

*The Woodlands Counselor*

25511 Budde Road, Suite 501 • The Woodlands, TX 77380

**CLIENT INFORMATION**

Please bring this with you to your first appointment.  
You may also email it to [nancy@thewoodlandscounselor.com](mailto:nancy@thewoodlandscounselor.com)

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

Phone: (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

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

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Marital Status \_\_\_\_\_

Others living at home: \_\_\_\_\_

Do you work:  No Full-time \_\_\_\_\_ Part-Time \_\_\_\_\_ Educational level: \_\_\_\_\_

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

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

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

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

List any medications you are taking and the dosage: \_\_\_\_\_

Have you seen a counselor or psychotherapist before?  Y  No

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

What did you seek counseling for? \_\_\_\_\_

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

May I thank him or her for referring you?  Y  No

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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## CLIENT SERVICES CONTRACT

**THIS DOCUMENT CONTAINS IMPORTANT INFORMATION ABOUT MY PROFESSIONAL SERVICES AND BUSINESS POLICIES. PLEASE READ CAREFULLY AND INITIAL YOUR UNDERSTANDING OF EACH PARAGRAPH IN HIGHLIGHTED AREA, THEN SIGN AT BOTTOM. ONCE YOU DO SO, IT WILL CONSTITUTE A BINDING AGREEMENT BETWEEN US.**

### COUNSELING SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personality of both the therapist and the patient and the particular problems that the patient brings. There are a number of different approaches that can be utilized to address the problems you hope to address. It is not like visiting a medical doctor, in that it requires a very active effort on your part. In order to be most successful, you will have to work both during our sessions and at home.

Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger and frustration, loneliness and helplessness. Psychotherapy often requires recalling unpleasant aspects of your history. Psychotherapy has also been shown to have benefits for people who undertake it. It often leads to a significant reduction of feelings of distress, and better relationships and resolutions of specific problems. But there are no guarantees about what will happen.

By the end of the evaluation, I will be able to offer you some initial impressions of what the work will include and an initial treatment plan, if you decide to continue. You should evaluate this information along with your own assessment about whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, please feel free to discuss them whenever they arise. If your doubts persist, I will be happy to help you to secure an appropriate consultation with another mental health professional.

### MEETINGS

My normal practice is to conduct an evaluation that will last from 2 to 4 sessions. During this time, you and I can decide together whether I am the best person to provide the services that you need in order to meet your treatment objectives. If psychotherapy is initiated, I will usually schedule one forty-five to fifty-minute session (one appointment hour of 45-50 minutes duration) per week at a mutually agreed time, although sometimes sessions will be longer or more/less frequent.

### PROFESSIONAL FEES

The regular hourly rate for psychotherapy services is \$175. In addition to weekly appointments, it is my practice to charge this amount on a prorated basis for other professional services you may require such as report writing, telephone conversations that last longer than 5 minutes, attendance at meetings or consultations with other professionals which you have authorized, preparation of records or treatment summaries, or the time required to perform any other service that you may request of me. In unusual circumstances, you may become involved in a litigation that may require my participation. You will be expected to pay for my professional time even if I am compelled to testify by another party.

### APPOINTMENT SCHEDULING AND CANCELLATION

Cancellation of scheduled appointments is required 24 hours in advance. ***If you do not cancel 24 hours in advance or do not appear for a scheduled appointment, you will be charged the full hourly fee of \$175.00***, unless we both agree that you were unable to attend due to circumstances beyond your control.

## BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to at the time these services are requested.

If you did not pay at the time of service and your account is more than 60 days in arrears, a service charge of 1.5% of the balance per month will be charged to your account. If your account is more than 60 days past due and suitable arrangements for payment have not been agreed to, I have the option of using legal means to secure payment, including collection agencies or small claims court. If such legal action is necessary, the costs of bringing that proceeding will be included in the claim. In most cases, the only information that is released about a client's treatment would be the client's name, the nature of the services provided, and the amount due.

## INSURANCE REIMBURSEMENT

You are responsible for the full fee regardless of your insurance company's reimbursement policies. I am not a member of any insurance networks and, therefore, do not file insurance claims. I will, however, provide a statement of my services that includes information required by your insurance company for reimbursement.

## CONFIDENTIALITY

In general, the confidentiality of all communications between a client and a licensed professional counselor is protected by law, and your therapist can only release information about your work to others with your written permission. However, there are a number of exceptions.

