

Carolyn M. Ball, MA, LPC, LCMHC
Licensed Professional Counselor, SC
Licensed Clinical Mental Health Counselor, NC
Myrtle Beach, SC 29572
843-272-4114

Please return these first three pages to Carolyn Ball before first session; address will be provided when appointment is made.

CLIENT INFORMATION

Client's name (please print) Date of birth Today's date Who holds insurance?

Address City State Zip

Phone #s (home) (work) (cell) (spouse's work or cell)

Email address

Date of birth of insured Children's names and ages (either grown or at home)

Employer's Name (insurance source) Your relationship to insured

Insurance Company What other health ins. do you have? Which is primary?

Insurance ID Provider or MH phone # from back of card

Emergency Contact: name address phone

Primary reason for seeking counseling

Recreational Drugs & Alcohol + number of uses per day/week (confidential—see notes on page 6)

Medications/Diagnosis/Dose (add to back of this page if needed) PLEASE COMPLETE FULLY

ABOUT YOUR PSYCHOTHERAPY

I am pleased you have selected me as your counselor. This document is designed to inform you about my background, to ensure that you understand our professional relationship, and to answer some of your questions about therapy. Please read and sign the agreements below. Feel free to ask any questions about the counseling process.

MY PERSONAL AGREEMENTS WITH CAROLYN

The following agreements are designed to maximize our therapeutic relationship. Kindly read them carefully before you sign. Your signature on this paper is a commitment to your own growth process and to our working relationship; the more energy you put into it, the more will be your return.

I agree to make my therapy one of the most important commitments in my life at this time. I understand that this is, above all, a commitment to myself and to the changes I want to make, therefore I take responsibility to do my best to unfold my greatest potential at this point in time.

I agree to keep all appointments to the best of my ability, and I recognize this as first, a commitment to my own growth, and second, as being respectful of my therapist's time.

I agree to give at least a 24-hour notice if it is essential to change an appointment.

I understand that I may be charged for a missed appointment that was not canceled in advance. I also understand that I will not be charged for an emergency cancellation.

I will bring a notebook each week, in which I will record all "homework" assignments. I agree to do my best to fulfill these assignments, because I understand that they are designed to help me achieve my therapy goals. I will share any concerns I have about these assignments with my therapist, for I recognize that we are both working towards the same goals in my life.

If there is something I don't understand about my relationship with my therapist, I agree to discuss it with her, as being clear in our communications maximizes our therapeutic relationship.

When it is time to conclude this particular phase of work on myself, I agree to a final session with my therapist, whether that is in two weeks or two years. A completion session is essential in supporting me to continue my growth on my own. I also recognize that there may be times I may want to stop because I am fearful of breaking into new territory, and that the agreement to have this "final" session could help me handle things that I might otherwise have been afraid to face.

I understand that my psychotherapy sessions are scheduled to last 45 to 50 minutes. I will keep track of time myself and therefore be responsible for completing when the session is over. I agree to be on time for my sessions, and will not expect compensation for my tardiness. I understand that if my therapist's previous session runs late, she will still see me for the full session.

I agree to pay any charges for my counseling at the beginning of each session by check or cash. Remote sessions may be paid by credit card through a Paypal invoice in advance of the session. I understand that if my insurance does not cover the costs, that I am responsible for all charges. If I have any concerns regarding this agreement, I will communicate them to my therapist when I arrive.

I recognize that I am responsible for bringing up the issues that are at the forefront of my consciousness each week, and for giving thought in advance to what goals I want to fulfill in each session. In this way, I take responsibility for my own growth and make it possible for my therapist and me to efficiently uncover the most accessible layers of issues in my path to my therapeutic goals.

I recognize all of these agreements as supportive to the maximum therapeutic relationship possible; therefore, I sign below with full awareness of the level of commitment I am making to MYSELF!

I give permission for my counselor to share my medical records and to discuss my counseling with my other providers as needed. I understand that this is rarely necessary, but if it is, I will be verbally notified first. (Cross this paragraph out if you do not give permission.)

