



File #: \_\_\_\_\_

## Client Information Brochure

Welcome. I appreciate you giving me the opportunity to be of help to you. This brochure answers some questions clients often ask about any counseling practice. It is important to me that you know how we will work together. I believe our work will be most helpful to you when you have a clear idea of what we are trying to do. This brochure talks about the following in a general way:

- What the risks and benefits of counseling are.
- What the goals of counseling are and what my methods of treatment are like.
- How much my services cost and how I handle money matters.
- Other important areas of our relationship.

After you read this brochure we can discuss how these issues apply to your situation. A copy of this brochure will be available to you to keep and refer to later. Please read all of it and mark any parts that are not clear to you. Write down any questions you have, and we will discuss them at our next meeting. When you have read and fully understood this brochure, I will ask you to sign it at the end.

### About Counseling

I view counseling as a partnership between us. You define the problem areas to be worked on; I use some special knowledge to help you make the changes you want to make. Counseling requires your very active involvement. It requires your best efforts to change thoughts, feelings, and behaviors. For example, I want you to tell me about important experiences, what they mean to you, and what strong feelings are involved. This is one of the ways you are an active partner in counseling.

I use a variety of techniques in counseling, in an effort to find what will work best for you. These techniques are likely to include dialogue, awareness and self-monitoring exercises, reading books, or others. If I propose a specific technique that may have special risks attached, I will inform you of that and discuss with you the risks and benefits of what I am suggesting. I may suggest that you consult with a physician regarding physical treatments that could help your problems. I may suggest that you get involved in a counseling or support group as part of your work with me. You have the right to refuse anything that I suggest without being penalized in any way.

We will plan our work together. In our treatment plan we will list the areas to work on, our goals, and the methods we will use. From time to time, we will look at our progress and goals. If we think we need to, we can then change our treatment plan, its goals, and its methods.

An important part of your counseling will be practicing new skills that you will learn in our sessions. I will ask you to practice outside our meetings, and we will work together to set up homework assignments for you. I might ask you to do exercises, to keep records, and perhaps to do other tasks to deepen your learning. Change will sometimes be easy and quick, but more often it will be slow and frustrating, and you will need to keep trying. There are no instant cures. However, it is possible to learn new ways of looking at your problems that will be very helpful for changing your feelings and reactions.

The process of ending counseling, called "termination," can be a very valuable part of our work. Stopping counseling should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop counseling at any time, I ask that you agree now to meet then for at least one session to review our work together. We will review our goals, the work we have done, any future work that needs to be done, and our choices. If you would like to take a "time out" from counseling to try it on your own, we should discuss this. We can often make such a "time out" more helpful.

I may send you a brief set of questions about 6 months after our last session. These questions will ask you to look back on our work together. I ask that you agree, as part of entering counseling with me, to return this follow-up form and to be very honest about what you tell me then.

### The Benefits and Risks of Counseling

As with any powerful treatment, there are some risks as well as many benefits with counseling. You should think about both the benefits and risks when making any treatment decisions. For example, in counseling, there is a risk that clients will, for a time, have uncomfortable levels of negative feelings or may recall unpleasant memories. These feelings or memories may bother a client at work or in school. In addition, some people in your community may mistakenly view anyone in counseling as weak, or perhaps as seriously disturbed or even dangerous. Also, clients in counseling may have problems with people important to them. Family secrets may be

told. Counseling may disrupt a marital relationship and sometimes may even lead to a divorce. 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. Finally, even with our best efforts, there is a risk that counseling may not work for you.

While you consider these risks, you should know also that the benefits of counseling 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. Clients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. 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. I do not take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about our progress.

### **Consultations**

Based on what I learn about your problems, I may recommend a medical exam or use of medication. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by another professional for issues relevant to our counseling work, I will cooperate to coordinate my services with them.

If for some reason treatment is not going well, I might suggest you see another counselor or another professional in addition to me. As a responsible person and ethical counselor, I cannot continue to treat you if my treatment is not working for you. If you wish for another professional's opinion at any time, or wish to talk with another counselor, I will help you find a qualified person and will provide him or her with the information needed.

### **What to Expect from Our Relationship**

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the American Counseling Association (ACA). In your best interests, the ACA puts limits on the relationship between a counselor and a client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you.

First, I am trained to practice counseling – not law, medicine, finance, or any other profession. I am not able to give you good advice from these other professional viewpoints.

