

Client Informed Consent

Melinda Zalman, M.A., LPC-I
Supervised by Terri Slaughter, M.Ed., LPC-S

Client Name:

Client's Rights

As a client in a professional counseling setting, you have certain rights, including the following:

- You have the right to know the level of training, credentials, and theoretical orientation of your counselor.
- You have the right to review copies of the records the counselor keeps on your behalf. However, if you do make a request to see your file, the counselor is free to tell you if she thinks it would be harmful to you or otherwise not in your best interest to see it.
- You have the right to know that the process of counseling could open up levels of awareness or lead to changes that could produce pain, anxiety, or turmoil in your life or relationships.
- You have the right to decide not to receive counseling from your present counselor and/or end counseling at any time without additional obligation. If you wish, the counselor will provide you with a referral to another qualified counselor.
- Please note: It is very important that you be present and on time for your appointments. If you must miss a scheduled appointment, please call to cancel more than 24 hours before the scheduled appointment. *Appointments cancelled less than 24 hours before the scheduled appointment will be charged half of the counseling fee. Appointments that are not cancelled beforehand and the client does not attend will be charged the full counseling fee.*

Counselor

Melinda Zalman is an LPC-I (Licensed Professional Counselor Intern no. 83183) supervised by Terri Slaughter, M.Ed., LPC-S* (License number 19832). Melinda has met the requirements by the State of Texas under the occupations code, chapter 503 that allows her to provide individual, couples, family, and groups services under supervision. Melinda's approach is an empathetic talk therapy approach that incorporates multiple therapeutic interventions such as Family Systems, Marital (if married), Cognitive Behavioral Therapy, and Restoration Therapy Models. Additionally, Melinda will seek to incorporate the faith of the client(s) along with aspects of spiritual formation such as prayer, bible study, worship, service, small groups, etc. into therapeutic interventions upon request.

Confidentiality

The counseling you will receive will be confidential under the Texas Board ethical code. Limits to confidentiality exist in the following situations.

- 1) If the counselor learns of an instance of physical or sexual abuse of a minor.
- 2) If the counselor learns of an instance of abuse, neglect, or exploitation of an elderly person.

- 3) If the counselor learns of an instance of abuse, neglect, or exploitation of a disabled person.
- 4) If the counselor learns of an instance of abuse, neglect, or exploitation of a patient in a mental health facility.
- 5) If the counselor believes that there is a clear and imminent danger that you will harm yourself physically, she must contact a family member or other person who can provide protection for you or notify appropriate authorities. Melinda will first contact your listed emergency contact.
- 6) If the counselor learns of the transmission of a sexually transmitted disease to your spouse.
- 7) If the counselor believes you pose a serious threat of danger violence to others, she must notify appropriate medical or law enforcement personal.
- 8) The counselor must comply with any legal requirements to divulge information or make records available.
- 9) If you request that your records be released to a third party and sign a release form to that effect, the counselor will grant your request.
- 10) In order to improve her counseling skills to help you more effectively, your counselor may occasionally and confidentially discuss certain aspects of your counseling experience with her supervisor, Terri Slaughter, M.Ed., LPC-S*.

Your counseling session notes are the property of Melinda Zalman's supervisor Terri Slaughter, M.Ed., LPC-S*.

If you should meet any member of the Amarillo Family Institute staff or your therapist in public, please know that they will not acknowledge you unless you initiate contact. It is preferred that you decide whether or not to disclose your acquaintance to others.

Confidentiality of All Electronic Communication

Please know that your counselor will maintain your confidentiality to the best of her ability; however, she cannot guarantee this with any electronic communication. This includes, but is not limited to the following: email, Skype, chat, texting, mobile devices, cell phones, or fax.

Appointments

Subsequent appointments are scheduled with Melinda during your session. Upcoming appointment reminders are available upon request with your permission. It is your responsibility to keep or cancel your session(s). Sessions cancelled less than 24 hours before your scheduled appointment will be charged half of the counseling fee (\$37). Sessions that are not cancelled nor kept ("no-show") will be charged the full counseling fee.

Counseling Fees

Individual counseling session-\$75

Group counseling session-\$25

Checks and cash only, please make checks out to Amarillo Family Institute. Sliding scale available if needed

Incapacity or Death

In the event of Melinda's incapacitation or death, please contact Terri Slaughter, M.Ed., LPC-S* at Amarillo Family Institute for your records. She will be able to refer you to another counselor and with a signed release form send your records to said counselor.

Emergency Sessions

In the event you encounter a personal emergency which will require prompt attention, Amarillo Family Institute will make every effort to accommodate and make an appointment. If your emergency arises while the office is closed, please contact a family member, call the Crisis Line at (806) 359-6699, Family Support Services at (806) 342-2500, call 911, or go directly to the nearest emergency department.

Dual Relationships and Social Media

Not all dual relationships are unethical or avoidable. However, dual relationship situations might impair your counselor's objectivity, clinical judgement, or therapeutic effectiveness, and thus are discouraged. Please be aware that your counselor will accept friend/follow requests from you in the interest of protecting your privacy as well as maintain professional boundaries.

