***Welcome. I’m pleased that you have chosen to take this step. I look forward to working with you. Information you provide here is protected as confidential information. Please keep a copy of the last 4 pgs of policies for your own reference*. Deborah Owens, LPC**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: ------/------/------------

Full Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell/ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May I leave VM? □Yes □No Text? □Yes □No

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May I email you? □Yes □No

\*Note: Email correspondence and texts are not guaranteed as a confidential method of communication. If you choose to use it limit it to scheduling. Confirm by checking the boxes that you are allowing its use.

Referred by/how did you find me?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you previously received any type of therapy or mental health services (psychotherapy, psychiatric help, counseling, self help, etc.)?

□ No □ Yes, previous therapist/practitioner and time table:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe that process and if it was helpful: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you currently employed, a business owner, home maker, or in school? □ No □ Yes What is your situation?

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

Do you enjoy your work? Is there anything stressful about your current work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Single □ Cohabitating/Partnership □ Married □ Separated □ Divorced □ Widowed

Any children/ages:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently in a committed relationship? □ No □ Yes

If yes, for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On a scale of 1-10, how would you rate your relationship? \_\_\_\_\_\_\_\_\_\_\_\_\_

Describe any issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate your current physical health? (please circle) Poor Unsatisfactory Satisfactory Good

Describe health:

Describe current sleeping habits (please circle) Poor Unsatisfactory Satisfactory Good

Describe any sleep issues you are experiencing:

Describe your appetite or eating patterns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What hobbies, interests, or exercise, if any, do you participate in?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you experiencing anxiety, panic attack, obsessions, compulsions, fears, phobias? □ No □ Yes Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently experiencing any acute or chronic pain? □ No □ Yes; If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently taking any medication including psychiatric meds? □ No □ Yes Please list medication(s) & who’s prescribing it:

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

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Are you currently experiencing sadness, grief, depression? □ No □ Yes If yes, how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you had or are you currently having thoughts of killing or harming yourself? □ No □ Yes If yes, Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you had any suicide attempts? □ No □ Yes: If yes, describe circumstances/dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Have you ever felt you needed to cut down on your alcohol or drug use? □ No □ Yes

Has anyone criticized your use or shared concerns about it? □ No □ Yes

Have you felt guilty, worried, or stressed about your drinking or drug use? □ No □ Yes

Describe any alcohol or drug related details or concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe, if any, other addictive or compulsive type (internet, excessive gaming, gambling, sex, shopping, substances) behaviors?

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How would you describe your uses of technology or online time and experiences? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What significant life changes or events have you experienced? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**In the section below identify if there is a current or past *history* of any of the following or if you have been diagnosed with or thought you may have these issues. Explain if yes.**

**Alcohol/Substance Use Disorder** □ No □ Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Anxiety** y□ No □ Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Depression** □ No □ Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Domestic Violence/Abuse** y□ No □ Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Eating Disorders** y□ No □ Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Schizophrenia** □ No □ Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Suicide/ Attempts** □ No □ Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Obsessive Compulsive Behavior/OCD** □ No □ Yes

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**Borderline or other Personality Disorder** □ No □ Yes

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**Bi-Polar Disorder** □ No □ Yes

**Autism Spectrum, ADD, Others?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe anything regarding above history or current concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has anyone in your family had these issues? □ No □ Yes If so, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your highest level of formal education?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had or do you currently have any legal issues? □ No □ Yes

If yes, describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you consider yourself to be spiritual or religious? □ No □ Yes

If yes, describe your faith or belief: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What do you consider to be some of your strengths or areas in your life that are going well?

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What do you consider to be some of the areas you need to improve? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What do hope to accomplish out of your time in therapy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What may happen if you don’t change/address the issues that brought you here? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How will you know therapy is working? Is there anything specific you want as an outcome? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is there anything else I should know about your story, history, or situation?

