

### Client Information

(Please fill out an information sheet for each attending client)

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

Name \_\_\_\_\_

Phone (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email \_\_\_\_\_

Is it ok to send information regarding counseling, billing, etc. to the above address? \_\_\_\_\_

Alternative address: \_\_\_\_\_

May we confirm appointments by contacting you at the information above? \_\_\_\_\_

What is the best way to contact you for confirming appointments? \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_ Phone: \_\_\_\_\_

List any significant health problems: \_\_\_\_\_

List medications currently taking with dosage: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

How long have you worked there? \_\_\_\_\_ How long in this occupation? \_\_\_\_\_

Education (Highest level attained) \_\_\_\_\_

Have you ever seen a counselor or psychotherapist before? \_\_\_\_\_

If yes, when and with whom? \_\_\_\_\_

Give a brief description of the treatment and outcome: \_\_\_\_\_

How were you referred to this office? \_\_\_\_\_

May we contact the referral to thank them? \_\_\_\_\_

Brief reason for seeking therapy at this time: \_\_\_\_\_

## Client Information and Service Agreement

### Consent and Responsibility Statement

*Initial each section and sign*

\_\_\_\_\_ Counseling Services:

I hereby seek and consent to participate in counseling with Mark Trahan, LCSW.

I am aware that that the practice of counseling, psychotherapy and coaching is not an exact science and so predictions of the effects are not precise or guaranteed. I acknowledge that no guarantees have been made to me regarding the results of procedures provided by Mark Trahan, LCSW. Counseling often depends upon the personality of the therapist and client and the problem being examined. The counseling process is not like seeing a medical doctor; greatest outcomes will be determined by willingness and work that is completed inside AND outside of sessions. There may be assignments, meetings, etc. suggested by the counselor outside of session time. Participation in these suggestions will maximize success, but are not a guarantee.

Counseling has both benefits and risks. Risks may include uncomfortable levels of feelings such as sadness, anger, guilt, anxiety, loneliness and helplessness. Counseling may require recalling unpleasant memories from one's history. Counseling has been shown to provide benefits for those who utilize it. It often leads to decrease in distress over problems introduced, better relationships and increase in personal confidence. There are no guarantees that this will happen.

After an initial evaluation by the therapist, and within 2-3 sessions, you will be offered some initial impressions of the direction of the work. At this time, it would be appropriate to decide whether this therapist is an appropriate fit for your process. If you have doubts about this, please bring them up with your therapist. If they continue to persist, Trahan Counseling would be happy to refer you to another mental health professional.

Individual Sessions:

Our normal practice is to evaluate over the first 3 sessions. The first session lasts 90 minutes to work up a full assessment of your issue brought to counseling. After the first session, sessions last 50 minutes in length. The 10 minutes remaining are used for client documentation, client business, scheduling, etc.

\_\_\_\_\_ Professional Fees:

The regular hourly rate for individual sessions is \$120, unless adjusted or modified by your therapist. If deemed appropriate by your therapist, we can provide you with counseling by the minute at a charge of \$2.50 per minute. Due to the reimbursement rates, administration required for insurance reimbursement, and the protection of your privacy and health insurance, this office does not take medical insurance. If you would like a receipt for services to turn into insurance companies for reimbursement, we can provide that to you. We can provide counseling on a sliding fee scale provided there is a need. A fee will be contracted between you and your therapist. You will be expected to pay this fee upon service. It will be your responsibility to inform us if you do not want for us to send an invoice to you at the address you have provided.

In addition to fees for weekly appointments, it is our practice to charge this amount on a prorated basis for other services that you may require. These services may include assessment writing, phone consultations lasting longer than 5 minutes, consultations with other professionals that you have authorized, or preparation of records that have been requested by you. It is the practice of this office to avoid becoming involved with testifying or writing reports for litigation or court cases, except in unusual or exceptional circumstances. If these circumstances should arise, hourly fees will be expected for professional time.