In some judicial proceedings, you may have the right to prevent information about your treatment being provided. However, in some circumstances, such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require my testimony if he/she determines that resolution of the issues before him/her demands it.

There are some situations in which I would be legally required to take action to protect others from harm, even though that requires revealing some information about your treatment:

- If I believe that a child, an elderly person, or a disabled person is being abused, I am required to file a report with the appropriate state agency.
- If I believe that you are threatening serious bodily harm to another, although I am not required by the State of Texas to take action, *we both now agree* that I *will* take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization.
- If you threaten to harm yourself, I may be required to seek hospitalization for you, or to contact family members or others who can help provide protection.

\*\*\*Please note that the HIPAA Privacy Rule allows health care providers to use or disclose protected health information, such as diagnoses and other information for treatment purposes, *without the patient's authorization*. This includes sharing the information to consult with other providers, including providers who are not covered entities, to treat a different patient, or to refer the patient.\*\*\*

I may occasionally find it helpful to consult about a case with other professionals. In these consultations, I will make every effort to avoid revealing your identity. The consultant is, of course, also legally bound to keep the information confidential. Unless you object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you discuss any questions or concerns that you may have with me at your next meeting. As you might suspect, the laws governing these issues are quite complex and I am not an attorney. While I will be happy to discuss these issues with you, should you need specific advice, formal legal consultation may be

desirable. If you request, I will provide you with relevant portions or summaries of the applicable state laws governing these issues.

## **CONTACTING YOUR THERAPIST**

I am often not immediately available by telephone. Anytime you need to speak to me, you may call me at 713-533-9811. You will be able to leave a confidential voicemail message. If you cannot reach me, and you feel that you cannot wait for your call to be returned, you should call your family physician or the emergency room at the nearest hospital and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended period of time, I will provide you with the name of a trusted colleague whom you can contact if necessary.

## **PROFESSIONAL RECORDS**

Both law and the standards of my profession require that we keep appropriate treatment records. You are entitled to receive a copy of the records at our discretion, but if you wish, your therapist can prepare an appropriate summary. Because these are professional records, they can be misinterpreted and/or can be upsetting. If you wish to see your records, we recommend that you review them in your therapist's presence so that you may discuss what they contain. Clients will be charged an appropriate fee for any preparation time required to comply with an information request.

## **MINORS**

If you are under eighteen years of age, please be aware that the law may provide your parents with the right to examine your treatment records. It is our policy to request an agreement from parents that they consent to give up access to your records. If they agree, your therapist will provide them only with general information on how your treatment is proceeding unless he/she feels that there is a high risk that you will seriously harm yourself or another, in which case, your parents will be notified. Your parents will also be provided a summary of your treatment when it is complete. Before giving them any information, your therapist will discuss the matter with you and will do the best he/she can to resolve any objections you may have about what has been prepared to discuss.

## **COMPLAINTS**

An individual who wishes to file a complaint against a Licensed Professional Counselor may write to:

Texas State Board of Examiners of Licensed Professional Counselors  
Complaints Management and Investigative Section  
P.O. Box 141369  
Austin, Texas 78714-1369

Or you may call 1-800-942-5540 to request the appropriate form or to obtain more information. *This number is for complaints only.* Please direct routine calls and correspondence to the phone number and address on the "Contact Us" page at <https://www.dshs.texas.gov/counselor/>.

## **ELECTRONIC COMMUNICATION**

You may contact me via telephone, text message, or email. However, a few limitations exist. If you are having an emergency, please call 911 or go to your nearest emergency room. I would appreciate hearing from you by phone or voicemail *after you have contacted emergency services.*

To discuss a therapy-related issue that cannot wait until our next session, please call me at 713-533-9811. I will return your call as quickly as possible. Please do not use text messages or email for therapy-related issues as they are not secure methods of communication.

You may contact me via text message to schedule, reschedule, or cancel an appointment or to alert me to a late arrival to an appointment.

**I understand that the regular hourly rate for psychotherapy services is \$175.00. I agree to pay Nancy Baker, LPC-S, the hourly rate for any professional services performed (as outlined under PROFESSIONAL FEES on page 1 of this contract) or for any appointments missed or cancelled without 24-hours notice.**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date