Date: _____

Client Name: _____ Birthdate:

Gender: | M | F | Other: | Relationship Status: | W | M | S | D | Couple |

Email: _____

Cell Phone: _____ Text OK | Yes | No | Message OK | Yes | No

Home Phone: _____ *check or circle your respone to each question please.* Message OK | Yes | No

Work Phone: _____ Message OK | Yes | No

Home Address: _____

_____

Employer: _____

Position: _____

Duties: _____

Emergency Contact Name: _____

Email: _____

Cell Phone: _____ Home Ph: _____ Wk Phone: _____

Address: _____

_____

Relationship to you: _____

If Counselee is a minor: *I give permission for my child to receive counseling without a parent or guardian present.*

_____ _____ _____ _____

Printed Name Signature relationship to minor date

How did you find out about Enrichment Training & Counseling Solutions, P.C.?

Psychology Today ☐ Locals Love Us ☐ Theravive ☐ Yellow Pages ☐ Enrichment Website ☐ Google ☐

Friend Name: _____ May I notify the referral? | Yes | No | *Check or circle your response*

Are you on any medications? | yes | no | *Check or circle your response*

Medication	dose	frequency	prescribing physician

Symptom Checklist

Please Check all that apply

☐	decrease interest in previously interesting activites	☐	highly critical of self	☐	arguing
☐	poor attendance at work / school	☐	sleep difficulties	☐	infidelity
☐	sexual difficulties	☐	roller coaster emotions	☐	headaches
☐	decrease in pleasere in previously pleasurable activities	☐	emotionally numb / blank	☐	angry
☐	communication problems	☐	weight loss/gain	☐	sad
☐	relationship disaffection	☐	scattered thinking	☐	anxious
☐	can't communicate thoughts fast enough	☐	lost sense of identity	☐	feeling alone
☐	difficulty with work / school	☐	thoughts of self harm	☐	appetite change
☐	others comment on undesirable changes observed in me	☐	thoughts of suicide	☐	low self esteem
☐	difficulty concentration	☐	low motivation	☐	can't decide
☐	thoughts of harming another	☐	high stress level	☐	obsessing

Other symptoms? _____

Prior Counseling

Therapist Name _____ Phone _____

Address _____

Therapist Name _____ Phone _____

Address: _____

Who will be responsible for paying your account? Me ☐ or Name of Payor: _____

Address: _____ Relationship to you: _____

Phone: _____ email: _____

FEES The fee for each counseling session (approximately 50 minutes) is $110, payable at the time of each appointment unless other arrangements are made as outlined below. You may pay by cash, check, credit or debit. There is a $30 fee for all checks returned for nonpayment. If there are two instances of returned checks, all future payments must be paid with cash or by credit or debit. It is the policy of Enrichment to evaluate fees annually in January. Fees are subject to increase at this time. You will have a one month notice if your fee will be adjusted.

INSURANCE

You are ultimately responsible for your fee, your health insurance may pay a portion of the fee. It is your responsibility to file with insurance. I can provide you with receipts for paid sessions at your request.

APPOINTMENTS, CANCELLATIONS AND NO-SHOWS

At the conclusion of your initial interview you and your therapist will agree to a schedule for additional appointments. Because consistency is an important part of the counseling process, the appointment time you schedule is reserved for you and is not available to anyone else.

If you are unable to keep a scheduled appointment, you must notify your therapist a minimum of 48 hours in advance (Monday 8:00 a.m. through Friday 5:00 p.m.) Monday cancellations must be made on the preceding Thursday to avoid having to pay for the canceled or missed appointment. Do not reply to your appointment reminder for cancellation as this goes to the medical record, not to Salley. Your liability for the missed appointment or late cancellation will be the entire fee. If there are two instances of missed or short notice (less than 48 hours) cancellations, all future appointments must be paid for at the time of scheduling. If you arrive late, your appointment will still end at the scheduled time. PLease initial each line below.

_____ I understand that Enrichment requires a 48 hour notice of cancellation or reschedule.
_____ I understand that there are no exceptions to this 48 hour policy.
_____ This 48 hour notice must occur Monday through Friday between 8:00 am and 5:00 p.m. excluding holidays.
_____ Email, text message and phone call are acceptable methods of cancellation.
_____ Monday appointments must be cancelled on or the Thursday prior.
_____ Tuesday appointments must be cancelled on or before the Friday prior.
_____ Full fee is charged for short notice cancellations, short notice reschedules and no shows.

