



Counseling Services Information Informed Consent

Date: _____

Client name: _____

Therapist name: _____

How were you referred to KL Counseling?

NOTE: If you are seeing a therapist at KL Counseling for couple's therapy, each person must fill out and bring a separate set of forms to your first couple's session.

Welcome

Welcome, it takes courage to reach out for support and we look forward to supporting your healing journey. These forms contain information about KL Counseling professional counseling services and business policies. There are also several questions included that will help better identify what challenges you are currently facing so that we can best assist you. It is important that you review the following information before beginning your first session. Please feel free to ask any questions you may have about these policies; your therapist will be happy to discuss them with you. There are various places where your signature is required on the following forms; please bring these **completed** forms with you to your first session.

Therapy Services – Risks and Benefits

The role of a Licensed Clinical Social Worker is to assist clients with issues regarding relationships, addictions, and issues such as depression, anxiety, grief, and other challenges that impact you emotionally. Counseling often involves discussing difficult aspects of your life. During our work together you may experience uncomfortable feelings such as sadness, guilt, shame, anger, or frustration. As a result of what comes out of your therapeutic work and the decisions you make, important relationships may be impacted or may end. Your journey in therapy may also lead to healthier relationships. Counseling support often helps an individual find solutions to problems with family and friends, life challenges, as well as a reduction in feelings of distress,

anxiety and depression. If you ever have any concerns about your therapy process, we encourage you to discuss this with your therapist during your sessions so that we can collaborate together as you move forward.

Termination of Therapy

You may terminate therapy at any point. When our work comes to a close, we ask that you schedule at least one final session in order to review the work you have done. Occasionally clients return to therapy to process new challenges. If you decide to return in the future, please know that KL Counseling has an open door policy and welcomes the possibility of working together again. However, it will be at your therapists clinical discretion and also dependent upon his or her availability. If there is a waitlist, and we are not able to see you immediately, we will be happy to add you to the KL Counseling waiting list, or we are happy to provide you with 3 referrals to another therapist(s) or clinic(s).

Length of Therapy

Therapy is a process that is unique to each client and the challenges they are presenting with. Some presenting issues can be worked on very effectively in a fairly short period of time (10-20 sessions). Other challenges may take much longer. It can be difficult to predict exactly how long therapy will last and this is best discussed in your first session. You and your therapist will put together a treatment plan and goals that you will be working toward. A guideline to remember is if you attend forty 50 minute therapy sessions that is less than an average work week. If you have questions regarding the length of treatment, please feel free to discuss this with your therapist at the start and/or at any point during therapy.

Dual Therapy

It is unethical for two different therapists to provide counseling for the same client at the same time. Unless there is a compelling clinical reason, a crisis, or a specialized therapy treatment plan that we will be working on, the therapists at KL Counseling do not work with clients who are under the care of another therapist. If you are working with another therapist, please disclose this so that we can discuss next steps. If your therapist has referred you to KL Counseling for specialized treatment (i.e. sex addiction recovery for example), we will need to have a release on file from you in order to coordinate care with your primary therapist and collaborate on a clinical plan that best supports your process. You can find this form on the website under the 'For Our Clients' section.

Confidentiality

Therapy is best experienced in an atmosphere of trust. Thus, all therapy services are strictly confidential and may not be revealed to anyone without your written permission. **There are exceptions to confidentiality where disclosure is required by law (see below).** There may be occasions where your therapist may consult with adjunct therapists in order to discuss aspects of your sessions to best support your process. When doing so, please understand that your name will not be used and your therapist will change significant identifying details in order to protect your confidentiality. Your confidentiality is very important to us. Should you request that your therapist speak with

another professional or person (i.e. doctors, former therapists, teachers, family, friends or anyone else outside the therapy room), you must first provide your signed written consent in order to do so and only after your therapist determines if this is in the best interest of supporting your therapeutic process and progress.

Confidential Electronic Data Storage and Email Transmission

Your confidentiality as a client is of utmost importance. To support and secure your clinical information, KL Counseling has set up a system as part of our therapeutic services in order to securely store and protect your information in a confidential and protected capacity. Thus, KL counseling will be utilizing Google Inc. and the following applications: Gmail, Google Calendar, Google Drive and Google Apps Vaults to electronically save and store client information and data and to confidentially communicate with clients in various capacities via the Internet. Gmail, Google Calendar, Google Drive and Google Apps vaults and all client protected health information are covered under the Health Insurance and Portability Act of 1996 and in particular 45 C.F.R, Part 164, Subpart C under HIPPA.

Legal Exceptions to Confidentiality

The therapists and staff at Growth Counseling Services take confidentiality very seriously. Your information is confidential, with the exception of information relating to child abuse, or suspected child abuse, child pornography, elder abuse, dependent adult abuse, or intent to harm self or others, or **unless mandated by a court of law**. Legally, therapists are mandated reporters of abuse or intent to harm another. If you are suicidal or homicidal, your therapist with KL Counseling will take all reasonable steps to prevent harm to you or another.

Legal exceptions to confidentiality are in place to protect your safety and the safety of others. This includes: when there is a reasonable **suspicion** of child abuse (physical, sexual, emotional, neglect), or adult dependent care abuse, elder abuse/neglect; and where a client threatens to harm or kill other(s) (homicide), or threatens to damage another person's property.