Second, state laws and the ethics of the ACA require me to keep what you tell me confidential (that is, private). You can trust me not to tell anyone else what you tell me, except in certain limited situations. I explain what those are in the "About Confidentiality" section of this brochure. Here I want to explain that I try not to reveal who my clients are. This is part of my effort to maintain your privacy. If we meet on the street or socially, I may not say hello or talk to you very much. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

Third, in your best interest, and following the ACA standards, I can only be your counselor. I cannot have any other role in your life. I cannot be a close friend or socialize with any of my clients – even after counseling has ended. I cannot be a counselor to someone who is already a friend. I can never have a sexual or romantic relationship with any client during, or after, the course of counseling. I cannot have a business relationship with any of my clients, other than the counseling relationship.

I ask you to agree that you will not attend sessions while under the influence of drugs or alcohol. I also ask you to agree to be honest with me about your use of drugs or alcohol.

### **About Confidentiality**

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a "release-of-records" form before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me. In all but a few rare situations, your confidentiality (that is, your privacy) is protected by state law and by the ethics of my profession. Here are the most common cases in which confidentiality is *not* protected:

- If you were sent to me by a court or an employer for evaluation or treatment, the court or employer expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court or your employer to know. You have a right to tell me only what you are comfortable telling.
- Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing me, I may then be ordered to show the court my records. Some other situations that may be relevant to this issue are custody or adoption proceedings, disability cases, worker's compensation hearings, psychiatric hospitalizations, or criminal cases. Please consult your lawyer about these issues.
- If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make.
- If I have reason to suspect that a child or dependent adult has been or will be abused or neglected, I am legally required to report this to the authorities.

There are two situations in which I might talk about part of your case with another counselor. I ask now for your understanding and agreement to let me do so in these two situations.

- First, when I am away from the office for an extended period of time, I may have a trusted fellow counselor “cover” for me. This counselor will be available to you in emergencies. Therefore, he or she needs to know about you. Of course, this counselor is bound by the same laws, ethics, and rules as I am to protect your confidentiality.
- Second, I sometimes consult with other counselors or other professionals about my clients. This helps me in giving high-quality treatment. These persons are also required to keep your information private. Your name will never be given to them, and they will be told only as much as they need to know to understand your situation. For the purpose of these consultations, I may want to make audio or video recordings of our sessions. I will review the recordings with my consultant to assist with your treatment. I will ask your permission to make any recording. I promise to destroy each recording as soon as I no longer need it, or, at the latest, when I destroy your case records. You can refuse to allow this recording, or can insist that the recording be edited.

Except for the situations I have described above, I will maintain your privacy. I also ask you not to disclose the name or identity of any other client being seen in this office. I make every effort to keep the names and records of clients private. I will try never to use your name on the telephone if clients in the office can overhear it.

If your records need to be seen by another professional, I will discuss it with you. If you agree to share these records, you will need to sign a release form. This form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have questions, please ask me. If we do family or couples counseling (where there is more than one client), and you want to have my record of this counseling sent to anyone, all of the adults present will have to sign a release.

If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstance, I ask you to agree to my transferring your records to a records custodian or another counselor who will assure their confidentiality, preservation, and appropriate access. In the event that I am unable to provide ongoing services Debra Gapp, LPC-MH, CCDC-II, QMHP of Gapp Counseling Services at PO Box 553 Vermillion, SD 57069 will provide those services or will refer you to the appropriate resources. She will maintain your records for a period of 10 years. Debra Gapp, LPC-MH, CCDC-II, QMHP may be contacted at 605-677-9052.

On occasion, an insurance company will sometimes ask for more information on symptoms, diagnoses, and my treatment methods. It will become part of your permanent medical record. I will let you know if this should occur and what the company has asked for. Please understand that I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company needs to pay your benefits.

You can review your own records in my files at any time. You may request to add to them or correct them, and you can have copies of them. The fee for copies is \$0.40 per page. I ask you to understand and agree that you may not examine records created by anyone else and sent to me. In some very rare situations, I may temporarily remove parts of your records before you see them. This would happen if I believe that the information will be harmful to you.

It is important to be aware that email, cell phones, faxes, and other forms of electronic communications can be accessed by unauthorized people and the privacy and confidentiality of such communication can be compromised. Please notify me at the beginning of treatment if you decide to avoid or limit in any way the use of any or all distance communications methods. Please do not use email, fax, etc. in emergency situations.