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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***OFFICE POLICIES/PRACTICES: Review carefully.*** *Initial each box as you read/agree to it. Sign at the bottom.* ***Keep a copy of this section for yourself too.***

 **Informed Consent:** Participation in therapy can result in a number of benefits, including improving interpersonal relationships and resolution of the concerns that led you to seek therapy. Working toward these benefits requires effort on your part and your active involvement, honesty and openness in order to change. I will ask for your feedback and views on progress and other aspects of the therapy and expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a situation. This is a collaboration so I am open to feedback along the way.

Remembering or talking about unpleasant events, feelings or thoughts can result in you experiencing considerable discomfort or feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. I may challenge some assumptions or perceptions or propose different ways of looking at, thinking about, or managing situations that may feel upsetting or you may feel challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, work, substance use, school, or relationships. Sometimes a decision that is positive for one family member is viewed negatively by another family member.

Change will sometimes happen quickly, but more often takes time and patience on your part. There is no guarantee that counseling will yield positive or intended results. During the course of therapy, I may utilize therapeutic approaches according, in part, to the problem that is being treated, your choices, and feedback, and my assessment of what may benefit you. These may include but are not limited to supportive, cognitive-behavioral, psychodynamic, system/family, developmental, mindfulness, or psycho-educational.

 **Confidentiality:** All clients sign and agree to confidentiality/HIPAA guidelines that are available for your review indicating that I follow standards as a Licensed Professional Counselor to protect the privacy of your personal information. All info is kept private and confidential unless you provide specific authorization to share it such as if you need me to speak with your physician or another therapist. **This is the same if we meet virtually or in person.**

**Exceptions include:**

**threat of imminent serious harm to self or others, suspected abuse of a minor, elder or disabled adult, a valid court order, in the event of a circumstance requiring immediate medical attention.**

In **couples and family therapy,** or when members are seen individually, confidentiality does not apply between the couple or among family members engaged in treatment with me. You agree I will use my clinical judgment when sharing info which usually means we are weaving it back into the couples work and sessions. I will not release records to any party unless I am authorized in writing to do so by all adults who were part of treatment unless compelled to do so by law/valid court order. **If coming for family or couples therapy please sign below that you agree to the confidentiality limits and understand that I won’t withhold info between parties involved in treatment. This is commonly called a No Secrets Policy in couple therapy.**

**\*\*SIGN HERE if coming as a couple/family and you agree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Confidentiality of email & text communication:** If you choose to email or text me, please limit the contents to issues such as cancellation or change in appointment time. Email and text messages are not guaranteed confidential. Occasionally I may send you an article or link that might be useful. If you choose to communicate with me this way, you do so understanding that I cannot guarantee that these modes of communication are confidential. For this and other ethical reason, I do not accept invitations from current or former clients via social networking sites such as Linked In, IG, or FB.

 **Consultation:** On occasion, I may need to consult with licensed professionals regarding my clients when doing so might improve the outcome for the client. The client’s name or other identifying information is never disclosed. The client’s identity remains anonymous and confidentiality is maintained. If I am on vacation I may also need to share such info with the licensed therapist “covering” for me.

 **Insurance:** I am not in-network with any plans by choice. If you choose to use your insurance, please note that a mental health diagnosis is necessary on the form for reimbursement for an out-of-network provider. **I can provide you with a receipt, a Super Bill. You can submit this to your plan for out of network reimbursement, if available.** It’s provided on a monthly basis or can be requested more or less frequently. You are responsible for thoroughly checking your benefits first to determine you deductible and what percentage of fees, if any, you may be reimbursed by your plan.

If you are using a HSA or Health or Flex Account type plan, I can accept the credit card your plan uses for this purpose. In addition to the tax savings that process does not usually require a diagnosis.

