

Creative Counseling Center, LLC / Helen Murray, LMHC

1850 43rd Ave, Suite C-11 • Vero Beach, FL 32960 • (772) 770-4501

Information for Clients

Thank you for giving me this opportunity to work with you. This document answers some questions clients often ask about any therapeutic practice. It is important to me that you know how we will work together. I believe our work will be most helpful to you when you have a clear understanding of what we are trying to accomplish.

The Therapeutic Relationship and Process

Psychotherapy is a process that will require your active involvement. An important part of your therapy will be practicing new skills that you will learn in our sessions. You may be asked to complete exercises and homework assignments as part of the therapeutic process. These assignments will assist you in learning new ways of looking at things and will be very helpful for changing your reactions. We will consistently review your progress in therapy and make adjustments to ensure that we're co-creating a shift for you that will enable your mind to be working optimally. The length of therapy may vary depending on the issues brought forth during treatment. Many people decide to come weekly in the beginning, and then move to bi-weekly, monthly, and even quarterly sessions.

The Risks and Benefits of Therapy

As with any treatment, there are some risks and benefits associated with the therapeutic process. For example, in therapy, there is a risk that clients will, for a time, experience uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may also recall unpleasant memories. Many of these risks are to be expected when individuals are making important changes in their lives.

Scientists in hundreds of well-designed research studies have showed the benefits of therapy. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, individuals are given an opportunity to discuss their feelings fully and openly until a sense of relief is felt or problems are resolved. Clients' relationships and coping skills improve greatly. Their personal goals and values become clearer.

If you could benefit from a treatment that I cannot provide, I will assist you in obtaining that treatment. Based on what I learn about your problem/issue, I may recommend a medical exam or use of medication. I cannot prescribe or provide you with any medications, but will recommend a physician or psychiatrist.

Appointments

After the first appointment, each appointment is scheduled to last fifty-five (55) minutes, and the cost of an appointment is \$150.00. Payment will be made prior to the session. Helen Murray is happy to provide a receipt for services, so that insurance forms can be completed and submitted by you for reimbursement.

If you are unable to keep an appointment, it is your responsibility to cancel or reschedule the session at least forty-eight (48) hours in advance. If this is not done, you will be charged \$75 for the missed session. In good faith, there will be a ONE-TIME-ONLY waiver of this fee. You will be charged for missed appointments after that. Please review the form identified as "Clinical Services and Fees" and acknowledge by your signature.

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Clinical Services and Fees

Thank you for choosing to begin therapy with Helen Murray, LMHC, and Creative Counseling Center. The fee structure for each service is listed. Please read and review the Notice of Privacy Practices. Please review the Initial Contact Screening Form, Adult Checklist of Concerns, Credit Card Form and Confidentiality in Therapy. This clinical service fee structure form, as well as those noted above, MUST be completed as indicated, signed and brought to your first therapy appointment.

This important time and financial resource decision are vital, as we begin to identify your therapeutic goals and objectives! As customary, fees are to be paid prior to each session. This may be by check, cash or credit card (check or cash is preferred). When using a credit card, a \$5 fee will be added to cover cost.

Your credit card information may be kept on file to cover the cost of missed appointments. If not using a credit card, other arrangements must be made.

Psychotherapy assessment/evaluation and other therapeutic services/	Fees
Initial evaluation (90 minutes)	\$225.00
Standard psychotherapy session (60 minutes)	\$150.00
Mini face-to-face psychotherapy session (30 minutes)	\$ 85.00
Extended telephone or brief client contact (up to 30 minutes)	\$ 85.00
Case management/letters/email	\$ 75.00
Cancelled or missed appointments (not given 48 hours prior notice).....	\$ 75.00

NOTE: When using a credit card, a \$5 fee will be added to cover cost

Couples counseling and family therapy sessions are offered in either 60 or 90 minute psychotherapy sessions, identical to the above fee structure.

Telephone calls or other “emergency” services on weekends, holidays, or late evenings will be billed at (i.e., \$225.00 per 60-minute increment). Your therapeutic choice will be billed to your authorized credit card.

Please remember your appointment day and time, as there will be no reminder calls.

I have read Helen Murray’s Clinical Services, and I agree to the terms of payment identified with what I find best for me. I further agree to have my authorized credit card billed for services provided by Helen Murray on my behalf.

signature

date

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Confidentiality in Therapy

What you share in therapy will be treated with great care. Professional ethics (that is, the professional rules about moral matters guiding the practice of psychotherapy) and the laws of this state prevent your therapist from telling anyone else what you share in session unless you give written permission. These rules and laws are the ways our society recognizes and supports the privacy of what we talk about—in other words, the “confidentiality” of therapy. But no therapist can promise that everything you share will *never* be revealed to someone else. There are some times when the law requires a therapist to tell things to others. There are also some other limits to our confidentiality. We need to discuss these, because it is important for you to understand clearly what may and may not be kept confidential. You need to know about these rules now, so that you don’t share something as a “secret” that cannot be kept secret. These are very important issues, so please read these pages carefully. We can discuss any questions you might have.

