



**Client Information**

Today's date: \_\_\_\_\_

**A. Identification**

Your name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Nicknames or aliases: \_\_\_\_\_

Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Employment: No FT PT Retired Student

Home street address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/evening phone: \_\_\_\_\_ cell: \_\_\_\_\_

email: \_\_\_\_\_

Calls or e-mail will be discreet, but please indicate any restrictions: \_\_\_\_\_

**B. Insurance Information**

None

EAP

BCBS

Insured name: \_\_\_\_\_ Insured DOB: \_\_\_\_\_

Relationship to Insured: Self Spouse Child Other: \_\_\_\_\_

Insured employer's Name: \_\_\_\_\_

**C. Your medical care:** From whom or where do you get your medical care?

Clinic/doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

If you enter treatment with me for psychological problems, may I tell your medical doctor so that he or she can be fully informed and we can coordinate your treatment?  Yes  No

Do you have any significant past medical issues (cancer survivor etc.) \_\_\_\_\_

Do you have any current medical issues (diabetes, heart disease, thyroid)? \_\_\_\_\_

(Please complete the other side)

*This is a strictly confidential patient medical record. Re-disclosure or transfer is expressly prohibited by law.*





### Consent to Treatment

I acknowledge that I have received, have read (or have had read to me), and understand the "Information for Clients" 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 therapist named below. I understand that developing a treatment plan with this therapist 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 therapist.

I am aware that I may stop my treatment with this therapist 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/or do not show up, I will be charged the full billable fee for that appointment.

I am aware that services are:

- self-pay. The fees for services are \$100 per 55 minute session either in person or over the phone.
- being paid for through my BCBS insurance. I am responsible for any co-payments and/or deductibles.
- being provided through my EAP services and are subject to the requirements of the EAP provider.

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

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

Name of client: \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Relationship to client (if necessary)

I, the therapist, 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 therapist

\_\_\_\_\_  
Date

- Copy accepted by client
- Copy kept by therapist

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## Client Bill of Rights

You have the right to:

- Get respectful treatment that will be helpful to you.
- Have a safe treatment setting, free from sexual, physical, and emotional abuse.
- Report immoral and illegal behavior by a therapist.
- Ask for and get information about the therapist's qualifications, including his or her license, training, experience, membership in professional groups, special areas of practice, and limits on practice.
- Have written information, before entering therapy, about fees, method of payment, insurance coverage, number of sessions the therapist thinks will be needed, substitute therapists (in cases of vacation and emergencies), and cancellation policies.
- Refuse audio or video recording of sessions (but you may ask for it if you wish).
- Refuse to answer any question or give any information you choose not to answer or give.
- Know if your therapist will discuss your case with others (for instance, supervisors, consultants, or students).
- Ask that the therapist inform you of your progress.



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## INFORMATION FOR CLIENTS

Welcome to my practice. I appreciate your giving me the opportunity to be of help to you. This brochure answers questions that clients often ask about therapy and coaching. 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:

- What the risks and benefits of therapy and coaching are.
- What the goals of therapy/coaching are and what my methods of treatment are like.
- How long therapy/coaching might take.
- How much my services cost, and how I handle money matters.
- Other important areas of our relationship.

After you read this brochure, we can talk in person about how these issues apply to you. This brochure is yours to keep. Please read all of it. 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. I will sign it as well and make a copy, so we each have one.

### About Therapy and Life Coaching

I strongly believe you should feel comfortable with the counselor you choose, and hopeful about the therapy. When you feel this way, therapy is more likely to be very helpful to you. Let me describe how I see therapy/coaching. I will be using the terms therapy and coaching interchangeably since my theoretical approach is much more of a partnership approach.

My theoretical approach is eclectic. I am most strongly influenced by the work of Carl Rogers and his person-centered approach to therapy. I also use a lot of mindfulness approaches, such as Acceptance and Commitment Therapy (ACT). Since I do not adhere to a single approach, I use a variety of approaches and techniques that I think will benefit my clients.

