_\_\_ Are you currently separated ? \_\_\_\_\_  
 Is your spouse willing to come to counseling? \_\_\_\_\_

Give brief information about your previous marriages such as length of marriage, reason for divorce, and any children born from those previous marriages:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How many children do you have? \_\_\_\_\_  
 Have you had any children die? \_\_\_\_\_ Please explain: \_\_\_\_\_

Do you have any grown children? \_\_\_\_\_  
 How many children are living in your home? \_\_\_\_\_

Please list first and last name of each child, age, sex, and any current problems.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Family Background Information**

How many brothers and/or sisters do you have? \_\_\_\_\_ brother(s) \_\_\_\_\_ sister(s)

**Were you ever physically abused as a child or teenager?** \_\_\_\_\_  
 By whom? \_\_\_\_\_  
 At what age did it begin and how old were you when it stopped? \_\_\_\_\_  
 What brought it to an end? \_\_\_\_\_

Have you ever told anyone before now? \_\_\_\_\_ Who? \_\_\_\_\_

What was their response? \_\_\_\_\_

Have you ever gone to counseling to cope with your abuse? \_\_\_\_\_

**Were you ever sexually abused as a child or a teenager?** \_\_\_\_\_

By whom? \_\_\_\_\_

At what age did it begin and how old were you when it stopped? \_\_\_\_\_

What brought it to an end? \_\_\_\_\_

Have you ever told anyone before now? \_\_\_\_\_ Who? \_\_\_\_\_

What was their response? \_\_\_\_\_

Have you ever gone to counseling to cope with your abuse? \_\_\_\_\_

What was it like growing up in your home? Circle all that apply:

happy warm fun close angry fearful shameful safe relaxed  
blaming critical cold distant strict tolerant punishing controlling  
other \_\_\_\_\_

Who had the power and control in your home, i.e. who made most of the decisions?  
\_\_\_\_\_

How would you describe your mother?

How would you describe your father?

How would you describe their relationship with each other?

What was your relationship like with your mother?

What was your relationship like with your father?

What is your relationship like with each of them now?

## Religious/Spiritual Background

Do you currently attend church? \_\_\_\_\_

How often? \_\_\_\_\_

Did you attend church as a child or as a teenager? \_\_\_\_\_

Were you made to go by your parents or did you go because you wanted to? \_\_\_\_\_

---

Are you a Christian? \_\_\_\_\_

How old were you when you became a Christian? \_\_\_\_\_

If so, briefly describe your conversion experience: \_\_\_\_\_

---

Are you satisfied with your relationship to God? \_\_\_\_\_

Why or why not? \_\_\_\_\_

---

Is this an area of your life that you would like to improve? \_\_\_\_\_

What would you like to see change concerning your relationship to God? \_\_\_\_\_

---

What do you think counseling can do to help you with your spiritual problems?

---

What issues are you currently struggling with in your relationship with God? Explain:

What is your spouse's religious background? \_\_\_\_\_

Do you attend church together? \_\_\_\_\_

How often? \_\_\_\_\_

What is your spiritual relationship like with your spouse? \_\_\_\_\_

# *Hope Harbor Counseling Center*

## **Credit Guarantee Form**

To insure we are able to honor our cancellation policy and no-show appointment policy it is required that we have a credit card on file. By signing this form you are giving permission for me to bill your account for any missed or no-show appointments according to the policy discussed in your intake paperwork and/or explained to you by your therapist.

Credit Card Type:    Master Card    Visa    Discover    American Express

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration Date on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

3-digit Security Code on back of card: \_\_\_\_\_

By Signing this form you grant permission to bill any outstanding balances due to this card.

---

Client Signature

---

Printed Name