North Texas Counseling Associates

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INFORMED CONSENT AND RELEASE OF LIABILITY

Our goal is to provide you with quality counseling. Some clients need only a few sessions to achieve these goals while others may require many more. As a client, you have the right to end our counseling relationship at any point.

1. I understand that my counselor is working under Texas laws, rules and statutes as a Licensed Psychologist, Licensed Professional Counselor (LPC) or as a LPC-Intern. LPC-Interns are under the supervision of Dr. Jennie Fincher, LPC-S.

2. I understand that my counseling records are kept confidential, except where disclosure is required by law or the ethics of the counseling profession. Possible exceptions to confidentiality include but are not limited to the following situations:

- abuse of a child, elderly or disabled person
- potential harm or threat to self or others
- third party requests for payment
- child custody cases that go before a court of law
- information subpoenaed by a court of law

3. In consideration of the benefits to be derived from the counseling, the receipt whereof is hereby acknowledged, I hereby release, remise and forever discharge and covenant not to sue or hold legally liable North Texas Counseling Associates, PLLC, its employees or members from any and all claims, demands, actions, or causes of action of whatsoever kind and nature related to the counseling process. I also give permission for my counselor to converse with other counselors in the group practice to provide the best possible treatment.

4. The clinical records are the property of North Texas Counseling Associates, PLLC and are deemed records of confidential sessions between therapists and clients. I waive any right I may otherwise have to seek to use the clinical records of the counseling center as evidence in any judicial proceedings. I understand that if anyone from this office is subpoenaed or court ordered to testify in court as an expert witness, court fees are separate from the counselor's regular counseling rates. Court appearances, depositions, and attorney consultations are $150.00 per hour (including all time involved in preparation, research, parking fees, mileage, travel time to and from the court house and all other expenses incurred in relation to testifying). A retainer of $900.00 is to be paid prior to the court date. If the full amount of the retainer is not needed to complete the court testifying process, then the remainder of the funds will be refunded. If the costs for the testifying process exceed the amount of the retainer then those fees will be billed to you and are due upon receipt of the invoice. The party issuing the subpoena is responsible for the testifying fees.

****5.** Counseling sessions last approximately forty-five to fifty (45-50) minutes. ***24-hour notice is required for all cancellations to avoid a $50.00 fee. If you fail to respond to commination for a late cancellation or missed appointment the card on file will be charged for the amount owed. Any client that has more than 3 no show fees, late cancellation fees, or combination of both on account, the individual forfeits future standing appointments.*** Fees are due at the beginning of each session***. All accounts are required to have a credit card.***

☐ Credit Card Number: _____ Exp. Date:_____

Billing Zip Code: _____ Type of Card: ☐ DC ☐ VISA ☐ MC

6. If at any time you become extremely emotionally distressed or are in danger of hurting yourself or someone else, please call 911 for assistance. Our office will make every effort to return your call/email and schedule if necessary We do not provide an on-call service at this time. You can also contact the National Suicide Prevention Lifeline at 1-800-273- 8255 (TALK).

Privacy Practice Notice:
The Notice of Privacy Practices for NTCA is provided upon request. The Notice of Privacy Practices describes the types of uses and disclosures of my Protected Health Information (PHI) that will occur in my treatment, payment of my bills and the rights I have regarding my PHI.

I, the undersigned, consent to treatment and to North Texas Counseling Associates Notice of Privacy Practices. My signature below indicates that I grant informed consent for North Texas Counseling Associates, PLLC to provide psychological services and counseling to myself and/or minor members of my family. I further understand that without 24-hour notice of cancellation, I will be charged $50.00.

Client/Guardian Signature: _____ Date: _____

Adult Client Form

Today's Date:	
Referred by:	

GENERAL INFORMATION	
Name: ☐ M ☐ F	DOB: Age:
Street Address:	Cell/Home Phone:
City, State, Zip:	Work Phone:
Email:	Occupation:
Race: ☐ African-American ☐ Asian/Pacific Islander ☐ Caucasian/White ☐ Hispanic ☐ Native American ☐ Other:	
Marital Status: ☐ Single ☐ Partnered ☐ Married ☐ Separated ☐ Divorced ☐ Widowed	
***Annual Household Income:**	

EMERGENCY CONTACT	
Name:	Relationship:
Cell/Home Phone:	Work Phone:

PRESENTING CONCERNS
Please describe why you are coming to counseling:
What do you hope to gain or change by coming to counseling?

ACADEMIC HISTORY
What was the last grade you **completed**: Did you graduate high school? ☐ Yes ☐ No Which, if any, grades did you repeat? If you did not finish school, why?
Have you ever been told you have special educational needs? ☐ Yes ☐ No **If yes,** what was done about it (testing, special evaluation, special classes, development of an IEP/504, alternative school, change of teacher).
Did you have problems in school with: ☐ Grades ☐ Behavior ☐ Detention ☐ Suspension ☐ Expulsion ☐ Bullying

EARLY PERSONAL HISTORY
What city and state were you born in?
How many **siblings** do you have? _____ = Brothers _____ Sisters _____ Half-Brothers_____ Half-Sisters _____ Where are you in the birth order (e.g., youngest, oldest)?
Your parents are: ☐ Still married ☐ Never married ☐ Divorced since _____ ☐ Separated ☐ Mom deceased ☐ Dad deceased
Mother's occupation: Father's occupation:
Who raised you? ☐ Both parents ☐ Mom ☐ Dad ☐ Grandparents ☐ Foster home ☐ Other _____ **Describe** your early home life:
Have you ever been: ☐ Physically abused? ☐ Sexually abused? ☐ Emotionally abused? Who abused you and how? How old were you when this happened?