The central idea in my work is that people are not "broken". Everyone makes the best choices they can, based on their experiences and life situation. However, over time, those choices and resulting coping mechanisms may hold you back from growing and reaching your full potential.

The goal of my treatment is to help clients reach the goals they set for themselves. My job is to help clients identify new choices that match their values. Together we will work to create movement in your life towards your stated values and goals.

The reason that I have used the terms therapy and coaching interchangeably is due to my view of how to help facilitate change and healing. I believe that a partnership of equality is necessary between the

counselor and client. This is your life and I am here to help YOU create the outcomes you identify as being important. You set the agenda and I provide a safe, supportive place for you to do the work necessary to create the life you want.

I usually take notes during our meetings. You may find it useful to take your own notes, and also to take notes outside the office.

By the end of our first or second session, I will discuss with you what your goals are and how I think we should proceed. I view therapy 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. Therapy is not like visiting a medical doctor. It 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 therapy.

I expect us to plan our work together. In our treatment plan we will list the areas to work on, our goals, the methods we will use, the time and money commitments we will make, and some other things. I expect us to agree on a plan that we will both work hard to follow. From time to time, we will look together at our progress and goals. If we think we need to, we can then change our treatment plan, its goals, or its methods.

An important part of your therapy 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, keep records, and read to deepen your learning. You will probably have to work on relationships in your life and make long-term efforts to get the best results. These are important parts of personal change. 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, painless cures and no “magic pills.” However, you can learn new ways of looking at your problems that will be very helpful for changing your feelings and reactions.

Most of my clients see me once a week for 2 to 4 months. After that, we meet less often for several more months. Therapy then usually comes to an end. The process of ending therapy, called “termination,” can be a very valuable part of our work. Stopping therapy 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 therapy at any time, I ask that you agree now to meet then for at least one more 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 therapy to try it on your own, we should discuss this. We can often make such a “time out” be more helpful.

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

### The Benefits and Risks of Therapy

As with any powerful treatment, there are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. In addition, some people in the community may mistakenly view anyone in therapy as weak, or perhaps as seriously disturbed or even dangerous. Also, clients in therapy may have problems with people important to them. Family secrets may be told. Therapy 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 therapy may not work out well for you.

While you consider these risks, you should know also that the benefits of therapy 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. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. 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

If you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. 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, I will coordinate my services with them and with your own medical doctor.

If for some reason treatment is not going well, I might suggest you see another counselor or another professional for an evaluation. 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, or 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 licensed and 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 rules of the ACA require me to keep what you tell me confidential (that is, just between us). 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’s standards, I can only be your counselor. I cannot have any other role in your life. I cannot, now or ever, be a close friend to or socialize with any of my clients. 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 therapy. I cannot have a business relationship with any of my clients, other than the therapy relationship.

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 therapy relationship; and (2) the testimony might affect our therapy relationship, and I must put this relationship first.

Even though you might invite me, I will not attend your family gatherings, such as parties or weddings. As your counselor, I will not celebrate holidays or give you gifts; I may not notice or recall your birthday; and may not receive any of your gifts eagerly.

### 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 are 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, our privacy) is protected by federal and state laws and by the rules of my profession. Here are the most common cases in which confidentiality is not protected:

1. 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.
2. If I believe a child or elder/senior has been or will be abused or neglected, I am legally required to report this to the authorities.
3. 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 with telling.
4. 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. Please consult your lawyer about these issues.

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 a few days, I 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 and rules as I am to protect your confidentiality.

Second, I sometimes consult 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, some information will be changed or omitted, and they will be told only as much as they need to know to understand your situation.

It may be beneficial for me to confer with your primary care physician with regard to your psychological treatment or to discuss any medical problems for which you are receiving treatment.

Except for situations like those I have described above, I will always maintain your privacy. I also ask you not to disclose the name or identity of any other client being seen in this office.