I give my consent for my therapist to make appeals to insurance companies on my behalf, including: Appeals following a denial for failure to obtain precertification, appeals following a denial for failure to meet medical necessity criteria, and appeals for any other reason requested by me.

If you have questions, please ask. Details about confidentiality, payments, etc. are on page 6.

I acknowledge receipt of the Informed Consent on pages 5 & 6, and agree to the terms above.

Client signature

Printed name

Date

Counselor signature: Carolyn M. Ball, MA, LPC, LCMHC

Date

Write at least a sentence or two after each question.

2. What factors from your life (especially childhood) helped to create the patterns you are seeking to heal at this time?

4. What are your goals in life?

6. What do you see as the obstacles to your goals in therapy?

8. How committed are you to taking responsibility for the changes you would like to achieve? In other words, what are you willing to do to create the growth you desire?

Please keep the following for your records. It contains a copy of your agreements, along with more information about the counseling process and HPAA information.

Carolyn M. Ball, MA, LPC, LCMHC
Licensed Professional Counselor, SC
Licensed Clinical Mental Health Counselor, NC
Myrtle Beach, SC 29572 • Phone (landline) 843-272-4114
Website: www.wholebrainsolutions.net

MY PERSONAL AGREEMENTS WITH CAROLYN—your copy

The following agreements are designed to maximize our therapeutic relationship. Kindly read them carefully before you sign. Your signature on this paper is a commitment to your own growth process and to our working relationship; the more energy you put into it, the more will be your return.

I agree to make my therapy one of the most important commitments in my life at this time. I understand that this is, above all, a commitment to myself and the changes I want to make, therefore I take responsibility to do my best to unfold my greatest potential at this point in time.

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INFORMED CONSENT

Counseling with Carolyn M. Ball, MA, LPC, LCMHC

I hold a Masters Degree in Psychology from the University of Houston Clear Lake, graduating with the highest honors in 1987, and have been a counselor since that time. I am a Licensed Professional Counselor in South Carolina (license #4735), a Licensed Clinical Mental Health Counselor in the State of North Carolina (license #801), and formerly a Licensed Chemical Dependency Counselor (license #4122) in the State of Texas.

People can better participate in their own therapy process if they have enough information and understanding about how it works. The information below will help maximize your benefits.

Counseling includes your active involvement and effort to change your thoughts, feelings and behaviors. You will have to work both in and outside of the counseling sessions. There are no "magic pills," no instant, painless, or passive ways to create change in your life. There will be homework assignments, exercises, writing and journals, and perhaps other projects. Most likely, you will have to work on relationships and make long-term efforts. Lasting growth is usually slow and deliberate; revisiting issues repeatedly over time helps to solidify results. Your ongoing commitment to the process will make the difference between a "quick fix" to feel a little better now, and real change in which you ultimately empower yourself to actualize all of your potential.

I take an educative approach to people's problems, and encourage you to learn more about the kind of therapy I do. My approach is derived from Cognitive-Behavioral Therapy, the "Family Systems" approach, and EMDR, or Eye Movement Desensitization and Reprocessing, which has proven to be very effective in Trauma Resolution and for other issues as well. I am a trained EMDR practitioner and have also been trained in Hakomi Therapy, NLP, and Hypnosis. I encourage you to bring your own personal spiritual beliefs into therapeutic process.

I am the author of *Claiming Your Self-Esteem: A Guide Out of Codependency, Addiction, and Other Useless Habits*, which has been used as a college text and in recovery programs. **It is recommended that you study the self-esteem book carefully; it can be an extremely useful adjunct to our work together, and can save hours of therapy time.** I also encourage attendance at any appropriate 12-Step program, as this can help you take a greater responsibility for your own personal growth.

In working together, we will need to specify the purpose, goals, and methods, the approximate time commitment involved, costs, and other aspects of your particular situation. As we start, we will need to agree to a plan to which we will both adhere. Periodically, we will evaluate our progress and, if necessary, redesign our therapy plan, goals and methods. Please know that I am very open to discussing any questions and concerns along the way. Clients I work with are psychologically and emotionally "normal" and seek counseling for difficulties due to normal life events. I do not take on clients whom, in my professional opinion, I cannot help using the techniques I have available. I have a special interest in helping adults and young adults with self-esteem, relationships, male and female issues, addictions, depression, anxiety, PTSD, issues related to abuse and sexual abuse, as well as fulfillment of personal and career goals. Sessions generally last from 45 to 50 minutes, and usually held during normal business hours, however different arrangements can be made in advance.

