

|  |
| --- |
| 120 W. Eastman, Suite 305 |
| Arlington Heights, IL 60004 |
| (847) 255-7704 |

**NEW CLIENT FORM**

Hello,

Congratulations on taking a very important step towards growth, healing and wholeness.

Here are a few additional things to know:

Limits of confidentiality: What we talk about is confidential except if, in my professional judgement, you are at risk of harming yourself or some else.

There are limits to what I can and will help with in this office: This setting is similar to an office visit to a doctor’s office rather than going to the emergency room. I am not available 24/7 and am not primarily a crisis counselor. If a crisis arises we will work to contain it and refer you to the appropriate setting and treatment. It is outside the scope of my professional practice to be involved in legal proceedings in any capacity. If that becomes necessary I can refer you to someone who specializes in that.

I am a mandated reporter: If I hear of abuse/neglect or criminal behavior against a minor – I am required to call the state. I will make a reasonable attempt to notify you before I take any action. In addition, if I see that you may be of harm to yourself or others, I am also required to notify the authorities.

Payment: The cost for each regular 55-minute session is $150 per session. The cost for the intake session(s) is $175. You may pay by check or cash. I do not accept credit cards. When paying by check please make checks payable to Life Counseling Center.

Cancellation policy: You may cancel or change an appointment for any reason as long as you give me 24-hour notice. Without the 24-hour notice, payment is expected for the missed session. Exceptions for urgent medical issues may be made at counselor’s discretion. Standard cancellation fee is $100.

Complete and bring to first session: New Client Form, Intake Form, HIPAA

Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_