

Intake and Disclosure Forms - Truth Counseling

Lisa Leahey
Truth Counseling, LLC.

Contact Information:

Phone: 720-541-8165
Email: searchfortruthcounseling@gmail.com
Website: searchfortruthcounseling.com

Office Location:

Highlands Ranch Medical Plaza II
9331 S Colorado Blvd, Suite 60
Highlands Ranch, CO 80126

Welcome

I am privileged to have the opportunity to work with you. This packet contains information and forms that I will need to have on file before I begin offering services to you.

Please complete these documents and bring them into your first session.

- Client Information Form, please complete pages 2-4. For couples, each individual needs to complete a copy of these pages.
- Billing information and agreement to be completed by each individual or couple.
- Signature Page to be signed by each individual.
- Please review each page of this document and the information contained within.

Once you have reviewed and completed all forms, please return the originals to my office, and I encourage you to retain a copy for your own records.

I look forward to working with you.

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Client Information

Name: _____ Date: _____

Street Address: _____ City: _____

State: _____ Zip: _____ DOB: _____ Age: _____

Preferred Email: _____ Ok to send messages? _____

Preferred Phone: _____ Type: _____ Ok to leave messages? _____

Single: _____ Married/#Years: _____ Divorced/#Years: _____ Separated/#Years: _____

Widowed/#Years: _____ Civil Union/#Years: _____ Remarried/#Years: _____ Sexual Orientation _____

Highest Degree of Education Completed: _____

Occupation/Employer: _____

Name of Spouse: _____ Spouse's Occupation: _____

Children's Names/Ages: _____

How did you hear of us? _____

Emergency Contact Name: _____ Number: _____

I often thank referral sources for referrals without using identifying information, is this ok with you? _____

Previous Counseling Experience

Name of previous counselor: _____ Dates/Length: _____

Major problems discussed: _____

Medical/Psychosocial History

Please list any medication, the amount you are taking, and how long you have taken it: _____

Major past or present medical issues: _____

Have you recently or in the past thought about suicide? Yes: _____ When: _____ No: _____

Have you ever attempted suicide? Yes: _____ No: _____ If your answer is yes to either of these questions, please

describe what treatment you have had: _____

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Describe any spiritual or religious involvement or commitments: _____

Have you struggled with any kind of addiction, either now or in the past? _____

If yes, what? _____

Do you currently drink alcohol or non-prescription drugs? ___ Please describe how often, what type and how much: _____

Are you concerned about your drug/alcohol use? ___ Are other people concerned about it? ___

Personal Concerns

Please check all that apply:

___ My social/dating life is not satisfactory

___ There are sexual concerns I'd like to discuss

___ I have had an unwanted sexual experience

___ I am dissatisfied with my personal appearance

___ I have suffered a recent loss

___ I have difficulty expression my emotions

___ I am having academic or work problems

___ I often get extremely angry

___ I have had problems recently with the following:

___ Sleeping ___ Headaches ___ Anxiety ___ Concentration ___ Anger ___ Appetite

___ Weight loss/gain ___ Mood shifts ___ Depression ___ Fight with a friend

Family

Please check if any of the following are true:

___ My parents are divorced/separated. ___ My relationship with my family is satisfactory.

___ I cannot talk to my family about my personal problems. ___ My family is not emotionally close.

___ My family has a history of:

___ Counseling ___ Alcohol or drug addiction ___ Abuse ___

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Poor communication Hospitalization Depression

Anxiety Suicide Mental illness

Other _____

Current Counseling Desires

What do you see is the primary problem you need to resolve with your counselor?

What is it you would like to change?

What are you doing now or in the past that has helped?

What are you doing now or in the past that hasn't helped?

What type of support systems do you have in place to help with this issue?

What would you like to accomplish in counseling?

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Disclosure Statement

Disclosure of Credentials

Lisa Leahey, MA, LPCC, NCC

Licensed Professional Counseling Candidate LPCC.0015029

MA Clinical Mental Health Counseling, Denver Seminary, Littleton, CO

Ethical Standards

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Registered Psychotherapists Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals:

- Registered psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.
- Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.
- Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.
- Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete additional required training hours and 2,000 hours of supervised experience.
- Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements.
- Licensed Social Worker must hold a master's degree in social work.
- Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure.
- Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-masters supervision.
- A Licensed Psychologist must hold a doctorate degree in psychology and have one year of postdoctoral supervision.

You are entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy (if known), and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

Confidentiality

Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes, as well as other exceptions in Colorado and Federal Law. If a legal exception arises during therapy, if feasible, you will be informed accordingly. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at: <http://www.dora.state.co.us/mental-health/Statute.pdf>.

