

Full Name: _____

Patient Date of Birth: _____ Referred by: _____

Address: _____ City/State: _____ Zip: _____

Cel Phone: _____ Other Phone: _____

Email: _____

Informed Consent for Assessment and Treatment

Welcome to my counseling practice. I am a pro-active therapist committed to helping you achieve your desired goals by providing you with life long strategies and tools. A solid therapeutic relationship allows one the ability to grow and heal. Creating change from a challenging and self-defeating state is difficult not impossible. I am a professional counselor in an independent private practice. My credentials include a Masters Degree in Counseling Psychology, and I am licensed by the Arizona Board of Behavioral Health Examiners. In addition, I am a certified by the National Board of Certified Counselors as a National Certified Counselor and I am a Board Certified Professional Counselor through the American Psychotherapy Association. Although I am licensed as a therapist in the state of Arizona, I am also a Certified Strategic Life Coach that practices in various states.

I offer counseling, psychotherapy, and life coaching services to individuals, children/teenagers, couples, and families in the areas of mental health, relationships, adjustment, personal development, family transition (i.e., divorce), parenting and skill development issues. I utilize an eclectic approach to therapy geared towards self-improvement and personal growth through challenging and often tragic times. I employ therapeutic techniques and interventions that specifically cater towards each individual, couple, or family. I have put together this document to ensure that there are no misunderstandings about the various aspects of the counseling and life coaching services.

Purpose, limitations, and risks of treatment. Counseling, like most endeavors in the helping professions, is not an exact science. While the ultimate purpose of therapy is to reduce your distress through a process of personal change, there are no guarantees that the treatment provided will be effective; although, our goal is to achieve positive and intended results. Counseling elicits change and may result in decisions about shifting behaviors, employment, substance use, schooling, relationships, or virtually any aspect of your life. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. In the case of marriage and family counseling, interpersonal conflict can increase as we discuss family issues. Sometimes a decision that is positive for one family member is viewed challenging by another. I value my approach to pro-active therapy. Treatment plans and goals will be discussed and a plan of action will be established at the intake session.

Treatment process and rights. During the initial assessment, we will discuss ways to treat the problem(s)/challenge(s) that have brought you into counseling and develop a treatment plan (plan of action). In cases of high conflict or litigation, each parent may be required to schedule a separate intake. You have the right and the obligation to participate in treatment decisions and in the development and periodic review and revision of your treatment goals. You also have the right to refuse any recommended treatment or to withdraw consent for treatment at any time.

Privacy, confidentiality, and records: All communications and records created in the process of counseling are held in the strictest confidence. I will not be used to testify in legal matters related or unrelated to thera-

py. I also ask by signing this form, you will not be requesting records (i.e., for use in Court). In addition, there will be no recording of sessions, however, please be encouraged to take notes.

Availability of services/Appointment Scheduling: My practice does not have the capability to respond immediately to counseling emergencies. True emergencies should be directed to the community emergency services (911) or to the local hotlines (Empact – 480-784-1500, Banner Help line - 602-254-4357, ValueOptions – 602-222-9444). I attempt to return phone calls within the same day or within a 24/48 hour period. Also, I do not communicate by email. Once you are an established client, you may schedule/cancel/re-schedule appointments via text message at 602-410-3886 (same cancelation policy applies). I will respond to each text. A quick or immediate response in one situation does not constitute a commitment of rapid response in another situation. If you do not get a response from me, you can assume I did not receive your text, and all financial responsibilities apply (i.e., canceling an appointment and not receiving a response from me). I suggest sending another text or phoning the office 480-948-1123. Remember: It is not in my practice to do any type of therapeutic communication/counseling via text message; appointment scheduling only.

There are sometimes misunderstandings about the length of sessions. Therapy sessions, as defined by the American Medical Association Current Procedural Terminology coding, are 45minutes, not one hour. This is known as a “therapeutic hour.” Longer appointments are sometimes useful and can be scheduled if you let me know you would like to do this ahead of time. Please note that some insurance companies will not pay for an appointment outside of the traditional 45 minutes.

Payment is expected at the time services are rendered. By signing this document, you are agreeing to pay for your therapy services and any additional expenses that may be accrued in collecting said fees. The fee for a 45 minute individual session, tele-therapy (similar to FaceTime) or telephone session, family, couples, Court ordered, or parenting session is \$195.00. All intake sessions will be billed at \$225.00 along with weekend scheduled tele-therapy/telephone sessions. Intake sessions typically run 45-60 minutes. Time spent providing special services, such as document reviews, telephone time, case consultations, and time spent collaborating treatment with other professionals are billed at \$50 per 10 minutes. Additional time added to the clinical session will be billed at the same additional rate. Refunds are not made after the services have been rendered.