If you are homicidal and make a serious threat to hurt another person(s), your therapist will contact 911 and make every attempt to warn the intended victim or victims. Additionally, if a court issues an order to release records (for example a divorce hearing or custody hearing), your therapist must abide by the court order and may be compelled by court order to testify under oath and thus must answer all questions honestly.

Mandated Reporting of Incidents Involving Minors

A minor is defined as any person who is legally under the age of 18.

Your therapist is obliged under Florida law to report to the appropriate authorities any instance where a client discloses that they have accessed, streamed, or downloaded material through any electronic or digital media depictions where a child is engaged in an obscene sexual act.

Should you choose to disclose that you have accessed child pornography of any kind (currently, recently, or in the past) during any of the following:

- a session with any therapist employed at KL Counseling
- via your client consent forms
- an assessment tool that is administered as part of your treatment, such as the SDI (Sexual Dependency Inventory), or via other assessment tools (such as the SAST or Sex Addiction Assessment Tool) that are administered by therapists with Growth Counseling Services
- during an individual, group, or couples session in the office
- via email, text, phone, regular mail
- or by any other means in or out of session

it is important for you to understand that **all therapists employed at KL Counseling are mandated to report this to legal authorities.**

The therapists at KL Counseling do not work with minors as clients. However, we are mandated reporters of any sexual acts involving minors. This means that if any of the therapists or staff at KL Counseling learns of any incident involving minors and illegal sexual activity or abuse, **we are legally required to report this to the proper authorities.**

If you are a parent seeking therapy at KL Counseling, and discuss with your therapist your concern over your minor teenager sexting OR exchanging nude or sexual pictures of herself/himself to her teenaged minor boyfriend/girlfriend, your KL Counseling therapist is mandated by law to report both minors to authorities under AB1775 for “knowingly accessing, streaming, or downloading material where a child is engaged in an obscene sexual act.”

Additionally, if you share with your therapist that your adult child or any identifiable adult (18 years or older) that you are in relationship with is sexting or texting sexual or nude images to a minor (for example an 18 year old son texting sexual images to his 16 year old girlfriend), or is downloading or accessing child pornography, your therapist is mandated by law to report this to the authorities.

If you are a spouse or partner seeking support with a therapist at KL Counseling, or attends a workshop, or is attending our women’s group and you disclose that your spouse or partner has accessed child pornography, or your minor child or minor teen has texted nude photos with other minors **please know that anything disclosed with respect to offending behaviors with minors (a person under the age of 18 years old) is a reportable offense and your therapist is mandated to report you, your spouse or partner, or your minor child to the proper authorities.**

Please sign and date here if you understand the above stated limits of confidentiality and mandated reporting responsibilities of all therapists and staff at KL Counseling

Client's signature: _____ **Date:** _____

Suicide Policy

If you are suicidal, your therapist will take all reasonable steps to prevent harm to yourself. This may include breaking confidentiality if you pose a serious risk of self-harm to yourself. Your signature indicates that you have read and understand confidentiality and limits to confidentiality:

Client's signature: _____ **Date:** _____

Emergency Contact Information

In the event of an emergency, please provide a contact person:

Name _____

Relationship _____ **Phone** _____

No Secrets Policy

Please note that with couples and family therapy the couple and/or the family is the client (e.g. the treatment unit), **not the individuals**. As such all therapists at KL Counseling practice a **no-secrets policy** when conducting marital/couples/family therapy. This means that confidentiality does not apply between the couple or among family members when one member of the treatment unit requests an individual session or contacts their KL Counseling therapist outside of the therapy session to share a secret. On occasion an individual session may be scheduled to assist in the overall therapy process to the treatment unit (e.g. the couple) and will be scheduled only when mutually agreed upon. Please understand that any information given in the individual sessions **will not** be held in confidence or secret in couples and/or family sessions.

Your therapist will encourage the person holding the secret to share the secret in the following session and will support the client in doing so. Your therapist also reserves the right to share or disclose information revealed by one partner or family member in an individual session to the other partner or family members as deemed appropriate or necessary to support the treatment units overall treatment progress and goals. If you are seeking couples therapy, or family therapy, please have each member of the treatment unit fill out and sign an intake form.

Please note: the therapists at KL Counseling generally do not work with couples unless each individual has had prior individual therapy for a minimum of 3 months.

Conjoint Sessions

On occasion, and only if it benefits the client's therapy goals, your therapist may ask that a family member or significant other join you for a therapy session. It is important to note that this is done only on occasion and at the therapist's discretion when it best serves the client.

If a family member or significant other agrees to meet for a session, it will be for the client's benefit. If the person joining the session is your significant other, this does not constitute as couples therapy, rather it is as a support to your work, and/or a check-in session.

Additionally, the third party (friend or significant other) is not joining the session for his or her own therapy, nor will your therapist at KL Counseling work with them as a therapist. If we decide that this would be beneficial, you will need to sign a written release of information for this type of conjoint session. This form can be found on the KL Counseling website under the "For Our Clients' section.