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There are three important exceptions you should know about:

1. The law requires that I notify relevant others if a client expresses an intention to harm self or others.
2. I am obliged by law to report any instances or suspicions of child abuse, neglect, or molestation.
3. I am also obligated to report any instances or suspicions of elder abuse or neglect.
4. As a psychotherapist, I may consult with a variety of experts on your treatment in a manner that protects your confidentiality. I am under the supervision of Paul Steinke and he may be reached at 720-588-2005.

Notice of Privacy Practices

Effective Date: June 1st, 2016

THIS NOTICE DESCRIBES HOW MEDICAL, UNINCLUDING MENTAL HEALTH, INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. During the process of providing services to you, the provider will obtain, record, and use mental health and medical information about you that is Protected Health Information (PHI). Ordinarily that information is confidential and will not be used or disclosed, except in the specific regulatory exceptions described below. Note that the term “individual” refers to the patient or client, and the terms “Truth Counseling” and “provider” may be used interchangeably.

What is “medical information?”

The term “medical information” is synonymous with the terms “personal health information” and “protected health information” for purposes of this Notice. It essentially means any individually identifiable health information (either directly or indirectly identifiable), whether oral or recorded in any form or medium, that is created or received by a health care provider (me), health plan or other **and** relates to the past, present or future physical or mental health or condition of an individual (you); and the provision of health care (e.g. mental health) to an individual (you); or the past, present or future payment for the provision of health care to an individual (you).

I am a mental health care provider and I create and maintain treatment records that contain individually identifiable health information about you. These records are generally referred to as “medical records” or “mental health records” and this notice among other things concerns the privacy and confidentiality of those records and the information contained therein.

I. Uses and Disclosures of Protected Information

- A. General Uses and Disclosures Not Requiring the Individual’s Consent. Practitioner will use and disclose Protected Health Information in the following ways.
 1. Treatment. Treatment refers to the provision, coordination or management of health care, including mental health care, and related services by one or more health care providers. For example, your provider may use your information to plan your course of treatment and consult with professional colleagues to ensure the most appropriate methods are being used to assist you.
 2. Payment. Payment refers to the activities undertaken by a health care provider, including a mental health provider, to obtain or provide reimbursement for the provision of health care. Your provider will use your information to develop accounts receivable information, bill you, and with your consent, provide information to your insurance company or other third-party payers for services provided. The information provided to insurers and other third-party payers may include information that identifies you, as well as your diagnosis, type of service, date of service, provider name/ identifier, and other information about your condition and treatment. If you are covered by Medicaid, information will be provided to the State of Colorado’s Medicaid program, including but not limited to your treatment, condition, diagnosis and services received.
 3. Health Care Operations. Health Care Operations refers to activities undertaken by Truth Counseling that are regular functions of the management and administrative activities. For example, Truth Counseling may use or disclose your health information in monitoring service quality, staff training and evaluation, medical reviews, obtaining legal services, auditing functions, compliance programs, business planning and accreditation, certification, licensing and credentialing activities.
 4. Contacting the Individual. Truth Counseling may contact you to remind you of appointments and to tell you about treatments and other services that may be of benefit to you.
 5. Required by Law. Truth Counseling will disclose Protected Health Information when required by law or necessary for health care oversight. This includes, but is not limited to when (a) reporting child abuse or neglect; (b) a court-ordered release of information; (c) there is a legal duty to warn or take action regarding imminent danger to others; (d) the individual is a danger to self or others or gravely disabled; (e) a coroner is investigating the individual’s death; or (f) to

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health oversight agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs or regulatory compliance.

6. Crimes on the Premises or Observed by the Provider. Crimes that are observed by Truth Counseling staff, crimes that are directed towards Truth Counseling staff or crimes that occur on the premises will be reported to law enforcement.
 7. Business Associates. Some of the functions of your provider may be provided by contracts with business associates. For example, some of the billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform those services. In those situations, Protected Health Information will be provided to those contractors as is needed to perform their contracted tasks. Business Associates are required to enter into an agreement maintaining the Protected Health Information privacy of the Protected Health Information released to them.
 8. Research. Truth Counseling may use or disclose Protected Health Information for research purposes if the relevant limitations of the Federal HIPAA Privacy Rule are followed. 45 C.F.R. § 164.512(i).
 9. Involuntary Treatment. Information regarding individuals who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third-party payers and others, as necessary to provide the care and management coordination needed.
 10. Family Members. Except for certain minors, incompetent individuals or involuntarily treated individuals, Protected Health Information cannot be provided to family members without the individual's consent. In situations where family members are present during a discussion with the individual, and it can be reasonably inferred from the circumstances that the individual does not object, information may be disclosed in the course of that discussion. However, if the individual objects, Protected Health Information will not be disclosed.
 11. Emergencies. In life threatening emergencies Truth Counseling will disclose information necessary to avoid serious harm or death.
- B. Statements That Certain Uses and Disclosures Require Authorization. Truth Counseling must obtain your Authorization or Consent to Release Information in order to use or disclose your Protected Health Information as follows: (1) for marketing purposes; (2) to sell your Protected Health Information to a third party; and (3) most uses and disclosures of your psychotherapy notes.
- C. Individual Authorization or Release of Information. Your provider may not use or disclose Protected Health Information in any other way than set forth in this notice without a signed authorization. When you sign an Authorization or Consent to Release Information, it may later be revoked, provided that the revocation is in writing. The revocation will apply except to the extent Truth Counseling has already taken action in reliance thereon.