If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign an authorization 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. It is my office policy to destroy clients' records 10 years after the end of our therapy. Until then, I will keep your case records in a safe place.

If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, I ask you to agree to my transferring your records to another counselor who will assure their confidentiality, preservation, and appropriate access.

You can review your own records in my files at any time. You may add to them or correct them, and you can have copies of them. I ask you to understand and agree that you may not examine records created by anyone else and then 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, but I will discuss this with you.

You have the right to ask that your information not be shared with family members or others, and I can agree to that limitation. You can also tell me if you want me to send mail or phone you at a more private address or number than, say, your home or workplace. If this is of concern to you, please tell me so that we can make arrangements.

### My Background

I am a counselor with 15+ years of experience in clinical research and clinical practice. I worked in hospital, residential treatment facilities, and behavioral health agencies prior to starting my own private practice. I am trained and experienced in doing one-on-one and group counseling with adults (18 years and over). I hold these qualifications:

- I have a master's degree in counseling psychology from Prescott College and a master's degree in clinical psychology from San Diego State University.
- I am a LPC - Licensed Professional Counselor in the state of Missouri.
- I am a CRAADC - Certified Reciprocal Advanced Alcohol Drug Counselor and a CCDP-D - Certified Co-occurring Disorders Professional - Diplomat in the state of Missouri.

### About Our Appointments

The very first time I meet with you, there is paperwork and background information that will need to be collected. Following this, we will usually meet in person or have a phone session for a 50-minute session once a week, then less often. We can schedule meetings for both your and my convenience. I will tell you at least a month in advance of my vacations or any other times we cannot meet. Please ask about my schedule in making your own plans.

An appointment is a commitment to our work. We agree to meet here and to be on time. If there is an appointment for a phone session, we agree to be available, without distraction at the time we set. If I am ever unable to start on time, I ask your understanding. I also assure you that you will receive the full time agreed to. If you 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. A cancelled appointment delays our work. 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 a 24 hour notice. Your session time is reserved for you. I am rarely able to fill a cancelled session unless I know in advance. I will reserve a regular appointment time for you into the foreseeable future. I also do this for my other patients. You will be charged the full fee for sessions cancelled with less than 24 hours' notice, for other than the most serious reasons. Except for unpredictable emergencies (or because of a situation that would be seen by both of us as an unpredictable emergency), I will charge you 100% of the regular fee for any missed sessions.

If the appointment is not kept or is cancelled with less than 24 hours' advance notice, you can expect me to charge you for it. I request that you do not bring children with you if they are young and need babysitting or supervision, which I cannot provide. 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

Payment for services is an important part of any professional relationship. This is also true in therapy; one treatment goal is to make relationships and the duties and obligations they involve clear. You are responsible for seeing that my services are paid for. Meeting this responsibility shows your commitment and maturity.

My current regular fees are as follows. You will be given advance notice if my fees should change. Regular therapy services: \$100 per 50 minute session.

Please pay for each session at its end. I have found that this arrangement helps us stay focused on our goals, and so it works best. It also allows me to keep my fees as low as possible, because it cuts down on my bookkeeping costs. Other payment or fee arrangements must be worked out before the end of our first meeting.

#### Telephone consultations

I believe that telephone consultations may be suitable or even needed at times in our therapy. If so, I will charge you our regular fee, prorated over the time needed. Of course, there is no charge for calls about appointments or similar business. I realize that my fees involve a substantial amount of money, although they are well in line with similar professionals' charges. For you to get the best value for your money, we must work hard and well.

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, by telephone, or by certified mail that you wish to end it. You have a responsibility to pay for any services you receive before you end the relationship.

Because I expect all payment at the time of our meetings, I do not send bills.

At the end of each month, I will provide you with a statement. The statement can be used for health insurance claims, as described in the next section. It will show all of our meetings, the charges for each, how much has been paid, and how much (if any) is still owed.

Depending on your financial circumstances and total medical costs for any year, psychotherapy may be a deductible expense; consult your tax advisor.