Sobriety Policy

We ask that all clients, couples, families, and group members arrive to therapy sober and not under the influence of drugs and/or alcohol. If your therapist notices that you are intoxicated (such as slurred speech, rapid speech, smelling of alcohol, behavior that indicates intoxication with cocaine, prescription drug abuse, marijuana, or other substances) the therapy session will be immediately terminated. We will also assist you in finding a safe ride home (via friend, family member or taxi) as driving while under the influence constitutes a risk to others and is a reportable offense. Once you are safely home, your therapist will reschedule the therapy session where this occurrence will be processed. **You will be charged your full fee for the session if you arrive intoxicated.**

Therapy Sessions

Therapy sessions are weekly, and are scheduled in advance. Standard sessions are **50-minutes** in length and begin and end on time. Therapy can be conducted in office or via teletherapy (phone) if you are away on business or ill. The fee is the same for in-office or teletherapy as the same amount of time must be blocked out for teletherapy sessions. It is understandable that occasionally you may be late. If you are late to your session, please understand that the session will not extend past your 50-minutes, nor will the time be made up at future sessions, as this will impact other clients.

Longer sessions are available by request and upon availability of your therapists schedule at a prorated fee. At the start of therapy, your therapist may extend your first few sessions past the 50 minutes, however, unless your therapist chooses to extend this time, we ask that you please respect your 50-minute session time. If your therapist finds that your session tends to run longer, he or she will discuss this in session in order to maintain healthy boundaries around starting and ending on time.

Therapeutic Approach & Style

Our goal as a therapists is to help people navigate through difficulties in their life and relationships while providing a safe place to heal, explore, develop insight, practice healthy coping tools, and integrate and take responsibility for their changes. We facilitate a process where the client is able to move toward healing, self-acceptance, and to ultimately grow and thrive in a supportive environment. While we will meet you each step of the way in your therapy process with accountability, compassion and empathy, a therapist is not a cure all, a parent, a friend, or a miracle worker.

The style of the therapists at KL Counseling is collaborative, honest, challenging, and direct with solid boundaries and empathy. We reflect, assist, encourage, and point out incongruent patterns around actions and words. We will not work harder than our clients or accept responsibility for your choices or consequences. We respect our client's decisions, and do not advise or direct our clients, as we believe that you are the expert in your own life and are fully capable of creating the life that you want with support and tools.

Your therapist formulates the therapeutic plan collaboratively with his or her clients based on each client's needs, their presenting problems, and the goals they wish to achieve. We believe that each client has the potential for healing and change and is responsible for their choices and changes, and for meeting their therapy goals – we do not make guarantees for healing. We use a combination of cognitive behavioral, existential, and client centered therapy with most clients.

Cognitive Behavioral (CBT) Therapy stresses the role of thinking patterns in how we feel and what we do. It is based on the belief that our thoughts, rather than people or outside events, cause our negative feelings. The therapist assists the client in identifying, testing the reality of, and correcting dysfunctional beliefs underlying his or her thinking – uncovering the 'root to the fruit' so to speak. The therapist then helps the client modify those thoughts and the behaviors that flow from them. CBT is a structured collaboration between therapist and client and often calls for homework assignments.

Existential psychotherapy is based on the philosophical belief that human beings are fully equipped to create one's own meaning, and exercising one's freedom to choose. The existential therapist encourages clients to face life's anxieties and to start making his or her own decisions while reflecting on consequences and moving away from fear based thinking. The therapist will emphasize that along with having the freedom to carve out meaning comes the need to take full responsibility for the consequences of one's decisions.

Non-Discrimination Policy

We respect each person's right to choose his or her own belief system. The therapists at KL Counseling work well with both the Christian client and the atheist client, as well as clients from many religions and beliefs. If a client would like to work from a faith-based approach, your therapist will be happy to discuss this with you and support your process. Additionally, the therapists at KL Counseling respect each person's right to their choices in terms of sexual orientation, and provide a safe place for both straight, gay and transgender clients.

The therapists at KL Counseling believe in supporting people of all ethnicities, cultures and physical challenges. While our gender, ethnicity, orientation or spirituality may be different, we are open to discussing any concerns or questions you may have in working with a therapist who is either a different race, religion, orientation or gender than you. Having an open discussion on any of these topics can lead to a greater level of trust and rapport. If you have any questions regarding our therapeutic approach and style, or our non-discrimination policies, please feel free to discuss this with your therapist now and/or in the future.

Court Reports or Letters

The therapists of KL Counseling do not write legal letters or court reports on behalf of clients involving divorce, custody or other legal matters or lawsuits. We do not write letters pertaining to legal matters to any outside person (i.e. doctor, school, attorney, etc.) or agency regarding your treatment. If a special circumstance arrives where a letter is **required by court order**, it will require your written consent and will be billed to you at \$25.00 per page and **in addition to our hourly fee**. We reserve the right to refuse to write letters on your behalf (unless court mandated) if we do not feel this would be in your best interest, if it places us in a dual relationship, or will compromise our therapeutic relationship. We will not write letters on your behalf if you are involved in a lawsuit for any aspect of your personal or professional life, as this places us in a dual relationship as both your therapist and court advocate, thus crossing therapeutic boundaries. **If you are involved in a lawsuit, please understand that entering your mental health into a court hearing may not always be in your best interest as it may compromise your confidentiality and your clinical files may be requested and your therapist must speak honestly if under oath.** Your therapist will not be your advocate in a court hearing or speak on your behalf as that is not the nature of the therapist/client relationship.

Court Fees

If you become involved in legal proceedings that require your therapist's mandated participation, you will be expected to pay for all of your therapist's professional time, including preparation and transportation time and costs, even if called to testify by another party. Because of the time involved and the interruption to my clinical work, you will be charged \$250 per hour for time out of practice, time for preparation, travel time, and attendance at any legal proceeding on your behalf that you will be responsible for. Additionally, if other client sessions must be cancelled, these must be covered at the rate of those sessions and will be billed to you. Court fees can be very expensive so please sign and date below to indicate that you understand your financial responsibility in covering these expenses should your therapist be mandated to go to court for a legal issue you are involved in. A therapist is not a court advocate or friend. A therapist must legally speak truthfully under oath.

