

INFORMATION, AUTHORIZATION & CONSENT TO TREATMENT

Welcome to Kate Heitzler Counseling & Consultation, LLC. I am very pleased that you selected me for your therapy, and I am looking forward to working with you. This document is designed to inform you about what you can expect from me, as your therapist, regarding confidentiality, emergencies, and several other details regarding your treatment with me at Kate Heitzler Counseling & Consultation, LLC. Although providing this document is part of an ethical obligation to my profession, more importantly, it is part of my commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding your course of therapy at any time.

Background Information, Theoretical Views, & Client Participation

It is my belief that as people become more aware and accepting of themselves, they are more capable of finding a sense of peace and contentment in their lives. However, self-awareness and self-acceptance are goals that may take a long time to achieve. Some clients need only a few sessions to achieve these goals, whereas others may require months or even years of therapy. As a client, you are in complete control, and you may end your therapy at any point. In order for therapy to be most successful, it is important for you to take an active role. This means working on the things you talk about both during and between sessions. This also means avoiding any mind-altering substances like alcohol or non-prescription drugs for at least eight hours prior to your therapy sessions. Generally, the more of yourself you are willing to invest, the greater the return. Furthermore, it is my policy to only see clients who I believe have the capacity to resolve their own problems with my assistance. It is my intention to empower you in your growth process to the degree that you are capable of facing life's challenges in the future without therapy. Your personal development is my number one priority. I encourage you to let me know if you feel that transferring to another therapist is necessary at any time. My goal is to facilitate healing and growth, and I am very committed to helping you in whatever way will produce maximum benefit.

Confidentiality & Records

Your communications with me as your therapist will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). I use Simple Practice, LLC as my practice management software for scheduling, case management and therapy notes. Simple Practice, LLC uses a HIPPA compliant software so your information will be securely kept. I will always keep everything you say completely confidential, with the following exceptions: (1) you direct me to tell someone else and you sign a "Release of Information" form; (2) I determine that you are a danger to yourself or to others; (3) you report information about the abuse of a child (4) I am ordered by a judge to disclose information or (5) I find you injured on the property or the community, I will call for help for you. If for any reason I have disclose any information due to the above, I will do my best to inform you ahead of time and talk with you about it so that we can process through it together. **If I am request to testify on your behalf in a court case my fee is \$960 per day at a rate of \$120.00 per hour, with an eight-hour daily minimum. This is due to the fact that I will not be able to see clients on the day that I am to be in court and will need time to prepare for your case. Payment must be received at least one week in advance of my being called to testify for any reason.**

For any travel which is more than 25 miles from my primary office location, there will be an additional charge for travel time (at the standard rate of \$120.00 per hour) as well as for mileage. Again, payment is to be received at least one week prior to the scheduled departure from my office.

Please note that in couple's counseling, I do not agree to keep secrets. Information revealed in any context may be discussed with either partner.

Structure and Cost of Sessions

As your therapist, I agree to provide psychotherapy for the fee of \$120 per 45-50 minute session. Some clients find that 50 minutes does not give them enough time. Each 15 additional 15 minutes past the scheduled session will be charged an additional \$30. I will remind you of when session is ending and at that time if you choose to continue you will be charged the additional \$30 each 15 minutes or if time allows you can so they opt for a double session (90-100 minutes).

Doing psychotherapy by telephone is not ideal, and needing to talk to me between sessions may indicate that you need extra support. If this is the case, we will need to explore adding sessions or developing other resources you have available to help you. Telephone calls that exceed 10 minutes in duration will be billed at \$2.00 per minute. The fee for each session will be due at the conclusion of the session. Acceptable methods of payment include cash, check, and all major credit/debit cards. Please note that there is a \$25 fee for any returned checks or for any cancelled or expired credit cards.

