

CLIENT INFORMATION

DATE: _____
FULL NAME: _____ DOB: _____ AGE: _____
ADDRESS: _____ CITY: _____ ST _____ ZIP: _____
DRIVER'S LICENSE #: _____
PREFERRED CONTACT #: _____ CELL/HOME/WORK/OTHER **(CIRCLE)**
MAY I LEAVE A MESSAGE FOR YOU HERE? YES NO **(CIRCLE)**
EMERGENCY CONTACT: NAME: _____ RELATION: _____
CONTACT #: _____ CELL/HOME/WORK/OTHER **(CIRCLE)**
CLIENT EMAIL ADDRESS: _____ SUBSCRIBE YES NO **(CIRCLE)**
__ MARRIED __ SINGLE/COHABITATION __ DIVORCED __ WIDOWED
LEVEL OF EDUCATION: _____ EMPLOYER: _____
EMPLOYER'S ADDRESS: _____ CITY _____ ST _____ ZIP _____
OCCUPATION: _____
PRIMARY PHYSICIAN NAME: _____ CONTACT #: _____
ADDRESS: _____ CITY: _____ ST _____ ZIP _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ___ YES ___ NO
DATE _____ EXPLAIN:

ARE YOU CURRENTLY UNDER THE TREATMENT OF ANOTHER MENTAL HEALTH PROFESSIONAL? IF SO,
PLEASE PROVIDE NAME AND CONTACT INFORMATION:

ARE YOU CURRENTLY EXPERIENCING THOUGHTS OF SUICIDE?

WHAT CIRCUMSTANCES HAVE BROUGHT YOU TO COUNSELING AT THIS TIME:

HOW LONG HAVE YOU EXPERIENCED THIS CHALLENGE?

ON A SCALE FROM 1 TO 10, 1 BEING THE *LEAST* TAKEN OVER BY THIS PROBLEM AND 10 BEING THE *MOST*
TAKEN OVER BY THIS PROBLEM, RATE WHERE YOU ARE TODAY: 1 2 3 4 5 6 7 8 9 10

WHAT CHANGE(S) WOULD YOU LIKE TO SEE OCCUR THROUGH THERAPY?

HOW WILL YOU KNOW WHEN THE PROBLEM IS SOLVED?

HOW DID YOU HEAR ABOUT LOTUS COUNSELING? IF VIA INTERNET, WHICH SEARCH TERMS DID YOU USE?

HIPAA Authorization Form

This form serves to authorize the release of information discussed during sessions if this information needs to be released to an outside party such as, but not limited to, a school counselor, psychiatrist, or medical doctor. This form is not required for treatment but is the only form that will authorize Laura Foulds, LMFT to speak with any individuals outside the therapy room.

Types of information to be disclosed may include but are not limited to: *Assessment/Diagnosis; Client Information; Continuing Care Plan; Treatment Update; Treatment Plan/Summary; Progress Notes; Psychological Assessment, etc.*

Revocation & Expiration:

Please initial each item:

I understand that I have the right to revoke this authorization, in writing, at any time by sending written notification to Laura Foulds, LMFT at the following address: 1616 Mistletoe Boulevard, Suite 100, Fort Worth, Texas 76104

I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.

I understand that unless earlier revoked, this authorization expires one (1) year from the start of treatment (Date), unless otherwise indicated.

Form of Disclosure:

Unless you have specifically requested in writing that the disclosure be made in a certain format, Laura Foulds, LMFT reserves the right to communicate information as permitted by this authorization in any manner that she deems appropriate and consistent with applicable law, including but not limited to written, verbal, electronic communications, etc. I further waive and release Lotus Counseling/Laura Foulds, LMFT from any liability resulting in the disclosure of the above information.

Your signature below indicates that you have been offered a copy of HIPAA Notice of Privacy Practices. If you have any questions about the Notice of Privacy Practices, please submit your question in writing. I, Laura Foulds, LMFT, am the designated Privacy Officer for Lotus Counseling and will be glad to respond to your question(s).