EMERGENCY SERVICES: Enrichment Training & Counseling Solutions, P.C. does NOT provide emergency services. If you find yourself experiencing a mental health emergency please contact DePaul at 254-776-5970, or call 911 emergency services.

FINANCIAL AGREEMENT:

I understand and agree to the financial policies stated above, and to pay the contracted fee at the end of each counseling appointment. If you take a break from counseling for more than 2 months, your fee is subject to change and you may be asked to complete new intake paperwork.

SOCIAL MEDIA

While I appreciate the invitation to friend or follow you on social media, the Code of Ethics that governs my profession prohibits me from interacting with you on social media. I do have a professional face book pages that offers ideas and tips for living wholeheartedly as well as words of encouragement. The QR code on the back of Enrichment business cards will link you to the Enrichment Facebook page, or you can link to if from the icon on the EnrichmentTCS.com website.

About Marriage and Family Therapists

A licensed marriage and family therapist (LMFT) is a mental health professional who provides professional therapeutic services to individuals and groups that involve the application of family systems theories and techniques. Services may include marriage therapy, sex therapy, family therapy, child therapy, play therapy, individual psychotherapy, divorce therapy, mediation, group therapy, chemical dependency therapy, rehabilitation therapy, diagnostic assessment, hypnotherapy, biofeedback, and related services.

A licensed marriage and family therapist holds at least a master's degree in marriage and family therapy or its equivalent, and also must complete 3,000 hours of supervised experience in the field of marriage and family therapy services.

For more information about marriage and family therapists, visit the website of the Texas State Board of Examiners of Marriage and Family Therapists at www.dshs.state.tx.us/mft or call (512) 834-6657.

Fee: $110 _____

Client Initials

If Payer is other than the myself, the client, I give my permission for appointment scheduling and attendance information to be shared with payer.

_____ Yes _____ No _____

Client Initials

Other Arrangements:_____

_____

_____

_____

Client's Signature Date

The Limits of Confidentiality - Counselors recognize that trust is a cornerstone of the counseling relationship. Counselors aspire to earn the trust of clients by creating an ongoing partnership, establishing and upholding appropriate boundaries, and maintaining confidentiality. Several situations require professional counselors to disclose confidential client information:

Abuse – if we have reason to believe that a minor child, elderly person, or person with a disability has been abused, abandoned, or neglected, Enrichment must report this concern or observation to the appropriate authorities.

Health Oversight Activities – If the Texas Board of Professional Examiners of Professional Counselors is investigating a clinician that you have filed a formal complaint against, Enrichment may be required to disclose protected health information regarding your case.

Professional Harm – If you disclose sexual contact with another mental health professional with whom you have had a professional relationship, Enrichment is required to report this violation to the licensing board. You have the right to anonymity in the filing of this report.

Judicial and Administrative Proceedings as Required – If you are involved in a court proceeding and a court subpoenas information about the professional services provided you and/or the records thereof, Enrichment may be compelled to provide the information. Enrichment will not release your information without attempting to notify you or your legally appointed representative.

Serious Threat to Health or Safety – If you communicate to your therapist an explicit threat of imminent serious physical harm to yourself or others and I believe you may act on this threat, we have a legal duty to take the appropriate measures, including disclosing information to the police. In both cases, we will disclose only what we believe is the minimal amount of information necessary.

I understand the above stated limits of confidentiality: _____

signature and date

If you will be paying for services by credit card, we use Square for our credit card processing. Square offers secure storage of your account information for easy processing of fees. Once your card information is entered into the square secure platform, this paper will be shredded, an electronic copy of this document will be kept in our secure electronic medical record.

Circle one: Credit Debit ***Circle One***: Visa MasterCard American Express Discover HSA

Please enter the requested information:

Name on Card:

Address, city, state and zip code associated with card:

Email address associated with card:

Phone number associated with card:

Card Number:

Expiration Date:

Security Code:

Initial each item below:

_____ I understand my card will be processed for my session fee at the rate of $100 per 50 minutes at the end of every session.

_____ I understand that sessions cancelled within less than 48 hours on business days (excluding Saturdays, Sundays and holidays) and no shows will be charged the full session fee without advance notificaiton.

_____ I understand that an electronic copy of this completed form will be securely stored in my medical record.

_____ I agree to allow Enrichment to store my card information in the secure Square platform.

_____ I agree to pay the full fee for short notice cancellations as defined above and if short notice cancel or if I fail to show for a scheduled session.

Sign Below

_____

Printed Name Signature Initials Date