Mentoring & Counseling
Center

Teresa Kline, MA, LPC
Licensed Professional Counselor
972-268-9258

Informed Consent Agreement

Training and Background of Teresa Kline

Experience in the Mental Health Field—since 2000.
Licensed by the Texas State Board of Examiners of Professional Counselors.
Master of Arts Degree in Counseling-Liberty University-2000.
Certificate-Light University-Addiction and Recovery-30 hours.
Certificate-Light University-Relationship Coaching-12 hours.

What to Expect

"My goal is to provide a space where you feel you are welcomed and accepted.
I am committed to providing you with the best quality of care. And based on the set of concerns you bring to the first session I will determine if I believe that I have the expertise to assist you with these concerns. If your primary concern is outside of my area of expertise, I will provide referrals for you.
Weekly sessions are routinely recommended with the option for twice weekly if needed."

Note: Specific treatment outcomes are neither implied nor guaranteed.

Confidentiality

It is your right that your sessions and your records about you are kept private. Your confidentiality is protected by the rules of the Therapist's profession, the Therapist's personal integrity, and state law--except for a few rare instances. Texas state law requires that you be informed that in certain cases your confidentiality is not protected, and your information may be disclosed to the appropriate authorities/ agencies. These cases are:

* If Therapist has reason to believe that you may harm yourself or others
* If Therapist has reason to believe that you are involved in or have knowledge of abuse or neglect of a child; or abuse, neglect or exploitation of a person who is elderly, or has a disability.

Or * If Therapist is ordered to disclose by state or federal courts.

Client Initials _____ **Therapist Initials _____**

Informed Consent Agreement (cont.)

Emergencies

Office phone number is 972-268-9258 for scheduling appointments and to leave non-emergency messages. Messages will be returned within 24 hours. In case of an emergency, or if you need immediate assistance for any reason, please call the 24-hour crisis hotline @ 866-260-8000 (North Texas Behavioral Health Authority).

Financial Matters-Insurance: (Payment is due at time of service).

Your co-pay is $____ unless you have a deductible that has yet to be met.
In this case, your payment due for sessions is $____ until deductible has been met.

Payment options: HSA card, VISA, Mastercard, cash, check.

* **If for any reason insurance does not pay for services rendered, payment of $85 per session is your responsibility.**

Financial Matters-Non-Insurance: (Payment is due at time of service)

The rate for each session is **$85** if you are not paying via insurance**.**
*If you are paying by check, please make checks payable to "Teresa Kline."
* VISA, Mastercard, and HSA card are also accepted.

. . . .

Sessions are 50 minutes.

Please give 24-hour notice in advance of your scheduled appointment if you need to reschedule.

There is a $50 fee for No Show appointments.

I have read and understand the information above.

______________________________	______________________
Client Signature	**Date**
______________________________	______________________
Therapist Signature	**Date**

CLIENT REGISTRATION:

Last/First Name ____

Home Address____

___________________________________**Zip Code:** _____________

Phone/Cell ___________________ **Phone/Home**___________________

Email Address ____

Age______ **Date of Birth**_____________ **Family Physician**_______________

Current Medications: ____

____

Have you been to counseling before? _______ **If so, When:** ________________

Prior mental health diagnosis? ____**No** ____**Yes** ______________________

Have you ever been diagnosed with Diabetes?______ **Thyroid Condition?** ______

Recent major illness? _____ **Additional health concern?** __________________

Emergency Contact _____________________**Phone**________________

Referred by: _____ **Internet Search** ____ **Insurance Company** ____**Friends/Family**

Write your initials beside "Yes" or "No" below in regard to giving permission for means of communications to you from this office:

Voice Mail: ___Yes ___No **Mail**: ___Yes ___ No **Email**: ___Yes ___ No **Text:** ___Yes ___ No

. . . .

Clients Covered by Insurance: Please sign/date below:

Co-pay is payable at time of each session. Your Therapist will submit bill to the insurance company for the remaining portion of charges due. Your signature authorizes such payments to be sent directly to Teresa Kline, MA, LPC. Your signature also authorizes the release of information necessary to process the claim.

Signed ____________________________ **Date** __________________

Name: ____________________________________ Date: _____________________

Check the following if they apply to you for the past 14 days in a row:

----Low energy

----Poor concentration

----Hopelessness

----Problems getting to sleep

___Problems staying asleep

-----Crying spells

___Loss of interest

-----Sense of worthlessness

-----Excessive feelings of guilt

-----Easily agitated

-----Racing thoughts

-----Anxiety

-----Decreased appetite

___Increased appetite

Current thoughts of Suicide? ___yes ___no
Current thoughts of Homicide? ___yes ___no

What topics do you want to focus on in session?

-----Marriage/Family

-----Guilt/Shame

-----Alcohol/Substance abuse

-----Vocational/Employment

-----Other ___________________

-----Relationship(s)

-----Family of Origin

-----Decision Making

-----Anger Management

-----Grief/Loss

What do you hope to accomplish as a result of your session(s):

1. ____

____

2. ____

____

3. ____

____

Teresa Kline, MA, LPC

Licensed Professional Counselor
972-268-9258

Informed Consent Agreement (Client Copy)

Training and Background of Teresa Kline

Experience in the Mental Health Field—since 2000.
Licensed by the Texas State Board of Examiners of Professional Counselors.
Master of Arts Degree in Counseling-Liberty University-2000.
Certificate-Light University-Addiction and Recovery-30 hours.
Certificate-Light University-Relationship Coaching-12 hours.

What to Expect

"My goal is to provide a space where you feel you are welcomed and accepted.
I am committed to providing you with the best quality of care. And based on the set of concerns you bring to the first session I will determine if I believe that I have the expertise to assist you with these concerns. If your primary concern is outside of my area of expertise, I will provide referrals for you.
Weekly sessions are routinely recommended with the option for twice weekly if needed."

Note: Specific treatment outcomes are neither implied nor guaranteed.

Confidentiality

It is your right that your sessions and your records about you are kept private. Your confidentiality is protected by the rules of the Therapist's profession, the Therapist's personal integrity, and state law--except for a few rare instances. Texas state law requires that you be informed that in certain cases your confidentiality is not protected, and your information may be disclosed to the appropriate authorities/ agencies. These cases are:

* If Therapist has reason to believe that you may harm yourself or others
* If Therapist has reason to believe that you are involved in or have knowledge of abuse or neglect of a child; or abuse, neglect or exploitation of a person who is elderly, or has a disability.

Or * If Therapist is ordered to disclose by state or federal courts.

Informed Consent Agreement (cont.)

Emergencies

Office phone number is 972-268-9258 for scheduling appointments and to leave non-emergency messages. Messages will be returned within 24 hours. In case of an emergency, or if you need immediate assistance for any reason, please call the 24-hour crisis hotline @ 866-260-8000 (North Texas Behavioral Health Authority).

Financial Matters-Insurance: (Payment is due at time of service)

Your co-pay is $____ unless you have a deductible that has yet to be met.
In this case, your payment due for sessions is $____ until deductible has been met.
Payment options: HSA card, VISA, Mastercard, cash, check.
* **If for any reason insurance does not pay for services rendered, payment of $85 per session is your responsibility.**

Financial Matters-Non-Insurance: (Payment is due at time of service)

The rate for each session is **$85** if you are not paying via insurance**.**
*If you are paying by check, please make checks payable to "Teresa Kline."
* VISA, Mastercard, and HSA card are also accepted.

. . . .

Sessions are 50 minutes.

Please give 24-hour notice in advance of your scheduled appointment if you need to reschedule.

There is a $50 fee for No Show appointments.