Signature _____ **Date** _____

INFORMED CONSENT

The purpose of this document is to introduce clients to the services, policies, agreements, and limitations of therapy provided by Lotus Counseling – Laura Foulds, LMFT

Services Offered:

I offer mindful relationship support for individuals, couples, and families. The length of therapy is almost entirely determined by the client. Therapy can be a commitment of a few weeks or months or can last a year or more. The time frame of therapy is influenced by the number and depth of the issue(s) that the client wishes to address, as well as the client's own motivation and investment.

Confidentiality:

Therapy is the most successful when the relationship between client and therapist remains within the environment of the therapy office, keeping the relationship professional. Despite the vast DFW Metroplex, it is not unlikely that we may see each other outside of the office or know people in common. Protection of your privacy keeps me from acknowledging the existence of this professional relationship outside of the therapy office. Texas state law and ethics of marriage and family therapists require that anything written or spoken in the context of a therapeutic relationship remains confidential (i.e. between you and me). However, there are some limits to this confidentiality which include: Any suggestion or statement of child abuse, elder abuse, or abuse of a disabled person, mental health professionals are required by law to make a report to the appropriate authorities if any suspicion arises. If a client displays intent to harm him/herself or someone else, a mental health professional is required to inform suitable parties, including law enforcement. I participate in professional consultation and supervision groups to continue to develop my own

competencies. In these groups, specific cases are, at times, discussed without using any identifying information in order to protect client confidentiality. Written authorization is required, other than in the situations above stated, to discuss confidential information with any others, including: doctors, psychiatrists, family members, lawyers, other mental health professionals, or insurance professionals.

Disclosure Regarding Divorce and Custody Litigation:

If you are involved in divorce or custody litigation, the therapist role is not to make recommendations to the court concerning custody or partnering issues. By signing this Disclosure Statement, you agree not to subpoena your therapist(s) to court for testimony or for disclosure of treatment information in such litigation; and you agree not to request that your therapist(s) write any reports to the court or to your attorney, making recommendations concerning custody. The court can appoint professionals, who have no prior relationship with family members, to conduct an investigation or evaluation and to make recommendations to the court concerning parental responsibilities or parenting time in the best interest of the family's children.

Risks of Therapy:

As with any powerful treatment, there are some risks as well as many benefits with therapy. You should think about both when making any treatment decisions. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. Also, clients in therapy may have problems with people important to them. Sometimes, too, a client's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. While you consider these risks, you should know also know that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients' relationships and coping skills may greatly improve and they may get more satisfaction out of social and family relationships. They may start to view their personal goals and values with better clarity. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives. Problems can arise in our relationship, just as in any other relationship. If you feel that I (or any other therapist) have treated you unfairly or have broken a professional rule, please tell me. You can also contact the state or local marriage and family therapy association and speak to the chairperson of the ethics committee. He or she can help clarify your concerns or tell you how to file a complaint. You may also contact the Texas Board of Examiners of Marriage and Family Therapy.

Please initial your acknowledgement of each item:

I understand that Lotus Counseling does **not** provide 24-hour crisis counseling and her phone is answered by voice mail 24-hours a day. I understand that Lotus Counseling will strive to return all non-emergency messages by the end of the next business day. Should I experience an emergency necessitating immediate mental health attention, I will immediately call 9-1-1 or go to an emergency room for assistance.

In case of Emergency, I give my permission for Laura Foulds, LMFT to contact : (Name, Phone Number, Relation)

I understand that I am in control of the counseling relationship and may choose at any time to end our therapeutic relationship. Laura Foulds, LMFT may provide me with the names of other qualified professionals.

I understand that all fees for counseling are due at the time services are rendered, **payable by cash, check, or credit card (Visa, MC, Amex, Discover, only)**. Session fees are refundable only if cancelled with respect to the 24-hour cancellation policy. Pre-Paid Packages are non-refundable and incur an additional \$50.00 cancellation fee if session in case of NoCall/NoShow or Cancellation without respect to 24-hour cancellation policy.

