

Client Information

Heather Axtens, MA, LPC Intern
Supervised by: Melanie Henderson, LPC-S

Texas License No. 74845
29957 SH 64 Canton, TX 75103
903-316-8616

Contact Information

Date _____

Name _____ Sex _____ DOB _____ Age _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Email _____

Employer _____ Work Phone _____

Emergency Contact _____

Relationship _____ Phone _____

Personal Information

Occupation _____ How long at present job _____

Education _____ Religion _____

Marital Status (Check One): Single Engaged Married (how long _____)

Separated (how long _____) Divorced (how long _____) Widowed (how long _____)

Previous Marriages: Number ended by divorce _____ Number ended by death _____

If Married, Spouse's: Age _____ Occupation _____

Education _____ Religion _____

Children

<u>Name(s)</u>	<u>Age</u>	<u>Sex</u>	<u>Custody</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical History

Your Physician: _____ Date of last physical exam: _____

Address _____ City _____ State _____ Zip Code _____

Current physical issues or illnesses _____

Please list all medications you are taking including dosages _____

Information about Problems or Stresses

Please list previous counseling or psychiatric care with dates _____

Have you ended your therapeutic relationship with previous mental health providers? Yes No

How were you referred to this office? _____

What are your reason(s) to seek counseling at this time? _____

List previous illnesses and/or issues that have caused you stress _____

Give any other information about your history that has caused you stress (such as life adjustment, trauma, finances, etc.) _____

Number your present issues and/or needs in order of importance (1 = most important)

- | | |
|--------------------------------------|---------------------------|
| _____ Pre-Marital | _____ Self-Image |
| _____ Marriage | _____ Depression |
| _____ Separation | _____ Job/Career |
| _____ Death (loss of a person) | _____ Health |
| _____ Suicide | _____ School |
| _____ Family Relationships | _____ Alcohol/Drugs |
| _____ Child related (specific child) | _____ Food/Body Image |
| _____ Abuse/Trauma | _____ Anxiety |
| _____ Sexual Dysfunction | _____ Porn, Sex Addiction |

Additional Information _____

Financial Responsibility and Release of Information

Please initial statements below to indicate your agreement:

_____ **Financial Responsibility:** I understand and agree that (regardless of my insurance status); I am personally responsible for the fees of my treatment and will pay those fees in full at the time the service is rendered.

Fee Schedule: 15 minutes - \$20 30 minutes - \$40 45 minutes - \$60
 60 minutes - \$80 75 minutes - \$90 90 minutes - \$100
 2 Hours - \$120 *Sliding Scale offered upon request

* Credit Cards will be charged an additional **\$8 per transaction**

Payments accepted: Cash, Check or Credit Card
Checks to be made out to: Lauren Norris, LPC
1510 South Main Street, Suite 100, Boerne, TX 78006

_____ **Cancellation Policy:** I understand that I will be charged in full for appointment not canceled 24 hours in advance. Appointments may be canceled after hours and on weekends by calling and leaving voice mail or text message.

Client Signature _____ Date _____

Guardian Signature _____ Date _____

(If required)

Guarantor _____ Phone _____

Relationship _____

Address _____ State _____ Zip _____

**ACKNOWLEDGEMENT OF REVIEW OF
NOTICE OF PRIVACY PRACTICES**

@2003, Lisa A.Vance, The Law Offices of Lisa A.Vance, P.C.