Client's signature: _____ **Date:** _____

Health Care/Managed Care Insurance Policy

In order for the therapist to be reimbursed by an insurance company, a diagnosis of the client must be made and submitted to the insurance carrier before the therapist is paid. Sometimes information on the presenting problem and symptoms the client is experiencing from the client's private therapy records are also required by the insurance company.

This information once released becomes part of the client's medical records and may impact confidentiality. Because of this, **KL Counseling does not work with Managed Care Health Insurance programs**. We are glad to provide a "superbill" receipt that you may submit to your insurance company if you wish for a **possible** out of network reimbursement, however, KL Counseling will not fill out forms or work directly with or on your behalf with your health care insurance company.

Additionally, it is important that you also understand that there is **no guarantee** that your insurance carrier will cover your therapy sessions. We ask that clients carefully consider this before we begin our work together. If you choose to work with a KL Counseling therapist, our policy is a fee-for-service policy as described in the following section. Your signature indicates that you understand and agree to respect this policy around managed care health insurance, and will honor this agreement now and in the future.

Client's signature: _____ **Date:** _____

Fees

The fee for therapists at KL Counseling is \$145 per **50-minute** session. This fee is the same for in office, teletherapy (phone sessions), walk/talk, or couples therapy. On occasion clients will ask for an extended session for 90 minutes. The fee is doubled for a 90 min session. Therapy is an investment in self-care, and is a process that takes time. You are asked to pay the full fee unless you are **facing serious financial hardship** in which case we can discuss a sliding scale fee before the start of your first session.

There are 3 sliding scale fee session spots for each therapist which may be filled at any point in time. If you are not able to afford the fee even if the sliding scale is available, we will not be able to work together, but we will be happy to provide you with three (3) therapy referrals for low cost clinics that offer lower fees. If you utilize the KL Counseling sliding scale, from time to time we will revisit your fee and discuss a possible increase. Should your financial situation improve, your therapist will then discuss an increase in your fee that either meets or is closer to the full fee.

PLEASE NOTE: *Fees are agreed upon per each client's financial consideration and prior to your first session. Disclosing client fees or discussing your client fee among other KL Counseling clients or in a group is an unethical therapeutic practice and is a breach of confidentiality.*

Session Payments

Therapy sessions are paid via Visa, MasterCard or debit card. Please fill out the credit card form included in this packet and bring with you to your first session. It can also be found on the KL Counseling website under the 'For Our Clients' section. This information is stored securely and is password protected. We charge clients in the morning on the day of their session.

Some clients prefer to pay by cash for confidential reasons. Please bring the exact cash amount for your session fee. Charges for unpaid services may be turned over to a collection agency which compromises confidentiality. We do not "carry over" session payments from week to week, or extend credit as this could constitute as an unethical "debtor/creditor" dual relationship and ultimately impact the therapeutic relationship.

Reduced Sessions and Full Fee

As we move toward the final stages of therapy, we may discuss moving your sessions to every other week, vs. once a week in order to taper off for termination. Once sessions are reduced to two times a month, and/or check in sessions every few weeks, we ask that clients who have been using the sliding scale meet the full fee. **If you are a client that will be starting with sessions twice a month, we ask that you meet the full fee of \$145.** Fees are the same for in office or teletherapy (phone), or couples. Extended sessions are a billed at a higher fee (for example: 90 minutes is considered a double session and is billed as such).

Fee Increases

Fees are reviewed each year, and may increase periodically. Every consideration to a client's current finances will be made. The increase will be discussed with the client, and a 30-day notice will be given prior to the increase. We will be happy to answer any questions you may have about this fee agreement. Please understand that you have the right to terminate therapy at any point. If you have any questions regarding the fee policy, please do not sign until discussing with your therapist. Your signature indicates that you understand and agree to these conditions:

Client's signature: _____ **Date:** _____

Appointments/Cancellations

If you are trying to reach your therapist on the same day of your session, please contact your therapist via the phone number you have been given vs. an email. Please note that cell phones cannot be guaranteed as confidential. We make every effort to return calls and emails within 24 hours. We understand that occasionally circumstances beyond your control may arise which would prevent you from keeping your appointment. If your therapist is unable to attend your therapy session (outside of scheduled vacations) due to an unexpected emergency or illness, every attempt will be made to contact you 24 hours in advance on the phone numbers and/or email you have provided. **If you are sick or experiencing any symptoms of illness, we ask that you conduct your session via the phone. If your therapist is ill, he or she will extend the same consideration.**

Client Cancellation Procedures and Fees

Short-Notice Cancellation: Appointment cancellations made less than **48 hours** before the scheduled appointment will be charged the full agreed upon fee for the session.

No-Show: If you do not show up for a scheduled appointment (that you have not called to cancel) you will be charged the full fee for the session. If you tend to forget appointments please let us know – we will be happy to email you in advance to confirm your sessions. However, you are responsible for keeping track and attending your sessions.