Insurance Reimbursement, although Kate Heitzler Counseling & Consulting does not accept insurance directly, I can provide you with an invoice for you to submit to your insurance provider for possible reimbursement for out-of-network counseling services. Statement will be emailed to you at midnight, however, superbills are available upon request and will have all the codes necessary for insurance reimbursement. I want to inform you of how using insurance for reimbursement for counseling sessions may impact you in the future. Filing a claim with an insurance company means that you will be given a mental health diagnosis and this diagnosis will become a part of your permanent medical record. Having a mental health diagnosis on your record may carry long-term implications and may hinder you from being able to obtain life insurance or disability insurance. Additionally, filing an insurance claim means your diagnosis, dates of service, etc., are no longer totally confidential, and your insurance company will be aware of your treatment and diagnosis. Should you choose to file with your insurance, I will provide you with a Statement for Insurance Reimbursement on the first of every month. I am not responsible for any problems with insurance, and it is your sole responsibility to deal with your insurance company.

Cancellation Policy

By signing this document, you agree that when setting an appointment with Kate Heitzler Counseling & Consultation, LLC, you are entering into a contract for professional time and services. By entering this contract you are specifically contracting for services to prepare for your session in advance. Please recognize that professional services are not only provided during your appointment time but also during the 48 hours prior to and following your appointment time. These services involve preparation for the scheduled session, case review, case notes, and consultations with other professionals as agreed in writing, to assist with your treatment, as well as holding that time for you and preventing other clients who may need/want that time to utilize it. In the event that you are unable to keep an appointment you must notify me at least 48 hours in advance. If you fail to cancel your appointment within the 48-hour minimum time period prior to your session you will be charged the full fee for the missed session and the services provided in preparation of your appointment. Please note that insurance companies do not reimburse for missed sessions.

In Case of an Emergency

Kate Heitzler Counseling & Consultation, LLC is considered to be an outpatient facility and is set up to accommodate individuals who are reasonably safe and resourceful. I do not have after-hours phone service nor am I available at all times. If at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. Generally, I will return phone calls and emails within 24-48 hours during the business week, with exceptions to vacations, however, I will respond 24-48 hours after I return from my vacation. **If you have a mental health emergency, I encourage you not to wait for a call back, but to do one or more of the following:**

- **Call Mountain Crest Behavioral Health 4601 Corbett Dr, Fort Collins, CO 80528 (970) 207-4800**
- **Call Poudre Valley Hospital 1024 S LeMay Ave, Fort Collins, CO 80524 (970) 495-7000**
- **Call 911 or go to your nearest emergency room.**

Professional Relationship

Psychotherapy is a professional service I will provide to you. Because of the nature of therapy, our relationship has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of therapist and client. If you and I were to interact in any other ways, you would then have a "dual relationship," which could prove to be harmful to you in the long run and is, therefore, unethical in the mental health profession. Dual relationships can set up conflicts between the therapist's interests and the client's interests, and then the client's (your) interests might not be put first. In order to offer my clients the best care, my judgment needs to be unselfish and purely focused on your needs. This is why our relationship must remain professional in nature. Additionally, there are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may need to have you do what they advise. A therapist offers you choices and helps you choose what is best for you. A therapist helps you learn how to solve problems better and make better decisions. A therapist's responses to your situation are based on tested theories and methods of change. You should also know that therapists are required to keep the identity of their clients confidential. As much as I would like to, for your confidentiality I cannot address you in public unless you speak to me first. I also must decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy is completed, I will not be able to be a friend to you like your other friends. In sum, it is my duty to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for your long-term protection.

Statement Regarding Ethics, Client Welfare & Safety

Kate Heitzler Counseling & Consulting LLC assures you that our services will be rendered in a professional manner consistent with the ethical standards of the American Counseling Association. If at any time you feel that I am not performing in an ethical or professional manner, I ask that you please let me know immediately. Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your therapeutic goals, I am unable to do so. However, with your participation, I will work to achieve the best possible results for you. Please also be aware that changes made in therapy may affect other people in your life. For example, an increase in your assertiveness may not always be welcomed by others. It is my intention to help you manage changes in your interpersonal relationships as they arise, but it is important for you to be aware of this possibility nonetheless. Additionally, at times people find that they feel somewhat worse when they first start therapy before

they begin to feel better. This may occur as you begin discussing certain sensitive areas of your life. However, a topic usually isn't sensitive unless it needs attention. Therefore, discovering the discomfort is actually a success. Once we are able to target your specific treatment needs and the particular modalities that work the best for you, help is generally on the way.