### **My Background**

I hold a Masters Degree (MA) in Counseling earned in 2001. My program of study was in Community & Agency Counseling which incorporates training in a variety of populations, disorders, and approaches. My undergraduate degree was earned with majors in both Psychology and Alcohol and Drug Abuse Studies. I am a Nationally Certified Counselor (NCC), Certified Clinical Hypnotherapist (CCH), Licensed Professional Counselor (LPC), and Distance Credentialed Counselor (DCC).

### **About Our Appointments**

The first time I meet with you, we will need to give each other a lot basic information. For this reason, our first meeting may run as long as 90 minutes. Please allow enough time in your schedule or let me know at the start of the session what time constraints you have. Following this, we will usually meet for a 45-50 minute session once a week or less. Changes in appointments should be made with as much advanced notice as possible, as a sign of our mutual respect. I will tell you in advance of my vacations or any other times we cannot meet (if possible). An appointment is a commitment to our work. We agree to meet here and to be on time. If I am ever unable to start on time, I ask your understanding. If your are late, we will probably be unable to meet for the full time, because it is likely that I will have another appointment after yours and you will still be charged the full fee.

I will consider our meetings very important and ask you to do the same. Please try not to miss sessions if you can possibly help it. When you must cancel, please give me at least 24 hours notice. Your session time is reserved for you. ***You will be charged the full fee for sessions cancelled without 24 hours notice.*** Your insurance will not cover this charge.

You will be charged for any damage to, or theft of, property in this office by you or anyone for whom you are legally responsible. I cannot be responsible for any personal property or valuables you bring into this office.

### **Fees, Payments, and Billing**

You are responsible for seeing that the services I provide you are paid for. Meeting this responsibility shows your commitment and maturity. Please pay for each session at the time of service. Any other payment or fee arrangements must be worked out in advance. The current fees are as follows (you will be given advance notice if these fees change):

Individual counseling sessions: For a scheduled session of 45 minutes, the fee is **\$120**.

Individual half-sessions: For a scheduled session of 25 minutes, the fee is **\$70**. (Sessions lasting 30 minutes or more will be charged at the full individual session rate.) Half-sessions are not available for couple, family, or group sessions.

Initial intake session: Your initial session involves the exchange of much information and paperwork. Therefore, initial sessions are scheduled for 75 minutes, and the fee for this initial session is **\$190**.

Extended sessions: Extended sessions are charged at the **regular session fee plus 25% of the regular fee per each quarter-session increment** (based on a 45 minute session).

Group sessions: For a group session of 60-90 minutes, the fee is **\$40-\$70**. You will be provided with the exact fee for your group before your first meeting.

Group education sessions (classes): Most classes run 1-12 weeks (varies by content) and are 60 minutes in length. Fees for most classes are **\$25-\$45** each. You will be provided with the exact fee before your first class begins.

Couples/Family Sessions: For a scheduled session of 60 minutes, the fee is **\$150**.

Telephone consultations: Telephone consultations may be suitable or even needed at times in our counseling. If so, you will be charged the **regular counseling fee prorated at quarter-session increments**. If I need to have long telephone conferences with other professionals as part of your treatment, you will be charged the regular counseling fee prorated at quarter-session increments. Of course, there is **no charge for calls about appointments or similar business**.

Distance counseling sessions: Sessions scheduled via distance methods of delivery (chat, video, etc.) will be charged at the same rate as face-to-face sessions unless otherwise noted. Emails (other than those sent for the purpose of scheduling and other similar business) will be charged at the rate of **\$40 per page** (which includes both received and sent pages) unless other arrangements have been agreed to in advance. *Note: Some email correspondence will be given at no charge as a part of other services. This will be determined on a case by case basis.*

Assessment services: **\$195** per assessment.

Reports: I will not charge you for making routine reports to your insurance company. However, I may have to bill you for any extra long or complex reports the company or others might require. These will be billed at the regular session rates. Your insurance will not cover this fee.

No shows and late cancellations: If you do not show up for your scheduled appointment, or if you cancel your appointment without giving at least 24 hours notice, you will be charged the **full fee** for the session which must be paid prior to receiving further services.

Workshops/Facilitated support groups: **Varies** and will be announced as offered.

Other services: The fee for making copies of your information is **\$0.40 per page**. Charges for other services will be based on the time involved in providing the service at the regular full fee schedule. Some services may require payment in advance.