There are several ways to remit payment. Cash, check, or Private Venmo (@staceybruen) do not endure processing fees. PayPal via my website www.staceybruen.com, credit card, or HSA card all have an additional 3.5% processing fee. If this is a Court ordered appointment or divorce situation where guardians alternate or other caregivers may bring a child(ren), a retainer may be required or collected. Although the Financial Responsibility Form requires a credit card number, the credit card would only be charged for a missed/last minute canceled appointment. A card is only placed on electronic file at the request of the client for ease of payment.

Regular attendance at your scheduled appointments is one of the keys to a successful outcome in counseling. I reserve a 45 minutes for each appointment with a client. Appointments canceled at the last minute are very detrimental to my practice. Therefore, I ask that you notify me:

1. A minimum of one full business day (24 hours, Tuesday through Friday) prior to your appointment if you need to cancel and appointment scheduled prior to 3:00pm.
2. All appointments considered after school/work, appointments 3:00pm or later must be canceled by 3:00pm the previous day.
3. Appointments for Mondays must be canceled by the prior Friday at 3:00 P.M.
4. I do not initiate reminder phone calls.
5. You will be billed the full rate (\$195.00/\$225.00) for appointments you fail to cancel in accordance with the aforementioned policy and your credit card may be charged. Please note that these are personal financial obligations that you are responsible for; not the obligations of your insurance company.

Insurance. I typically am not a preferred provider for health plans in this locality. If you are using one of these plans to pay for your treatment it would be your responsibility to call your insurance company to find out your mental health benefits. If you are using an insurance program, I will supply you with a superbill that you can turn into your insurance company so they can reimburse you. Your insurance company or managed care company may limit the number of sessions based on their assessment of medical necessity or other factors. Their determination may or may not match what you want or need in treatment. In the event that they will not authorize additional sessions or you exhaust the sessions that your insurance will provide, you understand that you will have to pay for the additional services rendered. All services are paid immediately following the therapeutic session. In all cases however, payment for services is the responsibility of the client, not the insurance company. Once again, please discuss this with me if you have any questions.

Tele-therapy/Phone Contact. Although I typically participate in counseling face-to-face in my office, there may be times when telephone counseling or tele-therapy is more practical, preferred, efficient, and/or warranted. Tele-therapy (similar to FaceTime) is conducted over a secure and HIPPA compliant airway. Please log into doxy.me/staceybruen over Chrome or Foxfire browsers (Safari is not as efficient).

Appointment availability varies with the client load at the time. High demand appointments (off hours, late afternoons, late evenings, etc.) are likely to be sporadic in their availability and typically reserved for high school students. I reserve the right to limit my commitments of high demand appointment times to any particular client in order to meet the needs of all my clients and balance my workload.

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- This counselor will not be used to testify in legal matters related or unrelated to therapy. Initial _____
 - I also agree, there will be no recording of sessions. Initial _____
 - I understand that texting/emailing is not confidential. Initial _____
 - I understand that if I do not receive a response from texting, the therapist did not receive the text and all cancelation policies still apply. Initial _____
 - I understand the cancelation policy. Initial _____

Consent for evaluation and treatment: Consent is hereby given for evaluation and treatment under the terms described in this consent document. I acknowledge that I have printed a copy of this informed consent agreement for myself. It is agreed that either of us may discontinue the evaluation and treatment at any time and that you are free to accept or reject the treatment provided. In the case of a minor child, I hereby affirm that I am a custodial parent or legal guardian of the child and that I authorize services for the child under the terms of this agreement.

Signature: _____ Date: _____

Signature: _____ Date: _____

Office Policy and Financial Responsibility Statement

I UNDERSTAND:

- Sessions are 45 minutes in length and are billed at \$195.00 per session for all counseling sessions. All intake sessions will be billed at \$225.00 along with weekend scheduled tele-therapy/telephone sessions. Travel time for collaborate sessions will be billed at the session rate. Sessions of late arrivals will end on time.
- **The rate of \$50.00 per 10 minutes will also apply to time spent providing special services, such as telephone sessions, phone calls, document reviews, or case consultations, and collaborative treatment with other authorized professionals. Additional time added to the clinical session will be billed at the aforementioned rate. +This counselor does not communicate via email or participate in any type of therapy over text communication.**
- Due to confidentiality with technology, if set boundaries are crossed and this counselor receives continual emails or therapy information via text (after a warning), a \$25 charge per email/text will apply.
- Stacey Bruen may/may not participate with third party payers, such as managed care organizations and insurance companies. By signing this form, I am agreeing to pay the entire bill at the time of service. I will receive a “super-bill” as a receipt to submit to a third party payer. There are no-refunds.
- **As a reminder: *Monday* appointments must be cancelled by Friday at 3:00pm; 3:00PM or later appointments must be canceled by 3:00PM the previous day; and for all other appointments, I must give 24 hour notice of appointment cancellation or I will be billed IN FULL for “no show” and late cancelled appointments and my credit card may be charged.**
- **Payment of cash, check or credit card is expected at the end of each visit. If you choose to pay via PayPal or credit card a 3.5% transaction processing fee will be assessed to each transaction. I understand my credit card may be charged for late canceled appointments/no-show:**