I understand that Insufficient-funds checks will be returned upon full payment of the original amount plus \$35.

I understand that there is a 4-5% processing fee for any CC authorization.

I understand that I am solely responsible for cancelling any appointments at least **24-hours prior** to my scheduled appointment time by leaving a time-stamped VoiceMail to **(817) 360-4462 or Email at info@LotusCounselingTX.com**

I understand that if I do **NOT** provide 24-hour notice for cancellation, I will be charged a fee for a **“Late Cancellation/No Show”** appointment, which is equal to my regular session fee.

I understand that no more than two NoCall/NoShows (NCNS) will be tolerated, and will result in discontinuation of treatment at Lotus Counseling.

I understand that if I arrive after the scheduled appointment time, the session will still end at the appointed time.

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It is not a part of the practice of Laura Foulds, LMFT to testify in court. However, I understand that if Laura Foulds, LMFT is subpoenaed to testify in court, the fee for this service is \$275.00/per hour with a 4-hour minimum within 40-mile radius, and an 8-hour minimum for travel beyond a 40-mile radius. Travel time will be billed at the same rate and preparation time billed at the same rate. Overnight lodging if necessary will be billed as well. I understand that I will make payment for these services on the day of or prior to the time that services are rendered. If requested, I will pay a deposit for anticipated court appearances and preparation.

I understand that my records and all of our communications become part of the clinical record. Records are the property of Laura Foulds, LMFT All clinical records are disposed of seven (7) years after the client has stopped receiving services.

I understand that my relationship with Laura Foulds, LMFT is of a professional nature only. In order to preserve this relationship, I understand the importance of not having any relationship outside of the counseling relationship, such as friendship, business, social, etc. The exchanging of gifts or bartering for services is not appropriate. If we have contact in a public setting, Laura Foulds, LMFT will not acknowledge me in any way that would jeopardize my confidentiality.

I understand that while most of our communication is confidential, there are, however, circumstances when disclosure can occur without my prior consent. The following are typical, but not exhaustive, examples of situations and circumstances under which information may be disclosed without prior consent:

- If I am a danger to myself or someone else
- In situations of suspected child, spouse, elder or other physical abuse, it is the duty of the mental health provider to notify medical, legal or other authorities
- If I disclose sexual contact with another mental health professional
- If I am involved in legal action/proceedings, my records may be subject to subpoena or lawful directive from a court or If Laura Foulds, LMFT is ordered by a court to disclose information
- If I direct Laura Foulds, LMFT in writing to release my records
- If Laura Foulds, LMFT is otherwise required by law to disclose information

My Business Social Media Policy

This document outlines my office policies related to use of Social Media. Please read it to understand how I conduct myself on the Internet as a mental health professional and how you can expect me to respond to various interactions that may occur between us on the Internet.

Mobile Phone/SMS Text Messaging

Please do not use SMS (mobile phone text messaging) or messaging on Social Networking sites such as: Twitter, Facebook, Instagram, Pinterest, or LinkedIn, or any other Social Networking/Media outlet to contact me, as the likelihood of me checking those messages are slim to none, and I will not reply to them. Do not use Wall postings, @replies, or other means of engaging with me in public online if we have an already established client/therapist relationship. Engaging with me this way 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 archived in your chart. If you need to contact me between sessions, the best way to do so is by phone.** Direct email at info@LotusCounselingTX.com is second best for quick, administrative issues such as changing appointment times.

Email

I prefer using Email only to arrange or modify appointments. Please do not Email me content related to your therapy sessions, as Email is not completely secure or confidential. If you choose to communicate with me by Email, be aware that all Emails are retained in the logs of yours and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. Please be advised that any Emails I receive from you and any responses that I send to you become a part of your legal record.

