

Office Policies & General Information

Agreement for Psychotherapy Services

TREATMENT PHILOSOPHY

CONFIDENTIALITY

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law:

- There is a reasonable suspicion of child, dependent or elder abuse or neglect
- A client presents a danger to self
- A client presents a danger to others

FINANCIAL TERMS

Clients are expected to pay the standard fee of \$90.00 per hour session at the end of each session unless other arrangements have been made. Please notify Liz Grow Peitersen if any problems arise during the course of therapy regarding your ability to make timely payments. If your account is overdue (unpaid) and there is no written agreement on a payment plan, Liz Grow Peitersen reserves the right to use legal or other means (courts, collection agencies, etc.) to obtain payment.

CANCELLATION

Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours (1 day) notice is required for re-scheduling or canceling an appointment. If your appointment is scheduled on a weekend or Monday, cancellation is required no later than 3pm on Friday. Unless we reach a different agreement, the missed appointment fee of **\$50.00** will be charged for sessions missed without such notification.

DUAL RELATIONSHIPS

Not all dual relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs Liz Grow Peitersen's objectivity, clinical judgment or therapeutic effectiveness or can be exploitive in nature. Liz Grow Peitersen will carefully assess before entering into non-sexual and non-exploitative dual relationships with clients. New Braunfels is a small town and many clients know each other and Liz Grow Peitersen from the community. Consequently you may bump into someone you know in the waiting room or into Liz Grow Peitersen out in the community. Liz Grow Peitersen will never acknowledge working with anyone without her written permission. Many clients choose Liz Grow Peitersen as their therapist because they knew her before they entered into therapy and/or were aware of her stance on the relevant issues. Nevertheless, Liz Grow Peitersen will discuss with you, her client/s, the often-existing complexities, potential benefits and difficulties that may be involved in such relationships. Dual or multiple relationships can enhance therapeutic effectiveness but can also detract from it, and often it is impossible to know that ahead of time. It is your, the client's, responsibility to communicate to Liz Grow Peitersen if the dual relationship becomes uncomfortable for you in any way. Liz Grow Peitersen will always listen carefully and respond accordingly to your feedback and will discontinue the dual relationship if she finds it interfering with the effectiveness of the therapy or the welfare of the client, and of course you can do the same at any time.

TELEPHONE & EMERGENCY PROCEDURES

If you need to contact Liz Grow Peitersen between sessions, please leave a message on her voice mail (830) 629-2300 and your call will be returned as soon as possible. Liz Grow Peitersen checks her messages a few times during the daytime only, unless she is out of town. If an emergency situation arises, indicate it clearly in your message, and if you need to talk to someone right away, call 24-hour crisis line of San Antonio: 1-800-316-9241, or the Police: 911. Please do not use e-mail or faxes for emergencies. Liz Grow Peitersen does not always check her e-mail or faxes daily.

CONSULTATION

Liz Grow Peitersen consults regularly with other professionals, including her professional supervisor regarding her clients; however, client’s identity remains completely anonymous, and confidentiality is fully maintained.

LITIGATION LIMITATION

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on Liz Grow Peitersen to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

GRIEVANCES:

An individual who wished to file a complaint against a Licensed Professional Counselor may write to:
Complaints Management and Investigative Section
P.O. Box 141369
Austin, Texas 78714-1369

MEDIATION & ARBITRATION:

All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Liz Grow Peitersen and client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed upon. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement shall be submitted to and settled by binding arbitration in Comal County, Texas in accordance with the rules of the American Arbitration Association which is in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, Liz Grow Peitersen can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceeding shall be entitled to recover a reasonable sum as and for attorneys’ fees. In the case of arbitration the arbitrator will determine that sum.

I have read the above Agreement, Informed Consent, Office Policies and General Information carefully, I understand them and agree to comply with them:

Client name (print)	Date	Signature
Liz Grow Peitersen, M.A., LPC		Date
Signature		

Biographical Information-Intake Form

Welcome to Central Texas Professional Counseling. I look forward to helping you reach your goals. This form requests information about your needs and informs you of my services and policies. Please take a few moments to complete this form. The questions on the following pages are designed to help me best meet your treatment needs. If you are an adolescent (11-18 years of age), please fill out this form with the help of your parent or guardian. If you have any questions, I will be happy to answer them.