Technology Statement : There are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to us that I maintain your confidentiality, respect your boundaries, and ascertain that our relationship remains therapeutic and professional. Therefore, I have developed the following policies:

Cell phones & Texts: It is important for you to know that cell phones may not be completely secure and confidential. However, I realize that most people have and utilize a cell phone. I will be using a cell phone to contact you. If this is a problem, please feel free to discuss this with me. Please do not attempt to communicate with me via text messaging except for appointments. This is not a secure form of confidentiality and I want to respect and protect that as much as possible. However, please know that it is my policy to utilize this means of communication strictly for brief topics such as appointment confirmations. Please note that I am required to keep all texts as part of your clinical record.

Email: Emailing is not a secure means of communication and may compromise your confidentiality. However, I realize that many people prefer to email because it is a quick way to convey information. Please do not bring up any therapeutic content via email to prevent compromising your confidentiality. You also need to know that I am required to keep a copy of all emails as part of your clinical record.

Social Media Policy: It is my policy not to accept requests from any current or former client on social networking sites such as Facebook, LinkedIn, Instagram, Pinterest, etc. because it may compromise your confidentiality. Kate Heitzler Counseling & Consultation has a business account page for Facebook and pinterest and you are welcome to follow me on any of these pages. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to Kate Heitzler Counseling & Consultation.

Agreement to Enter into a Therapeutic Relationship

I am sincerely looking forward to working with you. If you have any questions about any part of this document, please feel free to ask me. Please print, date, and sign your name below indicating that you have read and understand the contents of this form, acknowledge receipt of the Health Insurance Portability and Privacy Act (HIPPA) Notice of Privacy Practices, and you agree to the policies of your relationship with your therapist, and you are authorizing Kate Heitzler to begin treatment with you.

(Please Print)

Date

Client Name

Client Signature

CONTACT INFORMATION

Date ____/____/____

First Name _____ Last Name _____

Date of Birth ____ - ____ - ____ Last 4 of Social Security # _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Primary Phone _____ Cell Phone _____

Employer _____

Work Phone _____

Email Address _____

Primary Care Physician _____

Kate Heitzler Counseling & Consultation, LLC accepts cash, check, and charge as methods of payment. Regardless, it is necessary for Kate Heitzler Counseling & Consultation, LLC to keep a charge card on file. Please provide that information below.

I authorize Kate Heitzler Counseling & Consultation, LLC to keep my signature on file and to charge fees, or partial fees, to my credit or debit card account for services scheduled or provided. I understand that this authorization is valid until therapy terminates. I agree that if I have any problems or questions regarding charges to my account, I will contact Kate Heitzler Counseling & Consultation, LLC for assistance. 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 Kate Heitzler Counseling & Consultation, LLC and those attempts have failed.

Cardholder Name _____

Client's Name _____

Relationship to Cardholder _____

Type of card (circle one) Visa MasterCard Discover American Express

Credit Card Number _____

Exp. Date _____

V-Code _____ (3 - 4 digit number printed on the back of your card)

Cardholder Signature _____ Date _____

CLIENT INFORMATION

Today's Date: _____

Name: _____ Birthdate: _____ Age: _____ Gender: M F

Address: _____ Zip: _____

Email Address: _____

Telephone: (H) _____ (C) _____ (W) _____

Ok to Leave Voicemail? YES NO

How did you hear about Kate Heitzler Counseling & Consultation, LLC?

Emergency Contact: _____ Phone: _____

Current Situation: Briefly describe the issue that prompted you to seek counseling at this time:

Are there other people who play a major role in causing or in helping you cope with problems? Yes _____ No _____

Explain:

List three goals you hope to reach through counseling.