1. **When you or other persons are in physical danger**, the law requires your therapist to tell others about it. Specifically:
 - a. If your therapist comes to believe that you are threatening serious harm to another person, your therapist is required to try to protect that person. Your therapist may have to tell the person and the police, or perhaps have you hospitalized.
 - b. If you seriously threaten or act in a way that is very likely to harm yourself, your therapist may have to seek a hospital for you, or to call on your family members or others who can help protect you. If such a situation arises, your therapist will fully discuss the situation with you before doing anything, unless your therapist has a very strong reason not to do so.
 - c. In an emergency where your life or health is in danger, and your therapist cannot get your consent, your therapist may give another professional some information to protect your life. Your therapist will try to get your permission first and will discuss this matter with you as soon as possible afterwards.
 - d. If your therapist believes or suspects that you are abusing a child, an elderly person, or a disabled person your therapist must file a report with a state agency. To “abuse” means to neglect, hurt, or sexually molest another person. Your therapist does not have any legal power to investigate the situation to find out all the facts. The state agency will investigate. If this might be your situation, we should discuss the legal aspects in detail before you tell me anything about these topics. You may also want to talk to your lawyer.

In any of these situations, your therapist would reveal only the information that is needed to protect you or the other person. Your therapist would not tell everything you have shared.

2. Here is what you need to know about confidentiality **in regard to insurance and money matters**: If you ask your therapist to do so, your therapist will give you an invoice for you to send to your insurance company to file a claim for your benefits. Insurance companies require some information about our therapy. Insurers or managed care organizations can ask for much information about you and your symptoms, as well as a detailed treatment plan. It is against the law for insurers to release information about our session to anyone without written permission.

The signatures here show that I / we have read, discussed, understand, and agree to abide by the points presented above.

Signature of client (or person acting for client)

Date

Printed Name of client

Relationship to client (if necessary)

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Notice of Privacy Practices

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

The basic uses and disclosure: For treatment, payment, and health care operations

Introduction To our clients: This notice will tell you how we handle your medical information. It tells how we use this information here in this office, how we share it with other professionals and organizations, and how you can see it. We want you to know all of this so that you can make the best decisions for yourself and your family.

What we mean by your medical information: Each time you visit us or any other health care provider, information is collected about you and your physical and mental health. It may be information about your past, present, or future health or conditions, or the tests and treatment you got from us or from others, or about payment for health care. This information is called "PHI," which stands for "protected health information." This information goes into your medical or health care records in our office.

We use PHI for many purposes. For example, we may use it: -To plan your care and treatment. -To decide how well treatment is working for you. -When we talk with other health care professionals who are also treating you, such as the professional who referred you to us. -To show that you received services from us, which we billed to you or to your health insurance company. -For teaching and training other healthcare professionals. -To improve the way we do our job by measuring the results of our work.

When you understand what is in your record and what it is used for, you can make better decisions about whom, when, and why others should have this information.

Privacy and the laws about privacy: We are required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires us to keep your PHI private and to give you this notice about our legal duties and our privacy practices. We will obey the rules described in this notice. If we change our privacy practices, they will apply to all the PHI we keep. We will also post the new notice of privacy practices in our office.

How your protected health information can be used and shared: Except in some special circumstances, when we use your PHI in this office or disclose it to others, we share only the minimum necessary PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, to know how it is used, and to have a say in how it is shared. Mainly, we will use and disclose your PHI for routine purposes to provide for your care, and we will explain more about these below. For other uses, we must tell you about them and ask you to sign a written authorization form.

Uses and disclosures with your consent: After you have read this notice, you will be asked to sign a separate consent form to allow us to use and share your PHI. In almost all cases we intend to use your PHI here or share it with other people or organizations to provide treatment to you or to arrange for payment for our services. In other words, we need information about you and your condition to provide care to you. You have to agree to let us collect the information, use it, and share it to care for you properly. Therefore, you must sign the consent form before we begin to treat you. If you do not agree and consent, we cannot treat you.

Uses and disclosures that require your authorization: If we want to use your information for any purpose besides those described above, we need your permission on an authorization form. If you do allow us to use or disclose your PHI, you can cancel that permission in writing at

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Notice of Privacy Practices

continued

any time. We would then stop using or disclosing your information for that purpose. Of course, we cannot take back any information we have already disclosed or used with your permission.

Uses and disclosures that don't require your consent or authorization: The law lets us use and disclose some of your PHI without your consent or authorization in some cases.

When required by law: -We have to report suspected child and elder abuse. If you are involved in a lawsuit or legal proceeding, and we receive a subpoena, discovery request, or other lawful process, we may have to release some of your PHI. We will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested. -We have to disclose some information to the government agencies that ensure that we are obeying privacy laws.

Additionally: You have the right to ask us to limit what we tell people involved in your care. You have the right to look at the health information we have about you. You have the right to a copy of this notice. If we change this notice, we will post the new one in our waiting area, and you can always ask for a copy.

