

CLIENT INFORMATION: Name of Adult _____

Today's Date _____ Address -----

Phone Home -----

Cell- -----

Date of birth: _____

Please circle one: Married/Divorced/Separated

Date of Marriage: _____ Separation: _____ Divorce: _____

Are there any phone numbers we cannot leave a message asking you to return a call or reminding you about your appointment with Lawrence Farber?

Please list all other family and non-family members living at your residence: Their names, ages and relationship(s):

How did you hear about Lawrence Farber? _____

Please check if he may contact your referral to thank them _____.

Are you aware that he is temporarily an out of network provider for any and all insurance plans? ____ Yes ____ No

EMERGENCY CONTACT

Please provide contact information for a person we can contact in case of emergency. This contact will only be used if we believe you, your child or someone else is in immediate danger or if you or your child becomes ill and are unable to continue or depart therapy without assistance.

Emergency Contact Person _____

Relationship _____

Phone Number (_____) _____

Address

City _____ State _____

Zip Code _____

(Please initial)_____ I agree Lawrence Farber LCSW may contact the above named person under the above named.

What is your reason for coming to therapy now? What behaviors do you exhibit that concerns you?

What are your goals for therapy?

What work do you do? _____

For how long? _____

Are there problems or issues at work?

Your interest's, hobbies, friends

...

Psychiatric Information:

Psychiatrist's Name: _____ Phone
Number: _____

Current medications prescribed by Psychiatrist:

Medical Information:

Physician's Name: _____ Physician's Phone Number:

Date of last complete physical: _____

Current medical concerns:

Current medications prescribed by
Physician: _____

Childhood/Adolescent illnesses, hospitalizations, operations, injuries, head injuries, etc:

Birth Complications:

How would you describe your current state of health?

Is there anything in your medical history or family health pattern that would be useful for me to know?

Are you concerned about your substance use? Yes _____ No _____

Are others concerned about your substance use? Yes _____ No _____ If yes, why?

Have you ever had treatment for alcohol/substance abuse? Yes _____ No _____ If yes, when? _____

Has you ever attended AA, NA, or Rational Recovery? Yes _____ No _____ If yes, when?

THERAPIST-CLIENT AGREEMENT

Lawrence Farber, LCSW does not discriminate on the basis of sex, gender, sexual orientation, race, ethnicity, color, national origin, age, economic status, disability, marital status, HIV/AIDS status, religion, creed, Veterans status, or political beliefs. Lawrence Farber LCSW is licensed in the State of North Carolina as a Clinical Social Worker.

NATURE OF PSYCHOTHERAPY AND THE THERAPEUTIC RELATIONSHIP

This practice does not provide 24-hour or emergency therapy services. Should you or someone close to you require such service, the following referrals are offered:

- 9-1-1 for emergency assistance room
- Nearest hospital emergency room

Lawrence accepts only those clients whom he believes have the capacity to resolve their problems with the assistance of psychotherapy. Although every client's goals are individualized, there are certain basic things you can expect from therapy. Essentially, therapy will help your child to better manage the challenges of daily life. Discussion of your more specific goals and progress will be a constant and central part of the therapy process.

Be aware that counseling often requires the sharing of difficult thoughts and feelings and that you may feel uncomfortable at times. At other times, you may feel that they are not making enough progress. It is especially important that during these difficult times you continue to communicate with Lawrence as he will want to work with you to consider all options available to help meet your therapy goals. Although your sessions may be very emotionally and psychologically intimate, it is important for you to realize the professional nature of your relationship with your therapist. Clients are best served if the therapist-client relationship remains professional and sessions concentrate on your concerns.

RECORDS & CONFIDENTIALITY

All interactions including scheduling of appointments, your records, content of your sessions and progress in counseling, are kept confidential. In order to provide you with the best possible

services, Lawrence participates in case consultation with supervisors and peers. Under certain circumstances, your therapist may be required to share confidential information under legal mandate. These circumstances are outlined below.

- Client Authorization:** Clients (parents and legal guardians) can give written consent for Lawrence Farber, LCSW to provide information to others (e.g., psychiatrists, doctors, case workers, etc.) in an effort to coordinate treatment. A release is standard practice for Lawrence if you are taking a prescribed psychotropic medicine.

- Imminent Risk of Harm:** When there is reason to believe that a client may be at imminent risk of harming him/herself, others, and/or property, the therapist has the legal and ethical option to warn appropriate authorities.

- Cases of Abuse and Neglect:** When there is reason to believe that a minor, an elderly person, or a person with a disability is in danger of being, or has been physically, emotionally, or sexually abused or neglected, therapists are obliged by law to report the information to the appropriate authorities.

- Past Abuse:** It is required by law to report perpetrators of past abuse if the therapist has reasonable suspicion that they have current access to an individual in a protected group (children, other disabled, elderly people...).

- Orders from Court of Law & Criminal Proceedings:** When a court of law orders a therapist to release information, the therapist must comply with such an order. Confidentiality does not extend to criminal proceedings in Texas, so that if a client is presently, or will later become, involved in a criminal lawsuit, the client's file may be opened for court inspection.