If you think you may have trouble paying your bills on time, please discuss this with me. I will also raise the matter with you so we can arrive at a solution. If your unpaid balance reaches \$100, I will notify you by mail. If it then remains unpaid, I must stop therapy with you.

If there is any problem with my charges, my billing, or any other money-related point, please bring it to my attention. I will do the same with you. Such problems can interfere greatly with our work. They must be worked out openly and quickly.

#### If You Have Health Insurance Coverage

At this time, I see clients on a "self-pay" basis; I am a provider for Anthem Blue Cross Blue Shield and HealthLink; and I am a provider for some EAP providers.

For self-pay clients, I am happy to provide you with a monthly summary of services provided and billing costs. You are responsible for submitting this information to your insurance and finding out what reimbursement (if any) you are eligible.

For BCBS and HealthLink clients, you are responsible for paying any co-pays and deductibles. I will bill your insurance directly for the remainder.

For EAP clients, we are subject to the requirements of your EAP provider and your costs are determined by your EAP provider.

#### If You Need to Contact Me

I cannot promise that I will be available at all times. I usually do not take phone calls when I am with a client. You can always leave a message on my voicemail and I will return your call as soon as I can (usually within 24 hours). Generally, I will return messages daily except on weekends and holidays.

If you have an emergency or crisis, please indicate this in your message. If you feel that you are a danger to yourself or someone else, please see immediate emergency care by calling 911 or going to the closest 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 am required by law and by the rules of my profession 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 your harming someone else.

#### 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 my state license.

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 (or any other counselor) have treated you unfairly or have even broken a professional rule, please tell me. You can also contact the state counseling board 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.

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, state, and local 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.



## **Notice of Privacy Practices (Brief Version)**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **Our commitment to your privacy**

Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We are also required by law to keep your information private. These laws are complicated, but we must give you this important information. This is a shorter version of the attached, full, legally required notice of privacy practices. Please talk to Claudine Miller about any questions or problems.

### **How we use and disclose your protected health information with your consent**

We will use the information we collect about you mainly to provide you with **treatment**, to arrange **payment** for our services, and for some other business activities that are called, in the law, **health care operations**. After you have read this notice we will ask you to sign a **consent form** to let us use and share your information in these ways. If you do not consent and sign this form, we cannot treat you. If we want to use or send, share, or release your information for other purposes, we will discuss this with you and ask you to sign an authorization form to allow this.

### **Disclosing your health information without your consent**

There are some times when the laws require us to use or share your information. For example:

1. When there is a serious threat to your or another's health and safety or to the public. We will only share information with persons who are able to help prevent or reduce the threat.
2. When we are required to do so by lawsuits and other legal or court proceedings.
3. If a law enforcement official requires us to do so.
4. For workers' compensation and similar benefit programs.

There are some other rare situations. They are described in the longer version of our notice of privacy practices.

### **Your rights regarding your health information**

1. You can ask us to communicate with you in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home, and not at work, to schedule or cancel an appointment. We will try our best to do as you ask.
2. You can ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends.
3. You have the right to look at the health information we have about you, such as your medical and billing records. You can get a copy of these records, but we may charge you for it. Contact our privacy officer to arrange how to see your records. See below.



4. If you believe that the information in your records is incorrect or missing something important, you can ask us to make additions to your records to correct the situation. You have to make this request in writing and send it to our privacy officer. You must also tell us the reasons you want to make the changes.

5. You have the right to a copy of this notice. If we change this notice, we will post the new version in our waiting area, and you can always get a copy of it from the privacy officer.

6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our privacy officer and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way. Also, you may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. We will be happy to discuss these situations with you now or as they arise. If you have any questions regarding this notice or our health information privacy policies, please contact our privacy officer, who is Claudine Miller and can be reached by phone at 314-780-8328 or by e-mail at [cmiller@claudinemiller.com](mailto:cmiller@claudinemiller.com).

The effective date of this notice is May 2011.