Signature: _____

Credit card # _____ Expiration _____ 3- digit code _____ Zip _____

Please note that if Stacey Bruen is not available, you can leave a message and your phone call will be returned, although this may take 24 - 48 hours. In the event of an emergency, please do not hesitate to call 911 or to go to the closest emergency room or call local hotlines such as Empact, Banner Help Line, and Value Options listed on your Informed Consent Form.

I understand that I am financially responsible for any and all charges incurred for the treatment of the above-named. If another party is responsible for session fees, I understand that I am 100% responsible for all no-show and late cancelled appointments. I have read the above office policy regarding length of sessions, late arrivals, charges, missed appointments, etc. I understand and agree to the stated terms.

Signature of Client

Date

Adult Questionnaire:

Client Psychosocial History and Status

Name: _____ Birthdate: _____ Age: _____

Cel Phone: _____ Email: _____

Briefly describe your reason for seeking help: _____

Who suggested you contact me? _____

What is your religious affiliation? _____ None

Education/Degrees: _____

Occupation: _____ How Long? _____

Place of Employment: _____ How Long? _____

If not employed, how long has it been since you worked? _____

What kind of job did you have? _____

What caused you to stop working? _____

Marital Status: Single Married Divorced Separated Widowed Living Together

Marriages/Significant Relationships

To Whom / Length of Relationship / Termination of Relationship / Children from that Relationship
(if applicable) (if any)

If married, separated or living together, briefly describe your relationship: _____

Age of spouse: _____ Religion: _____

Education, degrees? _____ Occupation: _____

Is he/she currently employed? Yes No How Long? _____

Has your spouse been previously married? Yes No Number of times: _____

How long since his/her last marriage? _____

Number of children from previous marriages: _____ Ages of children: _____

Extended Family: Parents, Siblings, And Others Close To You

Name	Relationship	Age	Occupation	Challenges: i.e. Alcohol, History Mental Illness

How was it to grow up in your family?

With whom are you currently living?

Name	Relationship	Age	Use of Alcohol/ Drugs	How do you get along?

Medical Information

When were you last examined by a physician? _____ Name of Doctor: _____

List any health problems for which you currently receive treatment: _____

List any past health problems including accidents: _____

List any medications you currently take: _____

Women only: How many pregnancies have you had? _____ Are you pregnant now? Yes No

Any miscarriages or abortions? Yes No How many?

Men and women:

Are you sexually active? Yes No Beginning at what age? ____

Do you use birth control methods? Yes No If yes, what? _____

Have you ever had concern about eating habits? Yes No

Psychological/Emotional Information

Have you ever sought help or been treated for psychological or emotional reasons? Yes No

If so, when and where? _____

Have you ever thought about suicide? Yes No If so, did you have a plan? Yes No

Have you ever attempted suicide? Yes No If so, how many times? _____

Do you feel you have a drug or alcohol problem? Yes No

Have you ever had any previous treatment for drug / alcohol abuse? Yes No

If so, when and where? _____

List all drugs, including alcohol, that you currently use, or have used in the last year (indicate frequency and amount): _____

Please list and describe any arrests or legal problems (including driving violations): _____

Circle any problem that pertains to you at the present:

- | | | | |
|--------------|---------------------|-------------------|------------|
| Anger | Education | Sexual Problems | Work |
| Drug Use | Loneliness | Bowel Troubles | Marriage |
| Fatigue | Ambition | Stomach Problems | Divorce |
| Finances | My Appearance | Suicidal Thoughts | Future |
| Friends | Concentration | Nightmares | Temper |
| My thoughts | Parenthood | Health Problems | Age |
| Nervousness | Relaxation | Making Decisions | Stress |
| Self-esteem | Sexual Orientation | Physical Abuse | Anxiety |
| Separation | Energy | Inferiority | Appetite |
| Sexual Abuse | Children | Career Choices | Weight |
| Shyness | Legal Matters | Self Control | Memory |
| Sleep | Under / Over eating | Alcohol Use | Overeating |
| Unhappiness | Depression | Headaches | Fears |

Circle everything that has happened to you in the past three years:

- | | | |
|----------------------------------|-------------------------------------|-------------------------------|
| Death of a spouse/partner | Marriage Problems | Changes in marital status |
| Death of another family member | Family Problems (Children, in-laws) | Loss of Job |
| Major illness or injury—yourself | Financial Problems | Move to another city or state |