 **Fees:** I accept cash, check, or credit cards. You may choose to pay me through VENMO or ZELLE so long as you consider that such apps are not confidential even if you use Private settings. Please look into this so that you make an informed decision as part of Informed Consent per the Safe Harbor rule under HIPAA. HIPAA does not apply to payments but you should consider your options. All clients complete the last pg. for credit card info even if they intend to use another method. This allows its use as a backup if you forget payment or for a late fee.

Regular therapy sessions are 50 min. which is considered a therapeutic hr. Session fees are $395. for individual and for couples/family therapy. The initial session is $425. for individuals or couples. EXECUTIVE COACHING fees are on that pg. of my website.

I offer 85 min sessions if a longer session is indicated or requested. These are discounted at $575. These may work best for stuck couples, clients who want a jump start on the process, or those who cannot attend on a weekly or regular basis. If requested, the initial session can be one of these longer versions if best or requested and agreed to ahead of scheduling. Once things improve 25 min. check in sessions are available if appropriate for $195.

  **Good Faith Estimate**:You have the right to a GFE which states that “patients” who don’t submit to In or OON insurance are entitled to an estimate of charges for services. There are no surprises at this practice given the nature of therapy and that you decide how often and how long to continue. There is no bill for services as you pay at each visit. I offer a GFE prior to initiating service if you’d like one. Basically it’s my standard rate x frequency x length so if you come weekly or bi-weekly for 3-12 months that gives you a cost. The link for more info is on my web site.

 **Late Cancellation**: If you need to reschedule, please contact me as soon as possible. Unlike Doctors who can overbook and may spend 15 min. or so per patient, therapists need to block a full hr. Since I hold a spot for you making it unavailable to another client, if less than 48 hrs. is provided you will be charged $95. If you do not show for a scheduled appointment without a cancellation call, you will be charged full fee for the missed session. I feel this is fair since it is customary to charge full fee for late cancels in our area. All reschedules or cancellations need to be done through confirmed communication so sending an email is not acceptable. I usually make an exception to the late fee based on circumstance such as illness, child care, and/or if we are able to reschedule to another time that same wk. If you text to notify me that you need to miss a session and/or reschedule, which is preferred, make sure I respond to confirm receipt of your message.

 If coming for couples therapy and one member is unable to attend, on rare occasions it may be appropriate for the other member to attend to continue progress or to work on individual issues. Check with me about this before coming alone.

 **Litigation Limitation:** Due to the nature of the therapeutic process and that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, you agree that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, however, if my appearance at court is required by law and you signed a release form allowing this, my fee is $2,900 per day and must be paid in full 30 days prior to the expected court date.

 **Duration and Termination:** Most clients come weekly. Committing to and prioritizing that time is ideal.  Many of my clients travel so a set time each week is not doable. We can discuss this keeping in mind I am usually full so openings can be limited. Occasionally, people attend therapy more often. Others may reduce frequency once things improve. Longer sessions are an option for those looking to get a jump start or if there’s a need for more intensive work for a set period of time. Extended sessions can be helpful for busy clients or couples who have challenges coming in weekly due to work or child care. I prefer you come weekly for the fist month then we can assess what frequency makes sense.

About half of my clients come for a few or several months until they get back on track. This is considered shorter term therapy. Some clients use therapy for a period of time, take a break, and return when they are ready or need to do more work. Half of my clients benefit from longer term counseling. They may have long standing issues, difficult childhood or recent experiences, on-going stressors in their career, relationships, health, recovery, or families, or issues that require a lengthier counseling process.

Sometimes it becomes clear that a different approach or level of care is best or necessary. If I initiate terminating therapy with you, it will be because I feel that I am not able to be helpful or a higher level or different type of help is indicated. My ethics and license require that I have my clients’ needs as primary in treatment planning. If I no longer feel that I am the right resource for you, we can discuss that and I will offer referrals to consider. I cannot guarantee that they will accept you or how they’ll approach your treatment needs. Once you have stopped attending you are no longer under my care and our therapeutic relationship is ended unless you reinitiate treatment with me.