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New Client Information

Name: _____ Date of birth: _____ Age: _____

Address: _____ Zip Code: _____ Okay to mail home? _____

Email address: _____ Okay to email? _____

Phone: _____ Okay to text? _____

Employer: _____ Job Title: _____

Level of satisfaction with current work? _____

Previous experiences in counseling? When and with whom? _____

Current Complaint: _____

Current meds: _____

What do you hope to get out of therapy? _____

How long do you think therapy should last? _____

What characteristics/qualities do you think the ideal therapist should possess? _____

Family History:

Partner: _____ age _____ lives in _____ relationship quality _____

Mother _____ age _____ lives in _____ relationship quality _____

Father _____ age _____ lives in _____ relationship quality _____

Sib: _____ age _____ lives in _____ relationship quality _____

Sib: _____ age _____ lives in _____ relationship quality _____

Sib: _____ age _____ lives in _____ relationship quality _____

Sib: _____ age _____ lives in _____ relationship quality _____

Child: _____ age _____ lives in _____ relationship quality _____

Child: _____ age _____ lives in _____ relationship quality _____

Child: _____ age _____ lives in _____ relationship quality _____

How many pregnancies? _____ How many pregnancies did not go to full-term? _____

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Adult Checklist of Concerns

Name: _____ Date: _____

Please mark all of the items below that apply, and feel free to add any others at the bottom under “Any other concerns or issues.” You may add a note or details in the space next to the concerns checked.

- ☐ I have no problem or concern bringing me here
- ☐ Abuse - physical, sexual, emotional, neglect (of children or elderly persons), cruelty to animals
- ☐ Aggression, violence
- ☐ Alcohol use
- ☐ Anger, hostility, arguing, irritability
- ☐ Anxiety, nervousness
- ☐ Attention, concentration, distractibility
- ☐ Career concerns, goals, and choices
- ☐ Childhood issues (your own childhood)
- ☐ Codependence
- ☐ Confusion
- ☐ Compulsions
- ☐ Custody of children
- ☐ Decision making, indecision, mixed feelings, putting off decisions
- ☐ Delusions (false ideas)
- ☐ Dependence
- ☐ Depression, low mood, sadness, crying
- ☐ Divorce, separation
- ☐ Drug use—prescription medications, over-the-counter medications, street drugs
- ☐ Eating problems—overeating, under-eating, appetite, vomiting
- ☐ Emptiness
- ☐ Failure
- ☐ Fatigue, tiredness, low energy
- ☐ Fears, phobias
- ☐ Financial or money troubles, debt, impulsive spending, low income
- ☐ Friendships
- ☐ Gambling
- ☐ Grieving, mourning, deaths, losses, divorce
- ☐ Guilt
- ☐ Headaches, other kinds of pains
- ☐ Health, illness, medical concerns, physical problems
- ☐ Housework/chores—quality, schedules, sharing duties
- ☐ Inferiority feelings
- ☐ Interpersonal conflicts
- ☐ Impulsiveness, loss of control, outbursts
- ☐ Irresponsibility
- ☐ Judgment problems, risk taking
- ☐ Legal matters, charges, suits (continued)

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Adult Checklist of Concerns (p. 2 of 2)

- ☐ Loneliness
- ☐ Relational conflict, distance/coldness, infidelity/affairs, remarriage, different expectations, disappointments
- ☐ Memory problems
- ☐ Menstrual problems, PMS, menopause
- ☐ Mood swings
- ☐ Motivation, laziness
- ☐ Nervousness, tension
- ☐ Obsessions, compulsions (thoughts or actions that repeat themselves)
- ☐ Oversensitivity to rejection
- ☐ Panic or anxiety attacks
- ☐ Parenting, child management, single parenthood
- ☐ Perfectionism
- ☐ Pessimism
- ☐ Procrastination, work inhibitions, laziness
- ☐ Relationship problems (with friends, with relatives, or at work)
- ☐ School problems (see also “Career concerns . . .”)
- ☐ Self-centeredness
- ☐ Self-esteem
- ☐ Self-neglect, poor self-care
- ☐ Sexual issues, dysfunctions, conflicts, desire differences, other (see also “Abuse”)
- ☐ Shyness, oversensitivity to criticism
- ☐ Sleep problems—too much, too little, insomnia, nightmares
- ☐ Smoking and tobacco use
- ☐ Spiritual, religious, moral, ethical issues
- ☐ Stress, relaxation, stress management, stress disorders, tension
- ☐ Suspiciousness
- ☐ Suicidal thoughts
- ☐ Temper problems, self-control, low frustration tolerance
- ☐ Thought disorganization and confusion
- ☐ Threats, violence
- ☐ Weight and diet issues
- ☐ Withdrawal, isolating
- ☐ Work problems, employment, overworking, can’t keep a job, dissatisfaction, ambition

Any other concerns or issues:

☐

Please look back over the concerns you have checked off and choose the one that you most want help with.