Returned check fee: **\$55**

I will assume that our agreed-upon fee-paying relationship will continue as long as I provide services to you. I will assume this until you tell me in person or in writing that you wish to end it. You have a responsibility to pay for any services you receive before you end the relationship. *Clients who owe money and fail to make arrangements to pay may be referred to a collection agency or have a case filed with Small Claims Court, and I must stop counseling with you.* A collection agency or County Courthouse personnel will get only the client's name, address, phone number, the amount owed, charges/payments and the name and contact information of the counselor. **If it becomes necessary to utilize a collection agency or file a case with Small Claims Court for an unpaid balance, your account will be charged an additional 30% to cover the costs.** If there is a problem with my charges, my billing, your insurance, or any other money-related point, please bring it to my attention immediately.

### **If You Have Health Insurance Coverage**

Because health insurance is written by many different companies, I cannot tell you what your plan covers. Please read your plan's information, or call your employer's benefits office or your insurance plan to find out what you need to know.

If your health insurance will pay part of my fee, please keep two things in mind:

1. I had no role in deciding what your insurance covers. Your insurance provider decided which, if any, service will be covered and how much you (and/or I) will be paid. You are responsible for checking your insurance coverage, deductibles, payment rates, copayments, and so forth. Your insurance contract is between you and your company; it is not between me and the insurance company.
2. You – not your insurance company or any other person or company – are responsible for paying the fees we agree upon. If you ask me to bill a spouse, relative, or insurance company, and I do not receive payment, I will then expect this payment from you.

To seek payment from your insurance company, you may need to first obtain a claim form from your employer's benefits office or call your insurance company. Complete the claim form. Then attach my statement to the claim form and mail it to your insurance company.

If you belong to a health maintenance organization (HMO) or have another kind of health insurance with managed care, decisions about what kind of care you need and how much of it you can receive will be reviewed by the plan. The plan has rules, limits, and procedures.

### **If You Need to Contact Me**

I cannot promise that I will be available at all times. Although I may be in the office, I usually do not take phone calls when I am with a client. You can always leave a message, and I will return your call as soon as I can. If I will be unavailable for contact for an extended period such as vacation or illness, I will provide you with the contact information of another counselor who has agreed to be available to my clients in my absence. **If you have a behavioral or emotional crisis and cannot reach me immediately by telephone, you or your family members/friends should call 911, your medical doctor, or go to the nearest emergency room.**

### **If I Need to Contact Someone about You**

If there is an emergency during our work together, or I become concerned about your personal safety, I will need to contact someone close to you – perhaps a relative, spouse, or close friend. I am also required to contact this person, or the authorities, if I become concerned about you harming someone else. Please write down the name and information of your chosen contact person:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to you (or client): \_\_\_\_\_

### **Other Points**

**Litigation Limitation:** If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have a counseling relationship; and (2) the testimony might affect our counseling relationship, and I must put this relationship first. You agree that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.), neither you, nor your attorney, nor anyone else acting on your behalf will call on this counselor to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

**Follow-up Questionnaire:** Doing follow-up and outcome research is always educational. As a professional counselor, I naturally want to know more about how counseling helps people. To understand counseling better, I must collect information about clients before, during, and after counseling. Therefore, I am asking you to help me by filling out some questionnaires about different parts of your life – relationships, changes, concerns, attitudes, and other areas. I ask your permission to take what you write on these questionnaires and what I have in my records and use it in research or teaching that I may do in the future. If I ever use the information from your questionnaire, it will always be included with information from many others. Also, your identity will be made completely

anonymous. Your name will never be mentioned, and all personal information will be disguised and changed. After the research, teaching, or publishing project is completed all the data used will be destroyed.

Original Works: If, as part of our counseling, you create and provide to me records, notes, artworks, or any other documents or materials, I will return the originals to you at your written request but will retain copies.

### Statement of Principles and Complaint Procedures

It is my intention to fully abide by all the rules of the American Counseling Association (ACA) and by those of the state and federal government. Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not worked out. I will make every effort to hear any complaints you have and to seek solutions to them. If you feel that I have treated you unfairly or have even broken a professional rule, please tell me. You can also contact the state or local counseling associations 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 state board of counselor examiners.

In my practice as a counselor, I do not discriminate against clients because of any of these factors: age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. This is a personal commitment, as well as being required by federal and state laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

### Our Agreement

I, the client (or his or her parent or guardian), understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand I can choose to discuss my concerns with you, the counselor, before I start (or the client starts) formal counseling. I also understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this brochure, I can talk with you about them, and you will do your best to answer them.

I understand that after counseling begins I have the right to withdraw my consent to counseling at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending counseling with you.