II. Your Rights as an Individual

- A. Access to Protected Health Information. You have a right to inspect and obtain a copy of the protected health information Truth Counseling has regarding you, in the designated record set, by making a specific request in writing. If records are used or maintained as electronic health record, you have a right to receive a copy of the protected health information maintained in the electronic health record in an electronic format. This right to inspect and copy is not absolute - in other words, I am permitted to deny access for specified reasons. For instance, you do not have this right of access with respect to my "psychotherapy notes." The term "psychotherapy notes" means notes recorded (in any medium) by a health care provider who is mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that are separated from the rest of the individual's medical (includes mental health) record. The term excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date. There are other limitations to this right, which will be provided to you at the time of your request, if any such limitation applies. To make a request, ask your provider.
- B. Amendment of your Record. You have the right to request that your provider amend your protected health information in his/her records by making a request to do so in writing that provides a reason to support the requested amendment. Your provider is not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your request, if relevant, along with the appeal process available to you. To make a request, ask your provider.
- C. Accounting of Disclosures. You have the right to receive an accounting of certain disclosures Truth Counseling has made regarding your protected health information. However, that accounting does not include disclosures that were made for the purpose of treatment, payment or health care operations. In addition, the accounting does not include disclosures made to you, disclosures made pursuant to a signed Authorization, or disclosures made prior to April 14, 2003. There are other exceptions that will be provided to you, should you request an accounting. To make a request, ask your provider.
- D. Additional Restrictions. You have the right to request additional restrictions on the use or disclosure of you protected health information. Unless you pay for your services out of pocket, your provider does not have to agree to that request, and there

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are certain limits to any restriction, which will be provided to you at the time of your request. If you pay for a service out of pocket, you are permitted to demand that information regarding the service not be disclosed to your health plan or insurance. To make a request, ask your provider. If a request is granted, Truth Counseling will maintain a written record of the agreed upon restriction.

- E. Alternative Means of Receiving Confidential Communications. You have the right to request that you receive confidential communications of protected health information from your provider by alternative means or at alternative locations. There are limitations to the granting of such requests, which will be provided to you at the time of the request process. To make a request, ask your provider.
- F. Marketing. Truth Counseling engages in marketing and will obtain your authorization before we use your Protected Health Information to contact you with you marketing communications.
- G. Breach Notification. In the event of any breach of your unsecured Protected Health Information, Truth Counseling will notify you of such breach within sixty (60) days of the date your provider learns of the breach.
- H. Copy of this Notice. You have a right to obtain another copy of this notice upon request.

III. Additional Information

- A. Privacy Laws. Truth Counseling is required by State and Federal law to maintain the privacy of protected health information. In addition, Truth Counseling is required by law to provide individuals with notice of its legal duties and privacy practices with respect to protected health information. That is the purpose of this Notice.
- B. Terms of the Notice and Changes to the Notice. Truth Counseling is required to abide by the terms of this Notice, or any amended Notice that may follow. Truth Counseling reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all protected health information that it maintains. When the Notice is revised, the revised Notice will be posted in Truth Counseling's office(s) and will be available upon request.
- C. Complaints Regarding Privacy Rights. If you believe your privacy rights may have been violated either by your provider or by those who are employed by Truth Counseling, you may file a complaint with your provider by providing a writing that specifies the manner in which you believe the violation occurred, the approximate date of such occurrence, and any details that you believe will be helpful. You also have the right to complain to the United States Secretary of Health and Human Services by sending your complaint to

Regional Manager, Office for Civil Rights
U.S. Department of Health and Human Services
999 18th Street, Suite 417
Denver, Colorado 80294
Phone: (800) 368-1019
Fax: (303) 844-2025
TDD: (800) 537-7697

Neither employees of Truth Counseling nor your provider will retaliate against you in any way for filing a complaint with your provider or with the Secretary. Complaints to the Secretary must also be filed in writing and notice must be given to Truth Counseling if such a complaint is filed.