Minors (Under the age of 18)

Minors must have parental consent for counseling with the exception that the client:

- A) Is 16 years of age or older and resides apart from the parents/guardians and manages his/her own finances;
- B) Is thinking about suicide;
- C) Has concerns about alcohol or drug addiction dependency;
- D) Or is being sexually, physically, or emotionally abused.

Consenting parents have the right to examine the treatment records of their child until they turn 18. In order to establish and protect an environment of trust, I ask that the parents trust me as the counselor to tell them any information that they may need to know. I will notify the parents if I learn of anything under the limits to confidentiality and of any danger to their child. It is important to note that in the state of Texas, children under the age of 17 cannot have consensual sex (by law it is considered indecency with a child and therefore "child abuse") and the state requires me to breach confidentiality and report such activity to Child Protective Services. If I am required to make such a report to CPS about your child, you will be informed as well.

I ask that the parents be involved in the counseling process by attending some sessions with their child as well as discussing the counseling process with their child at home. I can provide a counseling summary at the time of termination or upon request.

Risks and Benefits

It is agreed that the client shall make a good-faith effort at personal growth and engage in the counseling process as an important priority at this time in his/her life. Therapy is designed to assist clients in resolving issues and dealing with painful life problems. Your counselor will make every effort to make therapy successful; however, you should know that therapy is no guarantee that you will “solve” your problems and that all issues will be resolved. Furthermore, please be aware that through the course of therapy we may expose issues that may cause additional problems to you and bring more life distress. Participation in therapy means that you accept these risks and are willing to deal with potential problems. Suspension, termination, or referral shall be discussed for lack of commitment or for any unresolved conflict or impasse between therapist and client as soon as possible.

Intern Supervision and Recorded Sessions

Your counselor, Melinda Zalman, M.A., LPC-I, is supervised by Terri Slaughter, M.Ed., LPC-S* (License number 19832). Your counselor meets with her supervisor on a weekly basis as she continues to learn and grow as a counselor. Your counselor may discuss some aspects of your counseling process with her supervisor to learn how to help you better. During her supervision, your counselor may videotape your session to help the learning process. You have the option to decline videotaping of your sessions. If you have any issues with your counselor, please contact Terri Slaughter*.

HIPPA/HITECH and Notice of Privacy Practice Acknowledgement

Our office is required by law to maintain the privacy of and provide individuals with a copy of or “Notice to Privacy Practices” of our ethical and legal duties in regard to your protected health information in all forms (i.e. all paper and/or electronic data). A copy of this notice is on our website and is available in paper form. A copy will be provided to you at no cost upon your request. If you have any questions or objections to the Notice, please ask to speak with our HIPPA/HITECH Certified Office Administrator in person or by phone at (806) 350-3133.

***Terri Slaughter, M.Ed., LPC-S**

License Number 19832

Amarillo Family Institute

4211 I-40 West Suite 101

Amarillo, TX 79106

Phone: (806) 350-5863

Fax: (806) 358-4345

Signature

I _____ (printed name) have read and understand the Informed Consent for Melinda Zalman, M.A., LPC-I and consent to entering into a counseling relationship with her.

Signature (Client)

Date

Signature (Parent/Legal Guardian #1)

Date

Signature (Parent/Legal Guardian #2)

Date

I _____ (printed name)

___ consent to the videotaping of my sessions.

___ do NOT consent to the videotaping of my sessions

Signature

Date

LITIGATION

In unusual cases, you may become involved in litigation that may require Melinda's participation. Your Therapist will need adequate time to prepare for that participation; therefore, an advance notice of 2 weeks is required. This is to ensure your Therapist's availability and cooperation.

At the time notice is received of a scheduled court date the following fees will become due for the professional time of your Therapist. All fees are to be paid prior to the scheduled court appearance. Please note you will receive an additional invoice for travel and meal expenses.

\$300.00 – half day of professional time

\$600.00 – full day of professional time

In the event the court date is cancelled or rescheduled your therapist must receive notification 72 hours in advance. Please call 806-300-8338. If the required notice is provided, the responsible party will receive a full refund of paid professional time. Failure to provide advance notice will result in your account being charged the full day of professional time as well as travel/meal expenses.

By your signature(s) you acknowledge you have read this notice and agree to the terms.

Client Printed Name: _____

Client Signature: _____ Date: ____/____/____

Applicable for Marriage

Client Printed Name: _____

Client Signature: _____ Date: ____/____/____

Applicable for Minor's

Client Printed Name: _____

Parent/Guardian Signature: _____ Date: ____/____/____

Office Staff Signature as Witness: _____ Date: ____/____/____

Terri Slaughter, M.Ed. LPC-S

Melinda Zalman, M.A., LPC-Intern

LPC-Intern Counseling Agreement

Please initial the following statements to acknowledge your understanding:

_____ I understand that I am seeing a counseling intern for counseling services.
This intern is earning hours toward counseling licensure.

