

The Empowerment Group, LLC
10201 S 51st Street, Suite 130
Phoenix, AZ 85044
602-525-5783

How were you referred? _____

CLIENT INFORMATION

Name _____ DOB _____ Age _____ Male Female

Home Address _____

City _____ State _____ Zip _____ Ok to mail? Yes No

Phone _____ Ok to call? Yes No Ok to leave message? Yes No

Email address we can contact you at _____ Send appt reminder Y N

Relationship Status _____ Occupation _____

Emergency Contact _____ Phone _____

INSURANCE INFORMATION (If applicable)

Employer _____ Occupation _____

Insured's Name (if not you) _____ DOB (if not you) _____

Insurance ID # _____ Group # _____

Insurance Company _____ Authorization Code _____

Amount of co-pay _____ Deductible _____ Deductible Met? Yes No

1. What brings you in for counseling?

2. How will you know if things are improving?

3. Please list any medications you are currently taking.

4. Have you received counseling before? Briefly tell me when, what for and if it was helpful.

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Welcome to The Empowerment Group, LLC, we are committed to serving you and your family. A counseling situation offers a unique relationship between the therapist and client. In order that we start this relationship in a healthy way, we have put together this document to ensure that there are no misunderstandings about the various aspects of the counseling and psychotherapy services.

Informed Consent for Assessment and Treatment

Purpose, limitations, and risks of treatment.

Counseling, like most endeavors in the helping professions, is not an exact science. Counseling is not like a medical doctor visit. Instead, it calls for an active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

While the ultimate purpose of counseling is to reduce your distress through a process of personal change, there are no guarantees that the treatment provided will be effective or useful. Counseling can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, therapy has also been shown to have benefits for people who participate in it. Therapy often leads to better relationships, solutions to specific problems, and reductions in feelings of distress. Therapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, relationships, or virtually any other aspect of your life. There is no guarantee that therapy will yield positive or intended results. In the case of marriage and family counseling, interpersonal conflict can increase as we discuss family issues. Of course, the potential for a divorce is always a risk in marital counseling.

Treatment process and rights.

Our first few sessions will involve an assessment of your needs. By the end of the assessment we will discuss your needs and wants and create a treatment plan. If you want other services or your need is outside of our area of expertise we will be happy to discuss other options with you. You have the right and the obligation to participate in treatment decisions and in the development and periodic review and revision of your treatment plan. You also have the right to refuse any recommended treatment or to withdraw consent to treat.

If there is ever a time when you believe that you have been treated unfairly or disrespectfully, please talk with us about it. It is never our intention to cause this to happen to our clients, but sometimes misunderstandings can inadvertently result in hurt feelings. We want to address any issues that might get in the way of the therapy as soon as possible. This includes administrative or financial issues as well.

Fees.

We reserve the right to refer a client to another therapist or appropriate resource at any time if their needs in therapy are not a good match for our skills or experience.

Financial

Payment is expected at the time the service is rendered unless other arrangements have been made. By signing this document, you are agreeing to pay for the services rendered and any additional expenses that may be accrued in collecting said fees. Currently, the fees for a Licensed Associate Counselor (LAC) are: Initial assessment -\$175.00; 45-50 minute counseling session -\$120.00. We reserve the right to change our fees with 30 days notice. You have the right to be informed of all fees that you are required to pay and our refund and collection policies. Please discuss these with us if you have a concern.

The Empowerment Group also offers a group plan with membership dues of \$89.00 a year and \$85.00 per each 45-50 minute individual session with an LAC therapist or \$95.00 per each 45-50 minute individual session with an LPC therapist. **Membership dues** increase by \$75.00 per member, per family, although the session fee remains the same, regardless of the members involved in the session.

All refunds will be addressed by your therapist, with reimbursements administrated through The Empowerment Group, LLC. If you have any questions regarding a billing practice please contact Melissa Cox-Pasqua at 602-821-3836.

Licensure

Please be advised that I am a Licensed Professional Counselor in the state of Arizona through The Arizona State Board of Behavioral Health Examiners, should you have need to follow up with the board.

Please list the names of all parties that you are giving consent for taking part in the counseling process.