- Inappropriate Behavior by Previous Therapist:** If a client discloses that a previous therapist behaved in a sexually inappropriate manner, then the current therapist is legally bound to report it to the District Attorney's office as well as to the appropriate state licensing board. The client's identity need not be disclosed if he or she does not wish it.

•Kids and Sex: Therapists are required to report sexual activity of minors under the age of consent of 17 years of age that are not emancipated. This means sexual activity between a minor and an adult must be reported to the proper authorities for the protection of the minor. Sexual activity between a minor and another minor may be reportable, depending on the specifics of the situation.

CLIENT RIGHTS

If at any time or for any reason you are dissatisfied with your services, please speak with Lawrence directly. Lawrence is committed to trying to resolve your concerns. Lawrence practice according to national and state guidelines for professional and ethical standards of care. If you have reason to believe that he is practicing outside of these guidelines, you may report your concerns directly to the North Carolina board of Examiners of Clinical Social Workers,

CLIENT RESPONSIBILITIES

- Fees & Payment Expectations

You are responsible for paying your fee at each session. You understand that your current assessed fee is \$135 (60 minutes). If you attend Family, or couple sessions \$200 for 90 minutes.

Fees may be adjusted with at least a 4-week notice before the fee change would be in effect.

The agreement for paying by check is to pay a \$75 service charge for each check returned. After your second returned check, you will no longer be allowed to pay by check. If your debt becomes outstanding, it will be turned over to a collection agency, thereby releasing your status as a client of Lawrence Farber, LCSW. You will be charged \$75 per hour for all research, copying and administrative work requested on your behalf, including any requests for paperwork and/or clinical evaluations.

Therapists may have to appear in court only if subpoenaed or court-ordered by a judge. In these cases, therapist testimony and/or case consultation will be provided at the cost of \$300 per hour to be paid by the subpoenaing party at the time of court-related service. You will be charged \$300 per hour for all court-related proceedings, including but not limited to, meetings with attorneys and court appearances. Charges will be incurred for court preparation and travel as well as court appearance time. There is no sliding scale for court testimony or court case-related consultation.

- Cancellations & Missed Appointments If you are unable to attend a session due to illness or an emergency, please notify Lawrence as far in advance as possible. If you do not show up for an appointment or fail to cancel at least 24 hours prior to your appointment, you will be responsible for paying 100% of your fee for the missed session. If you are late for your appointment, you will still be charged your assessed fee. Fees for no-shows and cancellations without 24 hours' notice must be paid before your next therapy meeting.

Lawrence Farber , LCSW reserves the right to not begin or to terminate a session with clients believed to be under the influence of drugs and/or alcohol. If she believes that you are under the influence, she may end the session and require you to find a safe method of transportation to your residence.

- Termination of the Therapeutic Relationship

The majority of therapy relationships will end because the client achieves his or her goals and agrees with the therapist to terminate. However, there could be circumstances in which you or your therapist will end the relationship regardless of the other's preferences. You are free to end service at any time for any reason, whether or not your therapist feels it is advisable. I ask that you tell me if you plan to stop rather than just not returning and that you schedule one final appointment or tell me before the start of the session so that we can review your progress and discuss any referrals that might be beneficial to you.

There are a few situations in which your therapist may determine the need to end the therapeutic relationship. For instance, if you no longer need therapy or cannot benefit from continuing, the therapy relationship must end. If your needs surpass your therapist's ability to help you or if the therapy relationship becomes subject to a conflict of interest, the therapist must refer you to another therapist.

CONSENT FOR THERAPY

By signing below, you are indicating that you have read and understand this informed consent statement and that any questions you have had about this document and/or the therapy process have been answered to your satisfaction. You are hereby agreeing to enter into a professional therapeutic relationship with Lawrence Farber, LCSW.

Signature

Date _____

Full Name Printed

Therapist's Signature _____

Date _____

Lawrence Farber, LCSW

RECOVERY & WELLNESS PROFESSIONAL SERVICES

July, 7th, 2018

Lawrence Farber L.C.S.W.

Please be aware that while I accept assignment and bill 3rd party insurance, they will only cover 1 hour of clinical work per day and due to the nature of my work with people, helping them deal with the varied crisis interventions; often multiple hours may be involved with a given session. In the event that occurs; the client and or their family will be responsible for anything over the first hours insurance billable hour at my rate of \$135 per hour. (in 15 minute increments)

In addition, conversations that go over a 5 minute duration will be subject to billable hours in 15 minute increments at the rate of \$37.50 per increment, sadly this has to be asked due to the comprehensive nature of the level of care often required to speak to collateral family members institutions, treatment centers, attorneys, schools and other collateral professionals.

Lawrence Farber will make every effort to limit his billing of out of insurance costs to the client or family member responsible for payment; however severe situations often occur that require more intensive involvement of Lawrence Farber LCSW.

I _____ understand and accept this policy .

Lawrence Farber LCSW _____ (signature) date. _____

Client _____ (signature) date _____

Party responsible for payment _____ (signature) date _____

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