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*Appointment Scheduling and Cancellations*

This office requires 24 hour advanced notice cancellation of appointments. If you do not appear for a scheduled appointment, you will be charged standard fee, unless you have provided 24-hour cancellation notice.

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*Confidentiality*

In regards to confidentiality, all communications and client files are held in confidence between therapist and client by law. In order for information regarding your treatment to be released, you must give written permission. There are exceptions to this in cases such as:

- ❖ Judicial proceedings in which the judge specifically requests records of treatment. These cases usually occur in situations such as child custody proceedings where a judge must make a decision based upon an emotional condition. This therapist has the right to refuse to release documents to an attorney unless requested by a judge.
- ❖ If the therapist believes that a child, elderly person, or a disabled person is being abused. In this case, the therapist is required by law to file a report with an appropriate state agency.
- ❖ If the therapist believes that the client intends to bodily harm another human being, in which case the therapist may take actions such as contacting the police, notifying a victim, or seeking appropriate hospitalization without consent of the patient.
- ❖ If a client intends to commit harm to themselves, a therapist may be required to seek hospitalization in order to protect life, or to contact family members who can arrange for such means.

If actions such as these are required, the therapist will attempt to make every effort to discuss it with the client first.

Mark Trahan, LCSW may find a need to consult with a colleague during the course of your treatment. All identifying information regarding your identity will be eliminated and avoided to maintain your confidentiality.

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*Special Relationship Between Therapist and Client*

The relationship between a therapist and a client is a special one. Based on the ethical guidelines of clinical social work, the therapist must avoid any and all possibilities of a dual relationship with the client. Therefore, a therapist may not be friends, colleagues, or practice any business with a client due to a conflict of interest. Contact outside of the practice of counseling is off limits. This protects the interest of the clients and insures that conflicts of interest do not arise. This means that the therapist cannot attend special events, such as graduations, birthdays, parties or any other event that the client may request. If the therapist sees a client outside of therapy by chance, the therapists will not approach the client, identify themselves, or identify the relationship. If a client determines that they want to address or approach a therapist, they may do so, however, it will be by client's choice. Please do not be offended if the therapist avoids contact in public places due to this limitation with ethical guidelines. It is to protect your confidentiality and this special relationship.

*Special relationship, continued*

It is not uncommon for feelings of admiration, appreciation, romance and even sexual feelings to arise during the course of treatment. This often is a normal response to the special relationship created in therapy. It is important when this happens for it to be a safe place to discuss these feelings. This can be an important part of therapy. To maintain safety of discussion of these feelings, know that your therapist will not engage in a romantic or sexual relationship with you during or after the course of treatment. This kind of relationship is off limits based on ethical and personal guidelines. A therapist who breaks this important boundary can have their license revoked and prosecuted.

\_\_\_\_\_ *Adolescents*

If you are under the age of 18, please be aware that your parents have a legal right to review your treatment records. We will attempt to request verbal consent from your parents to give up their rights to review these records for your privacy. If they agree, your therapist will provide them with general information about the progress of your therapy, except in cases where your safety must come first. In situations where harm to you is imminent, your parents will be contacted. Additionally, your parents will be provided with an oral or written summary of treatment at its completion. Before discussing it with them, your therapist will discuss with you any objections that you have to what is being prepared to discuss.

\_\_\_\_\_ *Spirituality*

Some people want to have Christian ideas and philosophy integrated into their counseling. If you would like this, please initial. Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ *Research and Training*

Because of the unique nature of each psychotherapy treatment, I agree that the treatment contents may be used for training and/or educational purposes with strict confidence. This may include but is not limited to video, instruments, assessments, and clinical notes. I also understand that the clinician reserves the right of publication related to the treatment process in order to provide research data to support practice methods. I understand that personal identification such as my name will not be revealed if any materials are to be used for such purposes.

Client Name: \_\_\_\_\_

I, \_\_\_\_\_ (full name), have read and agree to the conditions of this contract.

\_\_\_\_\_  
Signature (If client is a minor, signature of parent/guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date