Business Review Sites

You may find my psychology practice on sites such as Yelp, Healthgrades, Yahoo Local, Bing, 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 my listing on any of these sites, please know that my listing was NOT created by me, and is NOT a request for a testimonial, rating, or endorsement from you as my client. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. If you do choose to write something on a business review site, I hope you will keep in mind that you may be sharing personally revealing information in a public forum.**

Use of Search Engines

It is NOT a regular part of my practice to search for clients on Google or Facebook or any other search engines. Extremely rare exceptions may be made during times of crisis. If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (coming to appointments, phone, or email) there might be an instance in which using a search engine (to find

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you, find someone close to you) becomes necessary as part of ensuring your welfare. These are unusual situations and if I ever resort to such means, I will fully document it and discuss it with you when we next meet.

Google Reader/Google Plus

I do not follow current or former clients on Google Plus or Google Reader and I do not use Google Reader to share articles. If there are things you want to share with me that you feel are relevant to your treatment whether they are news items or things you have created, I encourage you to bring these items of interest into our sessions.

Location-Based Services

If you use location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. I do not place my practice as a check-in location on various sites such as Foursquare, Facebook, Gowalla, Loopt, etc. However, if you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at my office. **Please be aware of this risk if you are intentionally “checking in,” from my office or if you have a passive LBS app enabled on your phone**

Friending/Following/Interacting

My primary concern is your privacy. If you share this concern, there are more private ways to follow me on a Social Media site (such as using an RSS feed), which would eliminate your having a public link to my content. You are welcome to use your own discretion in choosing whether to follow me.

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, Instagram, Twitter, Foursquare, etc). Adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship.

I may publish a Blog on my website regarding psychology related news and other information that may be therapeutic and/or helpful on some Social Media sites. **I have no expectation that you as a client will want to follow my blog or Social Media stream.** However, if you use an easily recognizable name on your Social Media account, and I happen to notice that you've followed me there, we may briefly discuss it and its potential impact on our working relationship.

Note that I will not follow you back, reply to any comments or messages, or acknowledge that I may know you in any way. I only follow other health professionals on Social Media and I do not follow current or former clients on blogs or any Social Media outlet. **If there are things from your online life that you wish to share with me, please bring them into our sessions where we can view and explore them together, during the therapy hour.**

Session Appointments & Cancellations:

All Sessions are 45-50 minutes in length. Longer sessions can be requested.

***PLEASE ADVISE: Lotus Counseling maintains a strict 24-hour cancellation policy without incurring charge. Clients will be charged the regular session fee for any missed sessions without 24-hour notice. No more than two NoCall/NoShow (NCNS) will be tolerated or will result in discontinuation of treatment at Lotus Counseling.**

***Sessions in which the Cash Discount is applied are to be paid at the time of service and are NonRefundable. 24-Hour Cancellation policy still applies and will be charged to the Credit Card provided by Client within his/her Informed Consent paperwork.**

***Packaged sessions are pre-purchased and are non-refundable; the late cancellation/NCNS fee for a session booked through a package is \$50.00. Single sessions are refundable only when cancelled with respect to the 24-hour cancellation policy; in the event of a NoCall/No Show (NCNS) or Late Cancellation, a Refund for your session will not be available.**

Therapist prefers to be notified by phone at (817) 360-4462 in the event of cancellation, which will indicate the date and time of your call. *Please Advise: Therapist does not accept SMS text messaging. Any notification of cancellation made via SMS text will not be received, and will be considered a NCNS. *Please Advise: Insurance providers do not reimburse for sessions classified as NCNS.

Fee Investment:

145.00 fee for initial appointment **\$50.00 Reservation fee will be due at the time of Appointment Reservation, which will be applied to the first appointment fee. Clients who provide 24-Hour notice of cancellation will receive a full refund, less processing fee.