**I have been advised there is a copy of the
Notice of Privacy Practices
made available at the
office of
Heather Axtens, LPC Intern
which explains how I can get access to my medical information,
and I know that I may have a copy
of the Notice. I may also request a mailed copy. I also know
that from time to time the
Notice of Privacy Practices may be revised by
Heather Axtens
Texas License No. 74845
and if I want the revised Notice of Privacy Practices,
I know I must ask for it.**

Signature of Client or Personal Representative

Today's Date

**Name of Client (or Specific Identification)
Of Authorized Personal Representative
(Please Print)**

**Description of Personal Representative's
Authority To Act for Client**

Declaration of Practices and Procedures

Heather Axtens, MA, LPC Intern

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29957 SH 64 Canton, TX 75103

903-316-8616 | HeatherAxtens.wixsite.com/counseling

Qualifications: I earned a Master of Arts, with a specialization in Marriage & Family counseling from the University of Texas at Tyler. I have accrued counseling hours during my practicum & student counseling hours required in order to obtain my degree. I am currently earning hours in the post-master's degree 3,000 hour internship phase. I hold a temporary license and regulated by the Texas State Board of Examiners of Professional Counselors. I meet with my supervisor, Melanie Henderson, LPCS weekly in order to guide me in how to best help my clients. I am employed by Lauren Norris, LPC. I provide counseling services in accordance with state laws and the board's rules, including the code of ethics established by the board. The following is to inform you of the ethical conduct that you can expect from me as required by the board, and as equally important by my own moral and ethical values. I have been truthful in all my advertising and statements concerning my services, training, credentials, and the scope of what may be accomplished in counseling. You may visit the board's website to confirm that my license is valid and that I am in good standing with the board. You may also view or print the state laws and board rules that govern counseling services in Texas.

Counseling Relationship and Responsibilities: Everything about the process should focus on enhancing your personal growth and your ability to cope with life's opportunities and problems. You will be treated with respect and dignity in a professional manner. I am committed to your wellbeing and will promote a positive counseling experience. You, the client are a full partner in counseling. Your honesty and effort are essential to success. As we work together, if you have suggestions or concerns about your counseling, I expect you to share these with me so that we can make the necessary adjustments. If I determine that you would be better served by another mental health provider, I will help you with the referral process. If you are currently receiving services from another mental health professional, I expect you to inform me of this and grant me permission to share information with this professional so that we may coordinate our services to you.

Areas of Focus: I treat individuals, couples and families. I follow a holistic view of therapy, tailor made to each individual. I concentrate on Cognitive Behavioral Therapy & Solution Focused Therapy theories and techniques. I also use faith-based counseling tools upon request. I am certified in SYMBIS.

Potential Counseling Risks: In the course of your counseling you may have additional issues which may not have surfaced prior to the onset of the counseling relationship. In addition your growth and change may cause strain in relationships if your changes are not understood or accepted or if someone close to you is not willing to change themselves.

Practicing within the Scope of the Counseling Profession: I have been trained to assist you through a therapeutic relationship, using a combination of mental health and human development principles and techniques, including the use of psychotherapy, to achieve your mental, emotional, physical, social, educational, spiritual, or career-related development and adjustment. I may prevent, assess, evaluate, and

treat mental, emotional, or behavioral disorders and distresses that interfere with mental health. I may also implement and evaluate treatment plans using interventions that include counseling, assessment, consulting, and referral. You may have occasion to ask questions that require legal, medical, or other specialized knowledge. If so, you should ask your attorney or physician or I may provide a referral to a specialist in your area of concern.

Information at Initial Session: At or before your first counseling session we will discuss general information relating to our counseling relationship, such as: 1. Fees, scheduling, cancellation and payment policies; 2. Your goals and how to prepare for sessions; 3. Methods or techniques that will be used during counseling; and 4. Confidentiality. Scheduling appointments can be done through phone call, text, or email.

Confidentiality: Everything you discuss with me remains absolutely confidential except for information shared under the following circumstances: 1) You sign a written release of information; 2) you expresses intent to harm yourself or someone else; 3) I have reasonable suspicion of abuse/neglect against a minor child, elderly person (60 or older) or a dependent adult; 4) A court order requesting information from your file. In the event of marriage or family counseling, material obtained from an adult client individually may be shared with the client's spouse or other family members only with the client's written permission. Any material obtained from a minor client may be shared with the client's parent or guardian understanding that personal information shared by a minor may be withheld to insure the minor is free to be open.

