

# WELLNESS SUPPORT COUNSELING, LLC

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## Client Information & Introduction to Therapy Services

Thank you for choosing Wellness Support Counseling. I look forward to our work together and would like to begin by sharing some general information about psychotherapy, as well as by introducing some policies that are designed in support of our ongoing, successful collaboration. Please note that this document is not a legal contract.

I ask for your signature at the end only as a confirmation that you have read the material, and to ensure that you have been informed about: 1) the potential benefits and risks of enrollment in psychotherapy; 2) the scope and limits of confidentiality in our work together; 3) my fee structure, late cancellation and other policies. This document does not constitute a legal contract and by signing it, you are not waiving any legal right now or in the future.

***I do not take on clients in situations where I do not believe I can be helpful. If we are in agreement to work together, I will enter our relationship with great optimism about the progress we can make in helping you achieve your goals in therapy.***

### Benefits and Risks of Therapy

As with any effective treatment there are many benefits, as well as some potential risks, associated with enrollment in therapy.

- The benefits are well-documented across a variety of high quality, peer-reviewed studies: Clients who are depressed may soon find their mood lifting. Others may feel less afraid, angry, or anxious. In therapy, people have a chance to fully talk through their challenges with the professional support that enables them to grow in the direction of healthy resolution and positive change. Clients may learn new ways of coping with life's difficulties. Personal goals and values may also become clearer with time and support. Positive change and growth can take place in many areas: within friendships, intimate relationships, at work or school, and above all, in how people interact and relate with themselves as they make their way forward in life.
- With regard to risks, there is a potential for some clients to occasionally experience feelings of sadness, loss, grief, guilt, shame, anger, frustration, loneliness, hopelessness, or other difficult feelings, especially at the start of treatment, but also later in treatment when fresh challenges arise in the work. Clients may recall unpleasant memories. Personal growth can sometimes disrupt intimate relationships and even lead to break-ups or revised boundaries in many types of relationships. In addition, clients may sometimes experience that their problems can temporarily seem to worsen in therapy as they confront life's challenges for the first time. Occasions of increased stress can be expected when people choose to make

important changes in their lives. Finally, even with best efforts, there is a risk that therapy at a given point in life may not be helpful for every individual.

## **About Confidentiality**

It is your legal right that our sessions and any record that I keep about you be kept private and confidential. In general, I will tell no one what you share with me in session, and will not even reveal that you are enrolled in treatment with me unless you request me to do so and also sign a release form that grants me permission in writing.

However, there are some situations where I am required by law to disclose information that you share with me in order to protect you or someone else:

1. If you make a serious threat to harm yourself or someone else, the law requires me to try to protect you or that other person from harm, even when this means breaking client confidentiality;
2. If you tell me about a situation involving a child or an elderly individual in which abuse is suspected, I am required by law to report suspected abuse to the authorities, even if I do not come into contact with the child or elderly individual you tell me about; and
3. If there is a court order, I may be required by law to report certain clinical information to the court.

**Emergency Coverage:** When I am away from my office for extended periods, I will arrange for emergency coverage by a trusted colleague who is also a licensed clinician. In some cases, I may be required to share with an emergency coverage therapist some limited information about your care so that the clinician will be better prepared to offer assistance. The emergency coverage therapist is bound by the same professional codes and ethical guidelines as I am, and is therefore obligated to protect your confidentiality.

**Clinical Supervision:** Licensed clinicians frequently consult with clinical peer and professional supervisors (also licensed providers) in order to ensure that services are maintained at the highest quality for the benefit of clients. When I engage in supervision, all clinical information is presented anonymously (without client names), and is limited to the specific clinical elements that are pertinent to informing challenges in my work with clients.

**Right to Clinical Records Review:** You have the right to review your own records in my files. In some, rare situations, I am required by law to temporarily remove parts of your record before your review. This occurs in cases where I find that information included in the record could be potentially detrimental to you in some way. In such a situation, we would have the opportunity to discuss in advance the nature of the record in question.

## Appointments, Fees and Other Policies

The following policies are established in the interest of establishing clear communication regarding the business side of your enrollment in therapy. Like all topics in therapy, it is important for us to speak openly and honestly about the financial aspects of our work together.

Please let me know at any point if you encounter any problem with my service fees, my billing process, insurance benefits, or any other money-related issue. When it comes to these issues, I am committed to meeting you with transparency in relation to all relevant aspects of the financial aspects of our collaboration.