- D. Contact Information. If you have questions about this Notice or desire additional information about your privacy rights, please contact our Privacy Officer at:

Lisa Leahey
Truth Counseling, LLC.
9331 S. Colorado Blvd., Suite 60
Highlands Ranch, CO 80126

- E. Effective Date. This Notice is effective June 1st, 2016.

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Consent for Communication of PHI by Unsecure Transmissions

This consent form is for the communication of Protected Health Information (PHI) that Truth Counseling may transmit without the written authorization of the client as described in the Uses and Disclosure section of its Notice of Privacy Policies.

I, _____, hereby consent and authorize Truth Counseling to communicate my PHI through the following unsecure transmissions (please initial all your choices):

- _____ Cellular/Mobile Phone, including text messages and voicemails. Cell # _____
- _____ Unsecured Email. Email Address: _____
- _____ Appointment/Scheduling Reminder System (Simple Practice, can opt-out at any time)
- _____ Other Media: Please describe: _____
- _____ I do not wish to have my PHI transmitted electronically

Should we agree to communicate by the approved communications listed above or any other electronic method of communication, confidentiality extends to those communications. However, Truth Counseling cannot guarantee that those communications will remain confidential. Even though Truth Counseling may utilize state of the art encryption methods, firewalls and/or back-up systems to help secure our communication, there is a risk that the electronic or telephone communications may be compromised, unsecured, and/or accessed by an unintended third party. There is never a 100% guarantee information will remain confidential when transmitted electronically.

I, _____, hereby consent to Truth Counseling transmitting the following PHI by the above selected electronic communications (please initial all your choices):

- _____ Information related to scheduling/appointments
- _____ Information related to billing and payments
- _____ Information related to your mental health treatment
- _____ Information related to The Truth Counseling's operations
- _____ Other information; Please describe: _____

I further understand that if I initiate communication via electronic means that I have not specifically consented to in this form, I will need to amend this form so that my therapist may communicate with me via that method.

Client Signature/Legal Guardian

Date

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The policy of Truth Counseling is to accept the use of personal laptops, cell phones, iPads, tablets, and any other portable electronic device for the recording and storage of case notes and other identifying client information. Because of this, your therapist may transport your information by moving these devices to and from the office in their vehicles. They may also transport your physical client file to and from the office in their vehicles. With the transport of these materials, there is a level of risk involved to your file or the device that contains your information, which includes loss of information due to technical corruption or failure, hacking via malicious software or unauthorized access, and loss of information due to theft, misplacement, or accidental destruction. The policy of Truth Counseling is for all information kept on electronic devices to be password protected, and for all physical files to be stored in a locked location both at the office and elsewhere when in the possession of your therapist.

By signing this form you authorize your therapist to transport your files to and from the office as necessary.

Client Signature/Legal Guardian

Date

Truth Counseling Social Media Policy

Friending, Fanning, and Likes

The policy of Truth Counseling is for therapists to neither accept nor solicit friend, fan, or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, Instagram, etc). It is our belief that clients as friends or contacts on these sites can compromise your confidentiality. It may also blur the boundaries of the therapeutic relationship. Please also be aware that if you “like” any Facebook posts that your therapist keeps for his/her professional practice, it may compromise your confidentiality as a client. If you have questions about this, please bring them up with your therapist.

In addition, the American Psychological Association’s Ethics Code prohibits soliciting testimonials from clients. We feel that becoming a social media contact comes too close to the boundary of an implied request for a public endorsement of our practice.

Following

Many therapists publish blogs on professional websites and post psychology news on Twitter. If you use an easily recognizable name online, be aware that following these blogs or Twitter streams may compromise your confidentiality.

Note that if you choose to follow your therapist, your therapist will not follow you back. The policy of Truth Counseling is for therapists to only follow other health professionals on Twitter and to not follow current or former clients on blogs or Twitter. Our reasoning is that casual viewing of clients’ online content outside of the therapeutic relationship can be inappropriate. In addition, viewing your online activities without your consent and without our explicit arrangement towards a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share with your therapist, please bring them into your session where you can view and explore them together, during the therapy hour.

Social Media to Contact Truth Counseling

Please be aware that using any means of public communication from a social networking site such as Twitter, Facebook, or LinkedIn to contact your therapist could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal/medical record and will need to be documented and

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archived in your chart. In addition, be aware that your therapist will not respond to public communications via social networking sites. If you need to contact your therapist, please do so by phone or email.