Group Therapy: Group therapy runs in 12-week modules. Group is closed at 8 members per module. Each client is responsible for their commitment to the group for the full module (12 weeks). Payment is due at the start of each month for the number of groups within that month. All 12 groups are to be paid whether or not the client attends as the spot in group is saved for that particular client. A client may be asked to leave group if more than 2 sessions are missed per module, as it will impact the group flow and bonding.

NOTE: While group therapy can be very helpful, it is not for everyone. Group therapy is available as space becomes open in group and at the discretion of your therapist. Group therapy forms are separate and are located on the KL Counseling website under the ‘For Our Clients’ section and must be filled out prior to attending.

Ongoing Cancellations or Multiple No-Shows: It is understandable that occasionally an appointment will be cancelled or missed due to illness or emergency. However, your regular session day/time has been reserved for you. Our current client schedule and wait list does not allow for a great deal of flexibility with respect to continual cancellations, rescheduled appointments, or no shows. If you find that your schedule is no longer able to accommodate the session time reserved for you, please discuss this with your therapist. He or she will do their very best to find an alternative solution, such as phone sessions, so that we can continue our work together. However, please note that should ongoing cancellations, frequent reschedules (even those within the same week), missed appointments, late payments/nonpayment become an issue, your therapist will discuss this with you. If after discussing other options with you your attendance has not changed, we will need to open up your reserved time to the waitlist and add you to the waitlist. If you prefer not to be placed on the waitlist, then we will provide you with three therapy referrals and/or terminate with you.

Client’s signature: _____ **Date:** _____

Therapist Availability between Sessions

Your therapist is available to take a brief 5-minute phone call or to answer a short 1 paragraph email regarding your **therapy appointment times or therapy homework one time** between sessions and **no more than 1 time per month** without the client incurring a fee. We will not process therapy issues via email unless you have been specifically asked by your therapist to check in as part of your treatment. If the client feels that more contact is needed between sessions due to crisis, your therapist is

willing to discuss the possibility of increasing the weekly sessions or scheduling a phone appointment temporarily if he or she feels that it supports the client's therapy. If frequent non-crisis contact continues between sessions, it will be important to talk about charging for that support time, and/or referring out for a higher level of care than a once a week therapy session can offer.

Client's signature: _____ **Date:** _____

Therapist Time off Policy

Kimberly Litton LCSW, CAP, CSAT Schedule Policy

I regularly take one week off every five weeks, and take 2 weeks off during the summer and 2 weeks off during the holiday season for speaking, writing, supervising, ongoing education, professional conferences, and for personal time. This means that if we are meeting weekly, we will meet for 4 sessions in a row, and then take the 5th session off, then back on for 4 sessions, the 5th session off, etc. I will give you at least one week's notice before my time away. ***If you require a higher level of care at this time, please take this into consideration.***

Please note that if I see you for therapy every other week, there will be some weeks where there is a 2-week gap given your session is shared with another client and upon my week of return, the other client may be up first for the shared session time.

During my out of office time, I will not be available for individual session, group, family or couple's therapy both in person, via email, text or phone unless it is a serious crisis, or life threatening emergency where there is imminent danger to self or others. If you are a threat to yourself or another when I am away, please call 911 immediately. On occasion I may provide the phone number and contact information of a therapist colleague who may fill in during my time away for emergency situations. I ask that clients respect my time away and unless there is a critical emergency, they wait until the next session to discuss.

For **emergency** situations, I will respond to the client within 24 hours of receipt of the email, call or text. For **non-emergency** clients, I will respond the first business day upon returning back to my office. Please respect this boundary regarding emailing, texting and calling during my week away.

Your signature indicates your agreement to Kim's boundaries around client contact during Kim's week away:

Client's signature: _____ **Date:** _____

Holiday, Weekend and Evening Contact

Your therapist will make every effort to return a call, email or text message of a **non-emergency** client message within 24 hours during a scheduled work week. If this call, text or email arrives during a holiday, weekend or evening, your therapist will return **the non-emergency** client contact during the first working day following the holiday, weekend or evening. For **emergency only** clients (*emergency constitutes imminent danger to self or others*) your therapist will make every effort to return the call, text or email within 24 hours and ask that if the client is facing a life threatening emergency that they call **911 immediately**. There will be a regular session fee or partial session fee for emergency phone calls and sessions that are in excess of 5 minutes, or more than 1 time per month.

Explanation of Dual Relationships

While a therapeutic relationship can feel psychologically close, it is one that is professional in nature with important boundaries. It is unethical for a therapist to invite you into a business venture, ask you for personal favors, start a social relationship with you, etc. These examples are called, “dual relationships” and can negatively impact clinical boundaries. Although our sessions may be intimate psychologically, it is important to acknowledge that we have a strictly professional relationship. On the rare occasion that your therapist sees a client outside of the office (when we may accidentally run into each other in public), your therapist will be highly discreet and will maintain your confidentiality. He or she will do their best to follow your lead, and thus it is your choice to acknowledge the encounter and your therapist. If you do not choose to acknowledge the encounter, your therapist will respect this and will follow your lead.

Policy Regarding Internet, Professional, and/or Social Networking Sites

On the topic of Social Media and Internet Sites, our primary concern is your privacy. If you follow your KL Counseling therapist on a site like Twitter for example, please note that your KL Counseling therapist will not follow you back. We only follow other health professionals on Twitter and do not follow current or former clients on blogs or Twitter. Our reasoning is that casual viewing of clients' online content outside of the therapy session can create confusion in regard to whether it is being done as a part of your treatment. In addition, viewing your online activities without our explicit arrangement towards a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share with your KL Counseling therapist, please bring them into your sessions where we can view and explore them together, during the therapy hour.

