

## **Fresh Perspectives Counseling**

2111 Dickson Drive, Suite 22

Austin, Texas 78704

<http://www.fpcounseling.org>

### Information Sheet

#### **ABOUT THERAPY:**

The counselors at Fresh Perspectives Counseling (FPC) are firm advocates of individual and family counseling as processes of change. However, it is important that clients understand the nature of the therapeutic process so that they will know what to expect. The following represents a partial list of answers to common questions and expectations. Please feel free to ask ANY questions that may arise.

1. Counseling is a collaborative effort between you and your counselor. Your counselor only facilitates change; she or he cannot make changes happen. For this reason, your counselor cannot make any promises regarding the outcomes or results of any treatment. Rather, your counselor will monitor with you the effectiveness of the counseling process. If you feel the direction of counseling is not meeting your needs, you and the counselor will work to change directions and refocus the goals of therapy on a path that feels right to you.

2. The efficacy of counseling (the power to produce results) is in the nature of the relationship between the client and the counselor. It is very important that you feel a comfortable and safe working relationship with your counselor. While this takes time, it also requires that you be honest about your behavior and any concerns they may have about counseling or your counselor.

3. The change process can be uncomfortable at times. You may experience unpleasant memories or insights or loss in relationships as you make discoveries and lasting change.

4. The therapeutic relationship is a very unique professional relationship. While clients may develop a close emotional bond with their counselor, they need to understand that this does not include a social relationship or friendship.

#### **CONFIDENTIALITY:**

Your counselor will treat with great care all of the information you share with him or her. It is your legal right that your sessions and your counselor's records about you are kept private. That is why your counselor will ask you to sign an "Authorization for the Release of Information" form before she or he can talk about you or send any records about you to anyone else.

Your counselor will not even confirm or deny that you are receiving counseling from him or her. In all but a few rare situations, your confidentiality (that is, your privacy) is protected by state law and by the rules of our profession. Here are the most common cases in which confidentiality is not protected:

1. If your counselor believes a child, elderly or disabled person has been or will be abused or neglected, your counselor is legally required to report this to the appropriate authorities.

2. If you make a serious threat to harm yourself or another person, the law requires your counselor to try to protect you and/or the other person. This usually means telling appropriate legal authorities about the threat.

3. Are you being sued, or suing someone? Are you being charged with a crime? If you are, and share with the court that you are seeking counseling, your counselor may then be ordered to show the court his or her records. Please consult your lawyer if you have any concerns about this.

As the conservator of your records, your counselor is bound by the code of ethical principles presented by the American Psychological Association (APA). In the case of minor children (under the age of 18) the parents or legal guardians may legally request information concerning the child's progress and treatment. The counselor will maintain confidentiality with minors, and work with them to make disclosures to parents, in order to preserve the therapeutic relationship.

### **APPOINTMENTS:**

Appointments are scheduled according to client/counselor collaboration and are typically held once a week for 50 minutes. A minimum of 24 hours notice is required for rescheduling or cancellation of an appointment. The full fee will be charged for missed sessions without 24 hours notice.

### **FEES:**

The customary hourly fees are paid directly to your counselor at the beginning of the counseling appointment. FPC accepts cash, personal check, credit and debit cards. Counselors can provide detailed receipts for insurance reimbursements if requested.

### **GRADUATION:**

Ideally, you and your counselor will mutually agree upon termination of the counseling/therapy relationship. However, a client may stop their treatment at any time. Our goal is for all clients to be content with the outcomes of therapy and the direction in which their life is moving. Termination of the counseling relationship will automatically occur if there has been no contact between the client and counselor for three months.

### **REFERRALS:**

If, at any time, your counselor feels that she or he is unable to meet your therapeutic needs, your counselor will gladly refer you to another qualified practitioner in the area. We encourage all clients to inform their counselor if any discomforts arise so that joint resolution can be made.

### **ANSWERING SERVICE AND EMERGENCIES:**

Clients can leave messages on their counselor's confidential voice mail. It is our policy to check voicemail and return your call within 24 hours.

However, FPC is not a crisis-counseling center. Therefore, in the event of an emergency, please make use of the local services listed below:

24-hour crisis hotline: (512) 472-HELP (4357)

Seton Shoal Creek Psychiatric Hospital: (512) 324-2000

General emergency number: 911

I acknowledge that I have read, fully understood, and have received a copy of the information sheet citing the procedures and policies of Fresh Perspectives Counseling.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

If client is a minor, Parent or Legal Guardian Signature

\_\_\_\_\_

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**Intake Form**

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (cell) \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_

In case of emergency, whom should I contact? Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Your Occupation: \_\_\_\_\_ Spouse/Significant Other's \_\_\_\_\_

Your Highest Level of Completed Education: \_\_\_\_\_

Relationship Status: Single \_\_\_\_\_ Dating \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_

Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Step Family \_\_\_\_\_ Cohabiting \_\_\_\_\_

Children: (In the space below, please list your children's names, ages, and dates of birth.)

Marital History:

Current Marriage:

Date Began \_\_\_\_\_ Name of Spouse \_\_\_\_\_

Number of Children \_\_\_\_\_

Previous Marriages:

1. Date Began \_\_\_\_\_ Date Ended \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Number of Children \_\_\_\_\_

2. Date Began \_\_\_\_\_ Date Ended \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Number of Children \_\_\_\_\_

Religious Affiliation, if any: \_\_\_\_\_

Primary Physician's Name: \_\_\_\_\_

List any medications you are currently taking:

List any health problems you are currently receiving treatment for:

How were you referred to or how did you hear about Fresh Perspectives Counseling and/or your counselor?

Have you ever received counseling services before? \_\_\_\_\_

If yes, please indicate: When? \_\_\_\_\_

For what reason? \_\_\_\_\_

Are you currently seeing another counselor, psychologist or psychiatrist? \_\_\_\_\_

If so, who? \_\_\_\_\_

Please provide a brief description of your reason for seeing a counselor:

Are you currently feeling \_\_\_\_\_ suicidal, \_\_\_\_\_ homicidal or \_\_\_\_\_ fearful for your life? Please check any that apply.