Privileged Communication: It is my policy to assert privileged communication on behalf of the client and the right to consult with the client if at all possible, except during an emergency, before mandated disclosure. I will endeavor to apprise clients of all mandated disclosures as conceivable.

No Sexual Activity: Counseling, by its very nature, often deals with the most private aspects of one's life. It is my responsibility as your counselor to ensure an atmosphere of safety for you, free from any kind of exploitation. My morals and ethics do not tolerate any sexual misconduct not to mention the board does not either. Any sexual contact, sexual exploitation, or therapeutic deception with a client or former client could be a felony offense and is grounds for revocation of a counselor's license.

Maintaining a Professional Relationship: Our counseling relationship, although cordial, will be strictly professional in nature. For example, I will not, nor is it allowed by the board, invite you into a business venture, barter with you for counseling services, ask you for personal favors, or subcontract with you to assist with administration of my practice. These examples are called *non-therapeutic* or *dual relationships* and are unethical. I refer personal friends, or others with whom I have had a business or other type of relationship to other mental health professionals. Even after your counseling has been completed, I may not engage in any working or personal relationship with you without informing you that future counseling with me will no longer be a possibility.

Online Counseling / Telehealth / Teletherapy: I can provide TeleTherapy ONLY to clients in Texas at this time.

Is Online Counseling Appropriate for you? During the intake process we will decide together if the nature of your concerns can be fully addressed through teletherapy. Teletherapy may not be appropriate if you have numerous concerns over the risks of internet counseling, have active suicidal or homicidal thoughts, or any other mental health issues causing you to be unstable. In such cases then face-to-face is recommended or I will help you find an appropriate referral.

Possible misunderstandings: Please be aware that misunderstandings are possible with telephone, email, or text. These modes of communication lack the ability to see non-verbal cues. Even with video, misunderstandings may occur due to connection problems causing image delays or less than optimal image quality. Please have patience with the process and clarify information if you think I have not understood you well.

Turnaround time: I will make every effort to respond to message requests within a 24-hour period. If you are in a state of crisis or emergency, I recommend you contact a crisis line or call 911 or go to your nearest medical emergency facility. You may also utilize 1-800- SUICIDE or 1- 800-273-TALK (For the deaf or hard-of hearing: 1-800-799-4TTY).

Potential risks: The potential risks of message based counseling include messages not being received, sent to the wrong address, confidentiality being breached, lack of password protection, or leaving information on a public access computer, or I just didn't notice them.

Safeguards: I have an account with G Suite for email and video communications to allow for the highest possible security and confidentiality of the content of your sessions. Your personal information is encrypted and stored on a secure server in compliance with HIPAA regulations. In order to benefit from these safeguards, *the client is required to download, register and utilize the chat and video software app Google Hangouts Meet*. Sessions may also be administered in Zoom.

A Final Word: Much of the success of your counseling experience depends on you. You are most likely to reap benefits from counseling if you are motivated, honest, and willing to work through your issues, challenges, and discover your God-given potential for a productive and satisfying life.

Signatures

Please sign below if you have read, understood and agree with everything above:

(Print Full Name) (Signature) (Date)

For Minors: If the parent / guardian is seeking counseling and/or teletherapy for their child (under 18 years of age) fill out and sign the following:

I authorize Grady Yarbrough Jr. LPC to consult with and undertake the counseling of the minor below with appropriate methods or techniques available to him/her.

(Print Full Name) _____ DOB _____ Age _____

(Print Full Name) (Signature) (Date)

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Texas State Board of Examiners of Professional Counselors – Mail Code 1982
P.O. Box 149347 • Austin, Texas 78714-9347
Phone: (512) 834-6658 • Complaint Hotline: 1-800-942-5540 • Fax: (512) 834-6677

Email: lpc@dshs.state.tx.us
Website: <http://www.dshs.state.tx.us/counselor/default.shtm>