Please do not use SMS (mobile phone text messaging) or messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact KL Counseling therapists. These sites are not secure and messages may not be read in a timely fashion. Do not use Wall postings, @replies, or other means of engaging with KL Counseling therapists publicly online if we have an already established client/therapist relationship. Engaging this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart. If you need to contact your therapist between sessions, please do so directly via email. See the

email section below for more information regarding email interactions.

Email Policy

The staff at KL Counseling prefer using email only to arrange or modify appointments. **Please do not email content related to your therapy sessions, letters to read, blogs, videos, as email is not completely secure or confidential.** If you choose to communicate by email, be aware that all emails are retained in the logs of your and the KL Counseling Internet service providers.

While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of Internet service providers. You should also know that any emails received from you and any responses that sent to you become a part of your legal and medical record.

“Friending”

It is the KL Counseling policy to not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when you meet with your therapist to discuss further.

Following

KL Counseling has its own blog, Facebook business page, and Twitter business account. There is no expectation that you as a client will want to follow our Facebook business page, blog or Twitter stream. However, if you use an easily recognizable name on Twitter and your therapist happens to notice that you've followed KL Counseling there, we may briefly discuss it and its potential impact on our working relationship.

Google Reader and Other Related Forums

The therapists at KL Counseling do not follow current or former clients on Google Reader and do not use Google Reader to share articles. If there are things you want to share with your therapist that you feel are relevant to your treatment, whether they are news items or things you have created, we encourage you to bring these items of interest into our sessions.

Thank you for taking the time to review the KL Counseling Social Media Policy. If you have questions or concerns about any of these policies and procedures or regarding our potential interactions on the Internet, do bring them to your therapist's attention so that we can discuss them.

Your initials indicate that you understand and agree to these boundaries regarding the KL Counseling social media and online policy: _____
(Initial here)

Physical Contact

Sexual contact is never acceptable in the therapeutic relationship. Romantic or sexual

talk, flirting, or sexual innuendos and sexual jokes are also unacceptable in the therapeutic relationship. If you should express a sexual comment or joke while in session directed to your therapist, we will explore this comment professionally and in a non-shaming way within a therapeutic non-sexual relationship.

Hugging is an expression of affection, a greeting or a goodbye within many cultures. However, in some cases hugging can be misconstrued as sexual, and can be triggering for some clients, or may interfere with the therapeutic relationship. Occasionally a client may spontaneously hug his or her therapist while they exit the office, may ask for a hug after a particularly difficult or emotional session, or may feel quite comfortable with a hug at the end of sessions or when ending therapy. Some clients are huggers, some are not, and so it is important for your therapist to understand your stance and to maintain appropriate professional boundaries.

If your therapist believes after discussing the request that a non-sexual brief hug is appropriate and supports your therapy, hugs will be allowed on occasion. Please understand, if your therapist chooses not to hug you, it is not an expression of judgment, dislike or dismissal, rather it would be denied in the best interest of your clinical care based on a therapeutic decision.

Illness Policy

When a private practice therapist is consistently exposed to cold and flu viruses in the office and becomes ill as a result, the office closes down, sessions and groups are cancelled, and everyone suffers. In order to maintain good health and create a safe and relatively germ free environment so that KL Counseling can support all of our clients, we ask that clients who are experiencing any stage of illnesses to respect safety boundaries and to conduct their sessions via phone until they are recovered completely and are not experiencing any signs of illness, fever, rash or cough or contagious symptoms at any stage.

Stage of illness includes: starting to feel flu symptoms, suspect they may be coming down with the flu, dealing with a current cold, head cold, or flu or flu-like symptoms, or are at the end of a flu cycle, currently have the flu, a cough, a cold, pink eye, contagious rashes, scabies, lice, chicken pox (or a child with chicken pox), or any other potentially contagious illnesses no matter how mild. Your therapist will extend the same respect and consideration if we are ill.

Please review the following illness agreement and initial:

If I am ill with a head cold, flu, lice, virus, chicken pox, pink eye, scabies, or any other potentially contagious illness at any stage no matter how mild that would potentially expose my therapist or others in the therapy office, I agree to alert my KL Counseling therapist, and either reschedule my session by the **72-hour cancellation time period**, or agree to conduct my individual therapy session via phone if I am ill, feel as if I am becoming ill, or am at the end of a flu virus. _____ (Initial here)

I understand that my therapist may, on the rare occasion, ask that my session be

conducted via phone if she is ill or recovering from a contagious flu virus.
_____ (Initial here)

If I am seeing a KL Counseling therapist for couple's therapy, I agree to cancel the session by 72 hours if my spouse or I am ill. _____ (Initial here)

I agree not to bring in sick family members or children to the office setting if they are experiencing any stage of illness or flu. I understand I will be asked to leave the office if I choose to do this. _____ (Initial here)

If I am participating in Group Therapy, I agree to forgo attending group that week if I am feeling ill, am sick with the flu, or am recovering at any stage from the flu virus. I understand I will be asked to excuse myself from group if I arrive at any stage of illness.
_____ (Initial here)