**Session Length:** The typical psychotherapy session is scheduled for 45 minutes in length; please be sure to arrive on time so that we will be able to take advantage of the full session.

**Attendance & No-Show Policy:** I will consider our scheduled appointments to be very important and request the same respect for the time from clients. Please try to avoid missing appointments once they have been scheduled.

Once scheduled, your appointment time is reserved for you. For this reason, please give me as much notice as possible when you must cancel. I require a 24-hour advance notice for cancellations. ***In cases where clients fail to attend an appointment, or do not provide 24-hour advance notice of a cancellation, a \$50 late cancellation fee will be charged.***

Insurances do not cover costs of missed or cancelled sessions.

### Fees, Payment & Billing Policy

- **General Therapy Services:** The standard fee for a 45-minute session is \$135. However, if you are interested in a sliding scale fee arrangement, the fees are below:
- | Family Income         | Individual session | Couples session |
|-----------------------|--------------------|-----------------|
| ○ \$100,000 and over  | \$145              | \$170           |
| ○ \$50,000 – \$99,999 | \$120              | \$145           |
| ○ Below \$49,999      | \$95               | \$120           |
- **Fees are paid at the beginning of each session by cash, check, or credit card. Fees are paid at the beginning of each session by cash, check, or credit card.**
- **Checks should be made payable to:** "Wellness Support Counseling, LLC"
- **In-Network Insurances:** I do not currently accept insurance, or bill insurance companies. However, if this changes, I will notify you.
- **Out-of-Network Insurances:** Many insurance companies are willing to reimburse all or part of the cost of a therapy session that is paid for up-front by a client when the therapist is out-of-network. You can check with your insurer to determine whether they offer this option. Clients who intend to seek out-of-network reimbursement from an

insurance company will be provided with a signed receipt at the end of every session for this purpose.

- **Changes in Your Financial Situation:** If your financial or insurance status changes after we have made a fee agreement, please bring this to my attention right away so that we can make a new agreement, if needed.

**Telephone Contact:** Telephone conversations may be important at times in our work together. If frequent phone calls lasting 5 minutes or more become part of the treatment, however, we will discuss a fee arrangement for these additional services.

Of course, there is no charge for phone calls about appointments or similar business.

**Phone Contact between Sessions:** I cannot promise that I will be available at all times to consult with you outside of our regular appointments. Between appointments, you are welcome to leave me a voicemail message at 215 399-6215 and I will return your call as soon as possible, generally within 24 hours, except on weekends and during holidays and other scheduled absences from my office.

**Crisis Contact:** My outgoing voicemail message includes crisis contact information for use by clients and others who may call in situations of emergency. If you are experiencing a medical or mental health emergency, you or someone you care about should immediately call 911 or report to your nearest hospital emergency room or crisis response center.

**Legal Counsel and Testimony:** I do not provide professional evaluations or expert testimony in legal matters or court cases, such as divorce or custody disputes. This policy position is based on two grounds: 1) my statements to the court will be seen as biased in favor of a patient in association with the therapeutic relationship that exists; and 2) any testimony I might provide could impact the therapy relationship with the client, and therapeutic relationship with the client must remain my first priority.

**Statement of Principles and Complaint Procedures:** If you are not satisfied with any area of our work together, please raise your concerns with me immediately. When a client's dissatisfaction in care is not discussed, our work together moves forward much more slowly and with greater difficulty.

If you feel that I, or any therapist, has treated you unfairly or broken a professional rule, please tell me. You can also contact the Pennsylvania State Board of Social Work, Marriage and Family Therapists and Professional Counselors to ask about filing a complaint.

## Client Signature Sheet

I, (print name) \_\_\_\_\_ affirm that I have read this document. By signing, I am consenting to my enrollment in therapy services with an understanding of the potential benefits and risks, rights and limits to confidentiality, as well as the agency policies outlined above. If I choose to sign, my signature below indicates that:

- I have read the policies and information above and discussed any questions that have arisen to my satisfaction;
- I understand that I can choose to ask questions about the information before I begin therapy;
- I understand that I am welcome to raise questions or concerns about these policies as they may arise during treatment;
- I understand that signing below does not indicate that I am waiving any right; and
- I understand that the policies and information introduced above may be subject to change with advance notice from the therapist.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

## New Patient Information

Full Name (print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Numbers: Preferred Contact Number: \_\_\_\_\_

Alternate Contact Number: \_\_\_\_\_

OK to leave message? Y or N

OK to text? Y or N

Emergency Contact Name: \_\_\_\_\_

Emergency Contact phone number: \_\_\_\_\_

Emergency Contact's relationship to you: \_\_\_\_\_

Are you currently taking any prescription medications? Y or N

- If yes, please list medication name(s) and how often you take the medication(s).