- **I understand that I am responsible for the payment of my counseling services received.**
- **I understand that your Therapist or a representative will collect payment, and that The Empowerment Group, LLC manages all payments and refunds.**
- **We will issue receipts electronically or physically, please let your therapist know your preference of receipts or notify The Empowerment Group, LLC in writing should you need or want an additional receipt .**

Client/Guardian Signature: _____ Date: _____

Social Media

Due to professional counseling ethical practices and an inability to insure confidentiality we do not communicate via social media unless, the communication is in the form of a designated site for The Empowerment Group, LLC.

Contacting me

Our 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 crisis hotlines (Empact – 480-784-1500 or 911). Established clients with an urgent need to make contact may call us, but an immediate response is not guaranteed. A quick or immediate response in one situation does not constitute a commitment of rapid response in another situation.

Appointments

Regular attendance at your scheduled appointments is one of the keys to a successful outcome in counseling. Further, appointments canceled at the last minute are very detrimental to our practice. Therefore, we ask that you notify us a

minimum of one full business day (24 hours, Monday through Friday) prior to your appointment if you need to cancel. ***You will be billed for appointments you fail to cancel in accordance with this policy. Currently, the fee billed for this is \$50.00. Repeated late cancellations or missed appointments may result in termination of treatment.***

Privacy and Confidentiality

In general, the law protects the privacy of all communications between a client and a psychotherapist, and we can only release information about our work to others with your written permission. **There are a few exceptions to confidentiality:**

- **Court order exception**
- **Child or vulnerable adult abuse exception**
- **Danger to yourself or others**
- **If a lawsuit or board complaint is filed against me**

If we are required to disclose confidential information, we will make every effort to fully discuss it with you before taking any action. We may occasionally find it helpful to consult other professionals about a case. During a consultation, we make every effort to avoid revealing the identity of our client. The consultant is also legally bound to keep the information confidential.

Records

The laws and standards of our profession require that we keep treatment records. You are entitled to receive a copy of your records or we can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, your therapist will review them with you in our presence so that we can discuss the contents, then you will be provided a copy or a summary at your written request. Our fee for Records Review is \$80.00 per hour. If you would like to review your records at anytime please speak with your therapist. If you choose to not review your records you will need to sign a consent to receive records without review and against your therapist's advice. Records requests will be honored within 10 business days of written request.

The full description of *HIPAA NOTICE OF PRIVACY PRACTICES*, should be included as a separate document along with this packet and is also available in our office by request. If you have not already been provided the HIPAA details, please request to see a copy, as that document details the considerations regarding confidentiality, privacy, and your records. It also contains information about your right to access your records and the details of the procedures to obtain them, should you choose to do so. Periodically, the *HIPAA NOTICE OF PRIVACY PRACTICES* may be revised. Any changes to these privacy practices will be available in my office, but you will not receive an individual notification of the updates. ***It is imperative that you read and understand the limits of privacy and confidentiality before you start treatment.***

<hr/> Initials	I have read the <i>HIPAA NOTICE OF PRIVACY PRACTICES</i>, and have had my questions about privacy and confidentiality answered to my satisfaction. I understand that the <i>HIPAA NOTICE OF PRIVACY PRACTICES</i> is incorporated by reference into this agreement.
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Consent for evaluation and treatment. Consent is hereby given for evaluation and treatment under the terms described in this consent document and the *HIPAA NOTICE OF PRIVACY PRACTICES*. 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.

Client Signature: _____ Date: _____

For office use only - verification that client has read and understands informed consent document

Therapist: _____ Date: _____

The Empowerment Group – Email Newsletter Sign-up

The Empowerment Group has a newsletter and would like to share it with you via email so that you may be informed and updated on all that is going on around here, including upcoming groups! Please indicate below if you would like to receive our newsletter:

_____ Yes, I would like to receive The Empowerment Group's newsletter

_____ No, thank you, I would prefer to opt-out of receiving the newsletter

Print name: _____

Signature: _____

Date: _____

Email address: _____

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Credit or Debit Card Counseling Payment Form

Date:

Therapist:

Client Name:

Parent Name if Client is Minor:

Address for Billing Purposes:

Phone:

Credit or Debit Card Number (VISA or MasterCard) :

_____ **Expiration Date:** _____

Three digits on back of card: _____

By signing this form I agree that The Empowerment Group, LLC is given permission to charge this listed card for services rendered with The Empowerment Group, LLC, which may include no show or cancelation charges. Should there be any concerns with billing I will contact The Empowerment Group, LLC in writing.

Signature: _____