I understand that if I choose to show up for my therapy session, couples session or group session at any stage of a contagious flu virus or other illness, my KL Counseling therapist will use discretion, will uphold safety boundaries, and will ask me to leave the office, conduct the session via phone from my car, or another area outside of the clinical office as not to expose himself/herself, colleagues, or other clients to my flu virus at any stage. _____ (Initial here)

I understand that my fee will apply to all sessions that are not cancelled by 72 hours prior to my scheduled session. On the rare occasion that an emergency or grave illness occurs that does not allow me to give 72 hours notice, special consideration will be extended. Otherwise the session will be conducted via phone and the fee will stand
_____ (Initial here)

Referrals of Friends, Family, Co-workers

The greatest compliment a therapist can receive are referrals from current or former clients. There are times when clients wish to introduce their therapist so they can make a recommendation as a referral, which is ethical and acceptable. Please understand that your confidentiality is extremely important to KL Counseling. If another client that we see referred you to us, or if you refer a friend, co-worker or family member to KL Counseling, legally and ethically your therapist is not able to acknowledge that other person's attendance to you if they should begin seeing us in therapy or if they are currently in therapy with us.

If you choose to share that your KL Counseling therapist is also your therapist with the person who referred you or with someone you refer, that is a decision that you must make if you choose to reveal you are in therapy with KL Counseling.

Please be assured that the therapists at KL Counseling will not acknowledge you as a client to anyone outside of KL Counseling without your written consent, or unless mandated by a court of law. Occasionally we may discover through something you share in a session that we have seen/are seeing someone that you know in therapy. If this is the case, your KL Counseling therapist must maintain that person's confidentiality as well, and will hold this information just as he or she would uphold your confidentiality.

On occasion a client may say, "My friend Jane/John Doe mentioned that she/he started seeing you and is enjoying the work you are doing with him/her." This is an example of our standard response which is stated in a kind tone: "I appreciate any referrals clients make, however, I cannot reveal who I see in therapy, and thus I cannot remark on who I see clinically at this time." Because this may sound rather official to clients, and because KL Counseling will not acknowledge who is seen in therapy, including you, we thank our clients here on this page one time in advance for any referrals they may make:

Thank you for the referral; We are honored by your trust and confidence.

(Please proceed to the next section and fill out the following information in full.)

CLIENT INFORMATION		
Full Name: Name that you like to be called (nickname):		Relationship Status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> Sep <input type="checkbox"/> W
Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Florida Driver's License Number: Car Model: License Plate #:
Occupation:	Monthly Income: Other Income:	
Employer/Company Name: Work Address:		
Home Address w/zip code: Ok to mail to this address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email: Ok to email? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please note that email correspondence is not guaranteed to be confidential)	
Home Phone#:	Cell Phone#:	Work Phone#:
Ok to leave messages? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ok to leave messages? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ok to leave messages? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously attended therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No What kind of therapy? Inpatient /Outpatient/ Other: _____	If yes, what was the length of treatment, and when were the dates attended? Length: Date(s):	If yes, why did you stop attending therapy?

BIOPSYCHOSOCIAL HISTORY			
Symptoms and Behaviors (Please be as specific as possible to any 'yes' responses)			
Mania/manic symptoms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
Depressed Mood	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
Appetite Disturbances	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
Sleep Disturbances	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
Change in Energy Level	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
Decreased Concentration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
Worthless/Helpless Feelings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
Anxiety Symptoms/ Panic Attacks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
Bingeing/Purging	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High

Feelings of Guilt	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", circle severity: Low ← 1 2 3 4 5 6 7 8 9 10 → High
Obsessions/ Compulsions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", please describe:
Phobias	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", please describe:
Medical Conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", please describe:
Hyperactivity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", please describe:
Are you having suicidal thoughts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", do you have a plan about how you would commit suicide:
Do you have the means to carry out your plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", how would you do this?
Have you ever made a suicide attempt or been hospitalized for suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe: Date(s) of attempt(s):
Is there a history of suicide in your family of origin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes", please list who and what year:
Have you had a previous diagnosis by a therapist or psychiatrist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please list the diagnosis's and the years:
Prescription Medications (please list all currently taking or have taken, the length of time and what they are prescribed for: pain, illness, depression, etc.)			
1. 2. 3. 4. List anything other medications or comments that your therapist should be aware of regarding your physical or mental health:			
Substance Use			
Are you currently using alcohol, nicotine or other prescription or non-prescription drugs? Please list how much and how often you drink and/or take prescription or non-prescription drugs:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever felt you would like to cut down on your substance use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Have you ever felt you would like to cut down on your substance use?

Have you ever been arrested for a DUI, or drug use? Or do you have a past that involves using drugs or alcohol. Please briefly describe circumstances below:

Yes

No

Family & Relationship History (Use reverse side of this page if you need additional space)

	Age	Name	Living With You (Y/N)	Deceased (Y/N)
Spouse/Partner	_____	_____	_____	_____
Parent	_____	_____	_____	_____
	Age	Name	Living With You (Y/N)	Deceased (Y/N)
Parent	_____	_____	_____	_____
Stepparent	_____	_____	_____	_____
Stepparent	_____	_____	_____	_____
Sibling	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Children/Step	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Are your parents divorced? Yes No Remarried? Yes No

Religion (if any) _____

Sexual orientation _____

Gender orientation _____ (female, male, transgender, transsexual)

Ethnic Group (select all that apply):
 American Indian Alaskan Native Caucasian Middle Eastern
 Asian Phillipino Native Hawaiian Pacific Islander Hispanic/Latino
 Black/African American Multi-Ethnic/Other _____

Family of Origin (Circle Your Answer)
 Have you experienced any abuse in your family or relationships?
 None Emotional Physical Sexual Uncertain
 In general, how happy were you growing up?
 None Somewhat Mostly Extremely

How much is your family of origin a source of support for you?