Value Packages:

*Packaged Sessions are pre-paid, pre-scheduled and are non-refundable. Schedule changes can be made with respect to the 24-hour cancellation policy, but the packaged fee cannot be refunded. Packaged sessions that are missed or cancelled late will incur an additional \$50.00 fee. **Clients are encouraged to consider their willingness to commit to our therapeutic work together upon booking packages.**

Packaged options are offered at a discount and are as follows:

- **Ten Sessions** \$1250 Individuals or \$1350 Couples Package
*includes one experiential/mindfulness session (expiry 8 months)
- **Four Individual Sessions** \$500 (expiry 3 months)
- **Brief-Sessions** – \$75 per 25-minute Check-In or Mindfulness session via Telehealth (for current, established clients only)
- **Pre-Marital Support** – Six pre-marital sessions for \$695
Experiential sessions – These sessions are for individuals or couples and allow for a deeper processing of our work in talk therapy. For the purpose of addressing issues more comprehensively through the lens of systemic, mind-body interventions, experiential sessions include: walk-and-talk sessions, psychotherapeutic yoga, yoga-nidra, mindfulness meditation and nature-based therapy.
Must be a current Client of Lotus Counseling or have completed a minimum of 6 regular talk-therapy sessions so that these experiential sessions can be curated uniquely for you. (expiry 1 year)

Single Sessions:

Daytime Fees /(Evening Fees increase by \$5 for sessions 5pm or later):

- \$130 for a 50 minute individual session
- \$140 for a 50 minute Couples/Family session
- \$250 for a 90 minute Hypnotherapy session
- \$75 for one 25-minute Brief/Mindfulness session (via Telehealth only)
- \$60.00 for a Letter (for each draft requested)
- \$5 discount Cash rate – applicable for in person session only

Rates may increase each year to accommodate inflation of business expenses. In the event of fee revisions, you will be notified in writing 30-days prior to the change going into effect. I can provide a receipt for out-of-network insurance if requested. Please consult your insurance carrier for further information on your out-of-network policy.

Acknowledgement:

I acknowledge that I have read, understood and agree to abide by this agreement. If more than one adult is attending the therapy session, please have each adult sign. For minors, please have a parent/guardian sign.

Signature: _____ Date: _____

Printed Name: _____ Date: _____

Acknowledgement of Therapist: _____ Date: _____

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Credit Card Authorization Form

Lotus Counseling maintains a strict 24-hour cancellation policy without incurring charge. Clients will be charged the regular session fee for any missed sessions without 24-hour notice. *Single-Session pre-paid fees will be Refunded if Session is cancelled with Respect to the 24-hour Cancellation Policy.* If you need to cancel your appointment, you may leave notice of cancellation via voicemail at (817) 360-4462, which will note the date and time that you called.

Credit cards are processed via SquareUp. There is a 4-5% processing fee charged for any and each CC authorization.

I, _____ authorize Lotus Counseling to keep my signature on file and to charge my credit card for the following:

1. Balances of charges not paid within 30 days, not to exceed \$300.00
2. Standard Fees for services rendered, service packages, and/or Cancellation fee if an appointment is missed without 24-hour notification.

I authorize balances for charges not paid within 90 days to be sent to a collections agency.

Cardholder Name: (Exactly as it appears on card) _____

Type of Card: (Please Circle) Visa MasterCard Discover American Express

Card Number: _____

Expiration Date: _____

CVC Number: (3-digit number located on back or 4-digit on front for Amex) _____

Zip Code: _____

Email Address: (For submission of electronic receipt) _____

This Form will be kept on file and will remain in effect until the expiration of the credit card account. The undersigned may also revoke this form by submitting a written request to the address listed at the top of this document.

A new form must be submitted if information such as the list of authorized users and the credit card account's expiration date is amended. The undersigned must also submit a written notification to Lotus Counseling if the credit card is cancelled, lost, or stolen.

I certify that I am an authorized user of this credit card, and that I will not dispute the payments with my credit card company provided that the transaction corresponds to the terms indicated in this authorization form.

Signature: _____ **Date:** _____

****If the financially responsible party is someone other than the Client for Adult Clients, please complete the following Release:**

I, _____, give permission for **Lotus Counseling** to communicate financial information regarding my therapy sessions with: Name: _____ Phone Number: _____

Signature: _____ Date: _____