I understand that no specific promises have been made to me by this counselor about the results of treatment, the effectiveness of the procedures used by this counselor, or the number of sessions necessary for counseling to be effective.

I have read, or have had read to me, the issues and points in this brochure. I have discussed those points, if any, I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this brochure. I hereby agree to enter into counseling with this counselor (or to have the client enter counseling), and to cooperate fully and to the best of my ability, as shown by my signature here.

\_\_\_\_\_  
Signature of client (or person acting for client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Relationship to client

*I truly appreciate the opportunity to be of professional service to you, and look forward to a successful relationship with you.*

I, the counselor, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this brochure. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into counseling with the client, as shown by my signature here.

\_\_\_\_\_  
Signature of counselor

\_\_\_\_\_  
Date

**NOTICE OF PRIVACY PRACTICES  
Receipt and Acknowledgement of Notice**

I hereby acknowledge that I have received and have been given an opportunity to read a copy of the Notice of Privacy Practices for this office. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact the Collective Perspective Privacy Officer, Linda Richardson, by calling (605) 321-0826. I also understand that Linda Richardson is considered as part of an Organized Health Care Arrangement (OHCA) and “shall comply with all Hospital policies and federal and state laws and regulations relating to the use and disclosure of individually identifiable health information, and shall adopt such procedures and comply with such policies as may be required from time to time.”

\_\_\_\_\_  
Signature of client (or person acting for client) \_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name \_\_\_\_\_  
Relationship to client

*It is your right to refuse to sign this acknowledgement.*

For office use only:

\_\_\_\_\_ Check here if the client (or person acting for client) Refuses to Acknowledge Receipt of NoPP.

\_\_\_\_\_  
Signature of Counselor or other staff \_\_\_\_\_  
Date

**Consent to Treatment**

I acknowledge that I have received, have read (or have had read to me), and understand the “Client Information Brochure” and/or other information about the therapy I am considering. I have had all my questions answered fully.

I do hereby seek and consent to take part in the treatment by the counselor named below. I understand that developing a treatment plan with this counselor and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.

I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this counselor.

I am aware that I may stop my treatment with this counselor at any time. The only thing I will still be responsible for is paying for the services I have already received. I understand that I may lose other services or may have to deal with other problems if I stop treatment. (For example, if my treatment has been court-ordered, I will have to answer to the court.)

**I know that I must call to cancel an appointment at least 24 hours before the time of the appointment. If I do not cancel and do not show up, I will be charged the full fee for that appointment.**

I understand that if payment for the services I receive here is not made, the counselor may stop my treatment.

My signature below shows that I understand and agree with all of these statements.

\_\_\_\_\_  
Signature of client (or person acting for client) \_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name \_\_\_\_\_  
Relationship to client

I, the counselor, have discussed the issues above with the client (and/or his or her parent, guardian, or other representative). My observations of this person’s behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

\_\_\_\_\_  
Signature of counselor \_\_\_\_\_  
Date

**Agreement to Pay for Professional Services**

I request that the counselor named below provide professional services to me or to \_\_\_\_\_, who is my \_\_\_\_\_, and I agree to pay this counselor's fee of \$\_\_\_\_\_ per full / half / extended (circle one) session for these services.

I agree that this financial relationship with this counselor will continue as long as the counselor provides services or until I inform her, in person or in writing that I wish to end it. I agree to meet (or have this client meet) with this counselor at least once before stopping counseling. I agree to pay for services provided to me (or this client) up until the time I end the relationship.

I agree that I am responsible for the charges for services provided by this counselor to me (or this client), although other persons or insurance companies may make payments on my (or this client's) account.

I have also read this counselor's "Client Information Brochure" and agree to act according to everything stated there, as shown by my signature below and on the brochure.

**I agree to pay the full fee for any sessions missed or cancelled without giving 24 hours notice. I am aware that my insurance company(ies) will not pay for this.**

**I authorize the release of any information needed to process insurance or EAP claims to receive health insurance benefits, reimbursements, payments for related services, and other similar decisions.**

I authorize that insurance and other third party payments be made to Linda Richardson.

\_\_\_\_\_  
Signature of client (or person acting for client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Relationship to client

*If you are signing as Authorized Representative acting on behalf of the client, please describe your authority to act for this individual (parent, power of attorney, medical power of attorney, etc.).* \_\_\_\_\_

I, the counselor, have discussed the issues above with the client (and/or the person acting for the client). My observations of the person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

\_\_\_\_\_  
Signature of counselor

\_\_\_\_\_  
Date