Have you ever been enrolled in therapy before? Y or N

If yes, when? (mm/yyyy – mm/yyyy) \_\_\_\_\_

Most recent therapist's name? \_\_\_\_\_

Has therapy been helpful to you in the past? Y or N or **Unsure**

Please provide a brief summary of what brings you to enroll in therapy:

Adapted from **Mental Health Screening Form – III (MHSF-III)**

**Please select “yes” or “no” for each question.**

- |   | Yes | No |
|---|-----|----|
| 1. Have you ever talked to a psychiatrist, psychologist, therapist, social worker, or counselor about an emotional problem? .....   | Yes | No |
| 2. Have you ever felt you needed help with your emotional problems, or have you had people tell you that you should get help for your emotional problems? .....   | Yes | No |
| 3. Have you ever been advised to take medications for anxiety, depression, hearing voices, or for any other emotional problem? .....  | Yes | No |
| 4. Have you ever been seen in a psychiatric emergency room or been hospitalized for psychiatric reasons? .....  | Yes | No |
| 5. Have you ever heard voices that no one else could hear or seen objects or things which others could not see? .....   | Yes | No |
| 6a. Have you ever been depressed for weeks at a time, lost interest or pleasure in most activities, had trouble concentrating and making decisions, or thought about killing yourself?  | Yes | No |
| 6b. Have you ever attempted to kill yourself? .....   | Yes | No |
| 7. Have you ever had nightmares or flashbacks as a result of being involved in some traumatic/terrible event? For example, warfare, gang fights, fire, domestic violence, rape, incest, car accident, being shot or stabbed? .....  | Yes | No |
| 8. Have you ever experienced any strong fears? For example, of heights, insects, animals, dirt, attending social events, being in a crowd, being alone, being in places where it may be hard to escape or get help? .....   | Yes | No |
| 9. Have you ever given in to an aggressive urge or impulse, on more than one occasion, that resulted in serious harm to others or led to the destruction of property? .....   | Yes | No |
| 10. Have you ever felt that people had something against you, without them necessarily saying so, or that someone or some group may be trying to influence your thoughts or behavior? ....  | Yes | No |
| 11. Have you ever experienced any emotional problems associated with your sexual interests, your sexual activities, or your choice of sexual partner? .....   | Yes | No |
| 12. Was there ever a period in your life where you spent a lot of time thinking and worrying about gaining weight, becoming fat, or controlling your eating? For example, by repeatedly dieting or fasting, engaging in much exercise to compensate for binge eating, taking enemas, or forcing yourself to throw up? ..... | Yes | No |
| 13. Have you ever had a period of time when you were so full of energy and your ideas came very rapidly, when you talked nearly nonstop, when you moved quickly from one activity to another, when you needed little sleep, and when you could do almost anything? .....  | Yes | No |
| 14. Have you ever had spells or attacks when you suddenly felt anxious, frightened, or uneasy to the extent that you began sweating, your heart began to beat rapidly, you were shaking or trembling, your stomach was upset, or you felt dizzy and unsteady, as if you would faint? ....                                   | Yes | No |

- |   |     |    |
|---|-----|----|
|   | Yes | No |
| 15. Have you ever had a persistent, lasting thought or impulse to do something over and over that caused you considerable distress and interfered with normal routines, work, or social relations? Examples would include repeatedly counting things, checking and rechecking on things you had done, washing and rewashing your hands, praying, or maintaining a very rigid schedule of daily activities from which you could not deviate? ..... | Yes | No |
| 16. Have you ever lost considerable sums of money through gambling or had problems at work, in school, or with your family and friends as a result of your gambling? .....  | Yes | No |
| 17. Have you ever been told by teachers, guidance counselors, or others that you have a special learning problem? .....   | Yes | No |

In your lifetime, have the following statements ever been true for you?

(please circle Y/YES or N/NO)

	Y	or	N
Have you ever felt you ought to cut down on your drinking <i>or</i> drug use?	Y	or	N
Have people ever annoyed you by criticizing your drinking <i>or</i> drug use?	Y	or	N
Have you ever felt bad or guilty about your drinking <i>or</i> drug use?	Y	or	N
Have you ever had a drink <i>or</i> used drugs first thing in the morning in order to steady your nerves or get rid of a hangover?	Y	or	N