Business Review Sites

You may find our therapy practice on sites such as Yelp, Psychology Today, Google, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find your therapist or Truth Counseling on a listing on any of these sites, please know that this listing is NOT a request for a testimonial, rating, or endorsement from you as a client. If you choose to contribute to a business review site forum, be aware that this may compromise your confidentiality as a client.

Client Signature/Legal Guardian

Date

Office Policies

Consent for Treatment

I voluntarily consent to participate in mental health services with Truth Counseling.

Messages

I am available by phone from 8:00am to 5:00pm Monday-Friday, and 8:00am to 12:00pm Saturday. You may call 720.541.8165, regarding any questions you may have (i.e. billing, appointments, cancelations, etc.). Based on the nature of my practice, I am unable to provide counseling services to clients who require 24/7 care. I check my voicemail several times per day, and strive to return phone calls within 24 hours, Monday-Friday. Calls after 5pm on Friday will be returned early Saturday or Monday morning. You may contact me directly by calling the same number or by using my email address: searchfortruthcounseling@gmail.com. I will attempt to respond to emails within the same timeline as phone calls. Similarly, I use email for scheduling purposes only and do not provide counseling via this service, as it is not a secure form of communication. Truth Counseling is not an on-call, emergency, counseling service. **If you have a counseling emergency and cannot reach me please dial 911 or go to your nearest emergency room.**

Email/Text Messages

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I use email for scheduling purposes and sending out initial documentation. Additionally, I may at times email out updates regarding office policy changes, changes in hours or scheduling, or information related to counseling and growth. I also occasionally check in via email on clients I have not heard from for a while.

I do not use text messaging services.

Appointments

Services are by appointment only and normally scheduled for 50 minutes. As this time is reserved exclusively for you, it is necessary to charge for appointments that are not canceled at least 24 hours in advance. **A late cancellation fee of \$65 will be charged for appointments canceled less than 24 hours in advance, and the full session fee will be charged for missed appointments.** In the same way, because your time is as valuable as mine, should I ever miss a scheduled appointment with you without giving you adequate notice, I will provide the subsequent session at no charge. In the event of an emergency, special consideration may be given regarding the cancellation policy. In the case of possible snow cancellations, you will receive a phone call for rescheduling purposes.

Phone Calls

I will prorate the standard hourly fee for telephone conversations lasting longer than 15 minutes, unless other arrangements have been agreed upon ahead of time. Please note that my office number rings to a cell phone; therefore, I do not provide counseling services over the phone as I cannot guarantee your privacy and confidentiality.

Insurance

At this time I do not accept insurance; however, I can provide you with a document that you can submit to your insurance company for potential reimbursement at their discretion, as an out of network provider. **It is important that you find out exactly what mental health services your insurance policy covers, if they cover our services, and the process required for reimbursement before you begin treatment. Please be aware that you (not your insurance company) are responsible for full payment of fees.** You are responsible to pay the fee at the time of service.

Financial Agreement

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Charges for counseling services are based on customary and reasonable fee profiles for this area. Counseling services are offered at \$95 per 50-minute session, payable by cash, credit card, flex spending account, or check. Unless otherwise arranged with your therapist, payment is due at time of service. If you have made special payment arrangements, you will receive a statement at the beginning of each month for the unpaid balance of your account, and are expected to promptly pay whatever you have agreed to pay each month. If payment is not received in a timely manner, I will then request that payment be made at time of service.

Delinquent accounts may be charged 1½% interest per month (18% annually). In order to help you fulfill your financial commitments I will work closely with you to create a payment plan that will fit your needs. However, if your account becomes severely overdue, I reserve the right to resort to the necessary collection procedures. If these procedures become necessary, you will be held accountable to pay all reasonable legal fees toward the collection of your debt. A \$20.00 service charge will be assessed for returned checks due to insufficient funds.

Time spent on written reports and assessments will be charged at \$95 per hour. Any court appearances will be billed at \$190 per hour with a \$500 deposit required prior to service.

Client Signature/Legal Guardian

Date

By signing below, I hereby confirm that I have read and understand the preceding Disclosures, Fees and Policies on pages 1-13, and information contained herein, and the information has also been presented to me verbally. By signing below, I agree to the terms and fees as described and agree that I am responsible for payment of fees described herein. I understand my rights as a client or as the client's responsible party receiving counseling from Lisa Leahey and Truth Counseling.

Print Client's Name

Client's or Responsible Party's Signature

Date

If signed by Responsible Party, please state relationship to client and authority to consent to treatment.