As with any powerful intervention, there are both challenges and benefits associated with counseling and therapy. Challenges might include learning to better process uncomfortable emotions, or changes in how you relate to other people. Benefits will probably include a greater sense of self-esteem, greater facility in establishing boundaries and fulfilling goals, a lessening of stress, and better relationships. Please note that it is impossible to guarantee any specific results regarding your counseling goals. However, together we will work to achieve the best possible results for you. I abide by the ACA Code of Ethics. If you feel I am in violation of these codes of ethics you can file a complaint with the North Carolina Board of Licensed Clinical Mental Health Counselors at complaints@ncblcmhc.org, or call 844-622-3572, or, you may write to them at P.O. Box 77819, Greensboro, NC 29417. You can find further information on the ACA Code of Ethics at www.counseling.org/Resources/CodeOfEthics?TP/Home/CT2.aspx. However, being able to talk

with your therapist about the therapeutic relationship is essential, and I am very open to discussing any of your concerns.

CONFIDENTIALITY

I regard the information you share with me with the greatest respect, so it is important that you are as clear as possible about how it will be handled. Generally, I will tell no one what you tell me. The privacy and confidentiality of our conversations, and my records, is a privilege of yours, and is protected by state law and by my profession's ethical principles. Aside from the minimal information required by your insurance company, there are three circumstances in which I cannot guarantee confidentiality, legally and/or ethically: (1) you direct me in writing to disclose information to someone else, (2) it is determined you are a danger to yourself or others (including elder or child abuse), and (3) I am ordered by a court to disclose information. (A subpoena is not a court order.) Except for these unlikely situations, and basic disclosure required by your insurance company, I will not tell anyone anything about your treatment, diagnosis, history, or even that you are a client, without your full knowledge and consent.

EXPLANATION OF DUAL RELATIONSHIPS

Although our sessions may be very intimate psychologically, it is important for you to realize that we have a professional relationship rather than a social one. Our contact will be limited to sessions you will arrange with me. Please do not invite me to social gatherings or ask me to relate to you in any way other than in the professional context of our counseling sessions as long as we are in a counseling relationship. While social relationships are two-way, in counseling the focus should be on you. You will be best served while I am seeing you for counseling and therapy if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. You will learn a great deal about me as we work together during your counseling experience, however, it is important for you to remember that you are experiencing me in my professional role.

FEES/METHOD OF PAYMENT

Payment is made at the beginning of each session. If you so request, I will provide receipts for you as needed. If your insurance company is paying for your counseling, then your deductible, co-pay and/or coinsurance are determined by them. Otherwise my normal rate is \$90/hour, adjustable as needed for special circumstances, which can be discussed before or at the first session. **Your fee is payable by cash or check for sessions that are in person; remote sessions are paid through Paypal. I do not accept debit or credit cards.**

BILLING/INSURANCE REIMBURSEMENT

Not all insurance companies will pay for counseling. Please remember that **you are responsible, and not your insurance company, for paying your counseling fees, as well as deductibles and co-pays from your insurance company.** I will file insurance for you after receiving authorization from your insurance company for sessions. However, **there are rare times when insurance companies do not pay regardless of the authorization they may give.** This is because there are countless and varied plans; all insurance companies give a disclaimer that payment is not assured until billing is processed. If for some reason your insurance company does not pay, you will be responsible paying for your counseling services.

Health insurance companies require that I diagnose your mental health condition before they will agree to reimburse you. Any diagnosis made will become a permanent part of your client records. However, it is my philosophy that clients should receive the most simple and benign diagnoses appropriate to their situations. If you so request, I will inform you of your diagnosis.

Again, if you have questions, please feel free to ask. I hope you find your counseling experience informative, supportive, and healing. –Carolyn Ball