MENTAL HEALTH & MEDICAL HISTORY
Have you ever seen a psychologist, psychiatrist, or counselor? ☐Yes ☐No
List all mental health or substance abuse diagnoses you have had: ☐ None
Have you ever been suicidal? Please explain.
Do any of your family members have mental health problems?
Have you ever had a head injury or been hit in the head? ☐Yes ☐No Did you lose consciousness? ☐Yes ☐No
List any medical problems.

Current Medications (List any prescription medications you are currently taking. Use back if necessary)

Name of Drug	Reason for Taking It	Date Started	Frequency Taken	Strength	Has it been helpful?
					☐Yes ☐No
					☐Yes ☐No
					☐Yes ☐No
					☐Yes ☐No
					☐Yes ☐No

Describe any side effects that you find troublesome from any of the medications you are currently taking.
Do you generally take your medications as prescribed? ☐ Yes ☐ Take too much ☐ Don't always take
What other psychiatric medications have you taken in the past?

Mental Health/Substance Abuse Hospitalizations (Inpatient, PHP, IOP - Use back page if necessary.)				
Date	Reason for Treatment	Hospital	Duration of Treatment	Treatment Response (helpfulness)

Counseling/Therapy (Individual, Family, Group, Play Therapy - Use back page if necessary.)				
Date	Reason for Treatment	Treatment Provider	Duration of Treatment	Treatment Response (helpfulness)

Substance Use (List all of the substances that you have used or tried in your lifetime)			
Substance	Age 1st Began	Highest Use	Date of Last Use
☐ Alcohol		☐ Daily ☐ Few times/Week ☐ weekends ☐ Occasionally	
☐ Marijuana		☐ Daily ☐ Few times/Week ☐ weekends ☐ Occasionally	
☐ Cocaine/Crack / Meth / Speed		☐ Daily ☐ Few times/Week ☐ weekends ☐ Occasionally	
☐ Heroin/Opiates		☐ Daily ☐ Few times/Week ☐ weekends ☐ Occasionally	
☐ Inhalants (gas, antifreeze)		☐ Daily ☐ Few times/Week ☐ weekends ☐ Occasionally	
☐ Hallucinogens		☐ Daily ☐ Few times/Week ☐ weekends ☐ Occasionally	
☐ Prescription **abuse**		☐ Daily ☐ Few times/Week ☐ weekends ☐ Occasionally	
☐ Other		☐ Daily ☐ Few times/Week ☐ weekends ☐ Occasionally	
Did your substance use **ever** affect your work?		Have you ever had blackouts?	

ACTIVITIES OF DAILY LIVING / SOCIAL FUNCTIONING

(Use the back of pages as necessary to answer completely)

What time do you: get up in the morning? go to bed at night?

What do you do with your time? How do you spend your day?

How are you currently getting by financially? ☐ Part-time work ☐ Full-time work ☐ Spouse ☐ Family ☐ Unemployment ☐ SSDI ☐ Other:

List your **close** friends and how long have you known them:

Times married:_____ Please provide the following details for each marriage:

Marriage # Your age then # of children w/them Length of marriage Reason for it ending

Are you currently in a relationship? ☐ Yes ☐ No **If so,** what is the quality of this relationship?

How **many** children do you have? How old are they? Who do they live with?

RELIGIOUS HISTORY

Are you religious/spiritual?

What role does religion/spirituality play in your life?

How regularly do you attend religious/spiritual services?

Have you ever had an unusual religious/spiritual experience?

LEGAL HISTORY

How many **juvenile arrests** have you had? How many **adult arrests**?

When and what were they for?

How many times have you been: in jail? _____ convicted? _____ to prison? _____ on probation? _____ violated probation? _____

OCCUPATIONAL HISTORY

Have you ever served in the military? ☐ Yes ☐ No Branch? When and how long?

How old were you when you started working? What types of jobs have you had since then?

How long is the longest length of time you have had a single job? What and where was it?

How many times have you been terminated and why?

What problems did you have at your last job?

CURRENT STATUS

Please check any of the following that apply to you presently or in the recent past:

□ Abortion
□ Abuse, Physical
□ Abuse, Sexual
□ Abuse, Verbal
□ Aggressive
□ Anger
□ Anxiety
□ Bad Dreams
□ Career Choices
□ Change in Appetite
□ Children
□ Communication
□ Compulsivity
□ Concentration
□ Cutting/Self harm
□ Difficulty Breathing
□ Drug/Alcohol Use
□ Eating Problem
□ Friends
□ Gambling
□ Grief
□ Guilt
□ Headaches
□ Hearing Noises/Voices
□ Impulsive
□ Inferior Feelings
□ Legal Matters
□ Loneliness
□ Loss of energy
□ Seeing Things
□ Self-Control
□ Sexual addiction
□ Sexual Problem
□ Shyness
□ Stress
□ Stomach Trouble
□ Terminal Illness
□ Trauma
□ Unhappiness
□Other_____