Is there anything else that you believe might be important for your counselor to know at this time?

Counseling History:

Have you had previous counseling/therapy? Yes _____ No _____

With Whom? (Name/ City) _____

If yes, when? _____ For how long? _____ For what condition: _____

Have you ever been hospitalized for a psychiatric condition? Yes _____ No _____

If yes, please describe briefly:

What are your current supports and resources?

Marital/ Family Status (Check One):

Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Relationship Satisfaction: 1 2 3 4 5 6 7

Spouse's Name: _____ How long have you been married? _____

Previous marriages? _____ When/ for how long? _____

Reason for divorce? _____

Children's Names:	Ages:	Quality of Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Background:

Father's Name: _____ Age _____ Living _____ Deceased _____

If deceased, how and when? _____

Grade completed in school: _____ Occupation _____

Any medical, psychiatric or substance abuse problems that you know of?

Quality of relationship currently?

Quality of relationship during childhood?

Mother's Name: _____ Age _____ Living _____ Deceased _____

If deceased, how and when? _____

Grade completed in school: _____ Occupation _____

Any medical, psychiatric or substance abuse problems that you know of?

Quality of relationship currently?

Quality of relationship during childhood?

Number of Siblings: _____

Other noteworthy childhood relationships? Explain:

Significant childhood events (divorce, deaths, abuse, sickness, traumas, moving etc.)

Education:

Years of education completed: _____ Degrees received: _____

Specialized training or trade school: _____

Do you have any learning or developmental disabilities? Please specify: _____

Do you have any background/experiences in the military? ____ Describe briefly _____

Occupation:

Primary place of work: _____ Position: _____

How long have you worked there? _____ Describe the nature of your work: _____

Do you find this work satisfying? _____ Number of hours work per week: _____

Medical History:

Describe any physical problems that require medication or physical care: _____

Are you currently receiving medical treatment? Yes ____ No ____

When did you last consult your primary care physician? _____

Who is your primary care physician? (Name/Address) _____

Other physicians whose care you regularly receive: _____

Are you currently taking any prescription medication? Yes ____ No ____

Medical History (continued): Please list your medications here:

Name:	Dosage:	For what condition:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Drug/Alcohol History:

Do you consume any caffeine? YES NO Description/Frequency: _____

Do you consume alcohol? YES NO Description/Frequency: _____

Do you use recreational drugs? YES N) Description/Frequency: _____

Have you had any problem in the following areas related to your use of alcohol or drugs? If so, please mark:

Family _____ Friends/social: _____ Employment: _____ Financial: _____ Health: _____ Legal: _____

Other: _____

Describe your view of your substance use:

Not a problem _____ Becoming a problem _____ A severe problem _____ Family thinks its a problem _____

DIFFICULTY WITH	NOW	PAST	DIFFICULTY WITH	Now	PAST
Anxiety			Finances		
People in General			Sexual Concerns		
Depression			Memory		
Parents			Child abuse		
Children			Racing Thoughts		
Anger or Temper			Trusting Others		
Employer			Emotional Abuse		
Sexual Abuse			Thoughts of hurting self		
Mood Changes			Abusive Relationship		
Communication			Careless with Others		
Drugs			Alcohol		
Sex			Thoughts of Suicice		
Suicide Attempts			Self Harm		
Speaking without thinking			Blackouts		
Dissociation			Sleeping to much		
Completing tasks			Eating Problems		
Self Worth			Self Esteem		
Self Image			Self Confidence		
Paying attention			Severe Weight gain		
Weight Loss					

FAMILY HISTORY OF		DIFFICULTY WITH	
Anxiety		Finances	
Drugs		Alcohol	
Depression		Legal Trouble	
Sexual Abuse		Emotional Abuse	
Physical Abuse		Child Abuse	
Anxiety		Domestic Violence	
Psychiatric Hospitalization		Suicide	
Mental Illness		Nevous Breakdown	
Abandonment		Divorce	