

Welcome! This document is meant to inform you about therapy and Michelle M. Bohls's policies regarding psychotherapy, as well as capture your basic information for record keeping. These records are confidential. Please see the section on Records and Confidentiality for more information. Each person entering therapy will need to fill out their own paperwork even if you are entering couples therapy. Please bring this completed to your first session.

CLIENT INFORMATION

Printed Name of Client _____ Date _____

Date of birth: _____

Address: _____

If attending counseling with someone else please list their name: _____

Names and relationship of other parties living at your residence: _____

Home Phone: _____ Yes, you may leave a message here

Cell Phone: _____ Yes, you may leave a message here

Other Phone: _____ Yes, you may leave a message here

Email _____ Yes, you may send me information here

How did you hear about Michelle? _____

Please check if she may contact your referral to thank them

Are you aware that Michelle does not file insurance and is considered "out-of-network"? Yes No

Have you had prior therapy and if so when and for how long? _____

What is important for Michelle to know about that experience? _____

What is your reason for therapy now? _____

THERAPIST-CLIENT AGREEMENT

This agreement is meant to clarify the client-therapist relationship and any expectations of you as a client, make explicit Michelle's ethics and the ethical guidelines of her license, and inform you of your legal rights. Michelle M. Bohls 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. Michelle M. Bohls is licensed in the State of Texas as a Marriage and Family Therapist (LMFT). In addition to these qualifications, she holds separate professional certifications awarded by the related international associations in Imago Relationship Counseling, EMDR, and Group Therapy.

NATURE OF PSYCHOTHERAPY & THE THERAPEUTIC RELATIONSHIP

Michelle's 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:

- Hotline to Help: 472-HELP(4357)
- MHMR Psychiatric Emergency: 472-8996
- Nearest hospital emergency room
- 9-1-1 for emergency assistance

Michelle accepts only those clients who she 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 you 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 you are not making enough progress. It is especially important that during these difficult times you continue to communicate with your therapist. Michelle will want to work with you to consider all options available to help you 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. Your contact will be limited to the paid sessions you have at 8500 Shoal Creek Blvd. Michelle will be unable to attend social gatherings, accept gifts, or relate to you in any way other than in the professional context of your therapy sessions. Clients are best served if the therapist-client relationship remains pro-

essional 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, your therapist participates in case consultation with experts in her field and peers. If she should discuss your work together in consultation it would be without identifying information with other professionals also held to the standards of confidentiality. Under certain circumstances, your therapist may be required to share confidential information under legal mandate. These circumstances are outlined below.

- Client Authorization: Clients can give written consent for Michelle Bohls to provide information to others (e.g., psychiatrists, doctors, case workers, etc.) in an effort to coordinate treatment. A release is standard practice for Michelle 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-abled, 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.

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 or someone else is in immediate danger or if you become ill and unable to continue or depart therapy without assistance.

Emergency Contact Person _____

Relationship _____

Address _____

Phone Number _____

_____ (Please initial) I agree Michelle M. Bohls may contact the above named person under the above named conditions.

CLIENT RIGHTS

If at any time or for any reason you are dissatisfied with your services, please speak with Michelle directly. Michelle is committed to trying to resolve your concerns. Michelle practices according to national and state guidelines for professional and ethical standards of care. If you have reason to believe that she is practicing outside of these guidelines, you may report your concerns directly to the Texas State Board of Examiners of Marriage and Family Therapists, 834-6657.

CLIENT RESPONSIBILITIES

Fees & Payment Expectations

You are responsible for paying your fee at each session. You understand that your current assessed Individual fees are \$175 for 45-minutes scheduled weekly unless otherwise arranged. Individual 80-minute sessions are \$225. Couples sessions are \$225 for 45-minute sessions or \$300 for 80 minute sessions. Intensive sessions (3 hours) are \$600. Group fees range from \$180-300 a month for weekly 90-minute sessions (regardless of attendance). At a point in the future, fees may be adjusted with at least a 2-week notice before the fee change would be in effect. The agreement is to pay a \$25 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 Michelle Bohls.

EMAIL

In order to comply with HIPPA law I am required to inform you that while my computer is password protected, my email is not considered to be secure and emails are not encrypted. Because of this, I do not accept text or emails regarding therapy content. If you choose to change your appointment time or schedule via emails or text please sign below to show your understanding that any email or text communications with Michelle Bohls, LMFT are not considered secure. I will not be able to reply via text or email with any therapeutic response.

_____ Date _____

Client or Legal Guardian

_____ Date _____

Witness

Records Request

You will be charged \$400 per hour for all research, copying and administrative work requested on your behalf, including any requests for paperwork and/or clinical evaluations not including releases and insurance paperwork required for your care. 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 \$400 per hour to be paid by the subpoenaing party at the time of court-related service. You will be charged \$400 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 Michelle 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. Michelle M. Bohls 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 may 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. You will also be obliged to honor any unsettled financial obligations. PLEASE discuss all decisions regarding termination or breaks in therapy in person with your therapist to insure your file is moved or closed out appropriately and you and your therapist have some closure to your work.

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 Michelle Bohls, MA, LMFT.

Client's Signature _____ Date _____

Therapist's Signature _____ Date _____

MEDICAL & SUBSTANCE USE

Please complete to the best of your ability. If you do have a current provider please mark N/A or otherwise indicate that it is not applicable. Please do not leave any spaces blank.

Psychiatric Information:

Psychiatrist's Name: _____

Current and past psychotropic medications prescribed by Psychiatrist or MD (please note if current):

Medical Information:

Physician's Name: _____

Other current medications:

Are you taking Steroids? _____

Childhood/Adolescent illnesses, hospitalizations, operations, injuries (including minor or prolonged illnesses):

Please note if you recall experiencing or witnessing any of the following in your childhood: Animal attack, serious falls, natural disasters, sudden losses including divorce, death of family member, near drowning, severe illness or Asthma

Adult illnesses, hospitalizations, operations, injuries, head injuries, etc...:

Other Health Care Providers (OPTIONAL):

Chiropractor _____

Acupuncturist _____

Other healers/providers: _____

Have you been evaluated for hormonal imbalance? Y ___ N ___ If yes, most recent date: _____

Thyroid? Y _____ N _____ If yes, most recent date and results : _____

HIV Status (OPTIONAL):

Have you had a HIV test Y _____ N _____ If yes, most recent date: _____

Test result? _____ If Positive, CD4 count: _____ Viral Load: _____

USE (Current and History):

What I have used to manage strong emotions	Form/Type	Method of Use	Age Began	Duration of Use	Last Used	Current Amt/Frequency
Alcohol						
Tobacco						
Marijuana						
Cocaine/Crack						
Amphetamines (Speed, Crystal Meth, Diet Pills)						
Hallucinogens (LSD, Mushrooms, etc...)						
Tranquilizers Sedatives (Valium, Xanax)						
Opiates (Heroin, Morphine, Codeine)						
Pain Killers (Percodan, Vicodin, Phenergan)						
Club/Designer Drugs (Special K, GHB, X)						
Inhalants (Poppers, Glue, Paint, Whiteout)						
Other (over working, use of food, cutting)						
Use of Pornography						

Are you concerned about the behaviors listed above? Yes _____ No _____

Are others concerned about these behaviors? Yes _____ No _____

Have you ever had treatment for alcohol/substance abuse/addiction? Yes _____ No _____

Have you ever had treatment (AA, NA, Rational Recovery or another 12-step program)? Yes _____ No _____