_____ I understand the limits of confidentiality as explained by my counselor and I have had the opportunity to ask questions about these limits.

_____ I understand that I may, at any time, request to see intern supervisor, Terri Slaughter, MEd, LPC-S for counseling services.

_____ I understand that the dynamics of my case will be discussed for staffing and educational requirements with the counseling intern and supervisor.

_____ I understand that some sessions may be directly observed by the LPC Supervisor.

_____ I understand that some sessions may be videotaped for supervision and educational purposes.

_____ I understand the supervisory relationship and the requirement for supervision do not otherwise affect my rights to confidentiality, which will be maintained within the limits of the law.

_____ I understand that I am not required to sign this document.

Client's Printed Name

Date

Signature of client OR parent of legal guardian, if client is under 18 years of age

4211 I-40 West Suite 101, Amarillo TX 79109
806-350-5863

PERSONAL INFORMATION

CLIENT(S) NAME: _____

LEGAL GUARDIAN (if minor client): _____

ADDRESS: _____
Street, City, State, Zip

PRIMARY PHONE: (____) _____

CELL PHONE (____) _____

Permission to leave message? YES NO

PRIMARY EMAIL: _____

Permission to Email and/or Text? YES NO

Birthdate: _____

Last grade attended/degree completed: _____

Age: _____

Employer: _____

Race/Ethnicity: _____

Length of Employment: _____

Birth State: _____

Occupation: _____

Relationship Status: _____

Gross income: _____

Emergency Contact: _____

Phone: _____

Address: _____

Relationship to the client: _____

PLEASE CIRCLE BELOW

Rate your physical health: Excellent Good Average Fair Poor

Recently: Lost Wt. Gained Wt. How much? _____

Average hours of sleep per night _____ Trouble with: falling asleep____ staying asleep____

Do you drink: coffee (____cups per day) tea (____cups per day) Cola (____oz per day)

alcohol (____type _____quantity per day/week)

Hours per day on computer for games, social media, etc: _____

Has anyone ever suggested there might be a problem with alcohol, computer, social media, shopping, or other excessive behavior? _____

Describe use of non-prescription drugs including aspirin _____

Currently taking prescription drugs? (List type and reason for use) _____

Family physician _____

What type of regular exercise? _____

Have you ever had a severe emotional upset? _____

If yes, describe: _____

Did this upset require medication or hospitalization? _____

If yes, describe: _____

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Have you ever had thoughts about suicide? _____

If yes, please explain: _____

Have you ever attempted suicide? _____ If yes, how many times? _____

Is spirituality important to you? _____ not at all _____ important _____ very important

If important, name of church/temple you attend: _____

FAMILY HISTORY

Raised by _____ blood parents? _____ other (explain) _____

Parents divorced? _____ If yes, how old were **you** at the time? _____

If Client is a minor and parents are divorced, please bring a copy of the most recent custody of decree to the first session or email/fax me a copy prior to the first session.

If parents are deceased, how old were **you** when they died? _____ Father _____ Mother

List brothers and sisters in birth order beginning with oldest (Include Yourself):

Name	Age	Sex	Marital Status	Residence
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Marriage Information...If NEVER married, omit this section otherwise check all that apply:

<input type="checkbox"/> presently married	Spouse's name_____
<input type="checkbox"/> remarried (____times/ dates:_____)	Length of courtship:_____
<input type="checkbox"/> separated (____months/years)	Date of marriage:_____
<input type="checkbox"/> divorced (____months/years)	Age when married-yours____spouse_____
<input type="checkbox"/> widowed (____months/years)	Spouse previously married?_____

How well do you and your spouse get along at the present time? Check One

Very well Well OK Not very well Poor

List all of your children, whether they live with you or not, and any other persons presently living with you, such as your spouse's children, foster children, etc.

Name	Age	Sex	Live With?	Ours	Mine	Spouse's
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Does spouse have children from a previous marriage who live elsewhere? _____ if yes, with whom?

State in a short phrase or sentence current reasons for seeking therapy (presenting issue):

When did the present problem start?_____

Circle the severity of the concern in regards to the presenting issue:

MILDLY UPSETTING	MODERATELY SEVERE	VERY SEVERE	EXTREMELY SEVERE	COMPLETELY INCAPACITATING
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Therapy/counseling before? YES NO If yes, how many sessions? _____

Currently seeing therapist/counselor? YES NO

Name of counselor, and addresses and dates of any previous counseling: _____

How satisfactory was the therapy/counseling received (1 being not satisfied to 5 being satisfied)?

1	2	3	4	5
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What else, if anything, has been attempted to correct the problem? _____

Were you referred to us? _____ (If yes, by whom) _____

May we have permission to thank them for this referral? YES NO

In your estimation, circle how interested in counseling you are now:

SOMEWHAT	MODERATELY	VERY INTERESTED
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Any other information important in preparation for counseling: _____

What is the anticipated outcome of therapy? What is/are your goal(s)? _____