None Somewhat Very Extremely

How much conflict in values do you experience with your parents?

None Somewhat Substantial

Legal Issues

Have you personally experienced legal problems? No Yes (describe)

Are you currently involved in a lawsuit? If so please describe:

Briefly describe concerns in your life and/or in your relationships that would be relevant for your therapist to know. You may use the back of the form for more space if needed:

On a scale of one to ten, how motivated are you to resolve this issue? _____

Please list your therapy goals (list as many that apply & use the back if need be):

- 1.
- 2.
- 3.

Thank you for taking time to read and complete these questions. This information will be helpful in your therapy process. Your signature is required on the last page before we can begin our work together. Please discuss any questions you may have with your therapist prior to signing.

**Client Signature Page for Informed Consent For Therapy
KL Counseling LLC
Licensed Clinical Social Worker Therapists**

- **I have thoroughly read and fully understand the Informed Consent and the therapy policy pages of this document.**
- **I understand that I am financially responsible for charges and fees incurred. And I agree to honor the 72 hour cancellation policy.**

- I understand limits of confidentiality and all mandated reporting by my therapist.
- I understand that any disclosures of sex with a minor, viewing underage pornography, or sexual behavior with minors (a person under the age of 18) is reportable under law by all KL Counseling therapists.
- I agree to respect the boundaries of contact between sessions and understand email and text is not an appropriate form of processing what is best discussed in session.
- I understand that emailing, texting and cell phone are not guaranteed as confidential.
- I understand and agree to the illness policy and will conduct sessions via phone if I am ill and agree that if my therapist is ill, she/he will conduct via phone.
- I understand and agree to the social media boundaries and policy.
- I have answered all questions in full, truthfully and to the best of my knowledge.
- I have had all questions about this document answered and sign willingly.
- I authorize my therapist employed with KL Counseling, LLC. to provide psychotherapeutic treatment for me, the client, signing below:

Client's name (printed): _____

Client's signature: _____ Date: _____

Therapist's name (printed): _____

Therapist's signature: _____ Date: _____



Acknowledgement of Receipt of Privacy Practice Notice

By signing below, I hereby acknowledge receiving and reviewing the Growth Counseling Services, Inc. Notice of Privacy Practices and Limits of Confidentiality.

Client's Name (print)

Signature of Client

Date



Client Credit Card Authorization Form

Please note that the information on this form will be securely entered and stored in a HIPAA compliant online virtual terminal that is password protected for your safety. Once your information has been entered by your therapist to the secured terminal, these paper forms will be shredded and destroyed immediately to protect your information. While all secure methods to protect your information are in place, and we take your safety seriously, no company can 100% guarantee that any online system cannot be breached, thus you are accepting responsibility and risk in allowing KL Counseling to store your information for therapy charges.

I authorize my therapist with KL Counseling, LLC. to keep my signature and card information on a virtual terminal file that is password protected and HIPAA compliant in order to charge therapy session fees (individual, group, workshops, couples, family or other), and any fees related to therapy related materials (workbooks, DVD's, CD's, and other materials, and/or fees), or for any appointments with my therapist that are not cancelled 72 hours before the scheduled appointment time to be charged to my credit, charge, or debit card as filled out below for therapy services provided to:

(Therapy Client's Name: Please Print)

I understand that this authorization is valid until canceled in writing. I understand that though this information is secured in an online protected client file, and is unlikely to be tampered with, I agree to assume the risk if the file and credit card information is compromised. I understand that charges for ongoing services or materials will normally be posted to my credit/debit/flex card account within 48 hours of each session date and **my session fee will be charged at the start of the day on the day of my session.**

Additionally, I agree that the card listed below may be charged by my therapist with KL

Counseling, Inc. in order to settle any outstanding balances accrued by the above listed client upon termination of therapy services including any materials (i.e. books, CD's, DVD's) that I have not returned within one week of completion of my therapy services. I understand that if a charge back fee is incurred or a retrieval fee of is incurred I am responsible for these fees. _____ (Initial here)

I agree that if I have any concerns or questions regarding charges to my account, or if the charge fails to post to my account, I will contact my therapist with KL Counseling for assistance and/or disclosure. I agree that I will not dispute any charges with my credit card company unless I have already attempted to rectify the situation directly with my therapist and those attempts have failed. _____ (Initial here)

Further, if I am assuming session payment responsibility for the client above whose name is listed in the printed area, and that client is someone other than myself, I understand that I am not entitled to information pertaining to confidential therapy sessions as provided by this person's therapist at KL Counseling. _____ (Initial here)

I understand and agree to these terms. I understand the conditions of this payment policy and agree to the conditions stated above:

Cardholder Name (print): _____

Signature _____

Relationship to client: _____

Billing Address: _____

Zip Code: _____

Card Type (**circle one**): 1. Visa 2. Mastercard

Acct. Number: _____ - _____ - _____

Exp. Date: _____

I understand that my therapy sessions will be charged via this form and not by swiping my card on the morning of my session unless cancelled 72 hours in advance:

Cardholder Signature: _____ Date: _____