Ending therapy well is important. Length of counseling varies and is up to the client, however, please let me know if you feel ready to complete or pause this course of counseling so that we can have a wrap up session to solidify gains you’ve made and to discuss recommendations to maintain progress. Often when we approach conclusion clients choose to switch to monthly sessions for 3 months then reassess if they are ready to end or continue monthly or less frequently. I am open to working with you to find what is best as long as our schedules allow for it.

 **Telephone & Emergency Procedures:** At times, phone contact is necessary between sessions. Clients are encouraged to keep phone contacts brief, if possible, and to address issues during your regular session. If you need to speak with me between sessions, please call 215-802-6521. Your call will be returned as soon as possible but may be awhile if I’m in session or away. I am in solo private practice, not part of a group clinic, so if an emergency requires immediate attention, you agree to call 988, which is the National Mental Health Crises Line, 911 or go to an ER.

 **HIPPA:** I understand that Deborah Owens, LPC adheres to the privacy practices outlined in the HIPPA National Providers policy available for my review in the office. Typically, license confidentiality regulations are stringent so the most restrictive standard is adhered to for therapy.

If collaborating with another provider on your behalf, with your permission, we may discuss your case in an effort to better coordinate care and outcomes. I try and be as transparent with you as possible so this communication can best benefit your treatment and we are working together.

I have read, asked any questions, and accept the above policies and HIPAA info.

By signing below I also understand that if we participate in phone or virtual sessions you choose to use these platforms and understand and accept any potential risk as far as confidentiality and agree to make that choice as an informed adult.

Using a confidential virtual platform, VSEE Clinic, is an option on a regular basis or occasionally due to challenges such as work travel, illness, weather or if preferred. Some clients use a hybrid of in person and on line counseling.

 \*We both agree to notify each other if we test positive or if exposed to Covid, flu or RSV to decide what makes sense at that time such as rescheduling or switching to virtual.

  **\*\*\*SIGNATURE\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEBORAH OWENS, LPC CREDIT CARD AUTHORIZATION**

If you have questions or concerns regarding any part of the fee structure or payment policies, please discuss these with me as soon as possible. This form will be securely stored in the cc system and updated if needed.

**Below is necessary even if you do not intend to use a cc for payment so we may have a back up for any missed session fees, forgotten payments, lost cards, etc.**

By signing this agreement, I am authorizing Deborah Owens to securely store and charge my credit card for professional services rendered to the “Client” that are not paid at the time of service, or for situations which fall under the late cancellation policy. I agree that I will not dispute valid charges, which may include:

* A missed session fee of $195. if the client has not cancelled or rescheduled with confirmed 48 hrs. notice, as outlined in the cancellation policy, or full fee if client does not show for an appointment and has not confirmed a cancellation.
* Contacts in excess of that usually associated with services, prorated at my regular hourly rate are prorated. This may include phone contact in excess of 15 min., collaboration with your other providers or completing forms such as medical/FMLA, if requested.
* Checks that are returned will incur the check amount and an additional $15.bank fee

Credit Card Type (circle one): Visa . MasterCard . Discover. AE.

 Is this an HRA/HSA type cc? \_\_\_\_\_\_\_

Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name as Printed on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please **initial e**ach of the following authorizing:

\_\_\_ Recurring charges for services per visit outlined in fees policy. I may opt out at any time by using cash, Zelle, or check

\_\_\_ 95. Cancellation fee for less than 48 hrs. confirmed notice; or if a session is missed without notice the full fee is charged

\_\_\_\_ I will not dispute legitimate charges for sessions I have received, appointments missed or without confirmation of 48 hr. notice, or charges due to a returned check

\_\_\_\_\_ Balances not paid within 5 days are charged on the card unless we’ve made other arrangements

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

**ZELLE:** **debowenscouseling@gmail.com****, 215-802-6521 VENMO: Deborah-Owens-30**