NAME: _____ **MALE/FEMALE:** ____ **DATE :** _____

DATE OF BIRTH/PLACE: _____ **AGE:** _____

ADDRESS: _____

TELEPHONE: H: _____ **Cell:** _____ **W/Off:** _____

FOR ROUTINE MESSAGES: Phone # _____ **E-mail:** _____

FOR CONFIDENTIAL/PRIVATE MESSAGES: Phone # _____ **E-mail:** _____

HIGHEST GRADE/DEGREE: _____ **TYPE OF DEGREE:** _____

PERSON & PHONE NO. TO CALL IN EMERGENCY: _____

REFERRAL SOURCE: _____

OCCUPATION (former. if retired): _____

FULL TIME STUDENT YES _____ **NO** _____

CURRENT: Marital status: _____ **Live with someone:** _____

Name: _____ **Years:** _____

Please list other persons living in your household and their relationship to you:

Please list any pets you have and their species:

- 1. PRESENTING ISSUE:** Please describe your reason(s) for seeking treatment at the time. If there is a particular event which triggered your decision to seek treatment now, please list the event:

Estimate the severity of above problem: Mild Moderate Severe Very Severe

2. Please indicate how the issue(s) for which you are seeking treatment are affecting the following areas of your life:

	No effect	Little effect	Some effect	Much effect	Significant effect	Not Applicable
Marriage/ Relationship	1	2	3	4	5	N/A
Family	1	2	3	4	5	N/A
Job/ School performance	1	2	3	4	5	N/A
Friendships	1	2	3	4	5	N/A
Financial situation	1	2	3	4	5	N/A
Physical health	1	2	3	4	5	N/A
Anxiety level/ Nerves	1	2	3	4	5	N/A
Mood	1	2	3	4	5	N/A
Eating habits	1	2	3	4	5	N/A
Sleeping habits	1	2	3	4	5	N/A
Sexual functioning	1	2	3	4	5	N/A
Alcohol/ Drug usage	1	2	3	4	5	N/A
Ability to concentrate	1	2	3	4	5	N/A
Ability to control your temper	1	2	3	4	5	N/A

3. What result(s) do you expect from our work together?

4. Have you ever received mental health treatment before? If so, please list the dates, provider name, and the issues for which treatment was sought:

5. Please list any medications you are currently taking:

MEDICAL DOCTOR/S (name /phone): _____

May I contact your current or past mental health or medical doctor to obtain useful information if needed? **Y** **N**

PAST/PRESENT MEDICAL CARE (major medical problems, surgeries, accidents, falls, illness):

PAST/PRESENT DRUG/ALCOHOL USE/ABUSE (AA, NA, treatments):

SUICIDE ATTEMPT/S or VIOLENT BEHAVIOR (describe: ages, reasons, circumstances, methods of attempt):

PAST OR CURRENT LEGAL ISSUES:

FRIENDSHIPS, COMMUNITY & SPIRITUALITY (Describe quality, frequency, activities, etc.):

What gives you the most joy or pleasure in your life?

What are your main worries and fears?

What are your most important hopes or dreams?

Please add any other information you would like me to know about you and your present situation. Again, your complete cooperation is appreciated, and will greatly enhance our therapeutic relationship.

Client Name- Printed/ Signature

Date

QUALIFICATIONS & EXPERIENCE

Liz Grow Peitersen, MA, LPC earned her Bachelor's degree at the University of Notre Dame in South Bend, Indiana and then went on to earn her Master of Professional Counseling at Saint Edward's University in Austin Texas (MA). She is currently classified as a Licensed Professional Counselor.

Liz's areas of counseling expertise include adolescent and adult depression, anxiety, and trauma recovery, with specific focus on issues surrounding troubled teens and relationship conflict. Liz's experience includes working with victims of crime and at-risk youth through Connections Individual and Family Services, expecting women and new mothers through The Gabriel Project, grief and bereavement through Hope Hospice, and career-related issues through the Texas State University Career Services Department.

THE PROCESS OF THERAPY AND SCOPE OF PRACTICE

Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty and openness in order to change your thoughts, feelings and/or behavior. Liz Grow Peitersen will ask for your feedback and views on your therapy, its progress and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc, or experiencing anxiety, depression, insomnia, etc. Liz Grow Peitersen may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about or handling situations. This can cause you to feel very upset, angry, depressed, challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing or relationships. Sometimes, another family member views a decision that is positive for one family member quite negatively. Change will sometimes be easy and swift, but often it can be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy Liz Grow Peitersen is likely to draw on various psychological approaches according, in part, to the problem that is being treated and her assessment of what will best benefit you. These approaches include, but are not limited to, solution-oriented, behavioral, cognitive-behavioral, cognitive, psychodynamic, existential, system/family, developmental (adult, child, family), humanistic or psycho-educational. Liz Grow Peitersen does not provide medication or prescription recommendation nor legal advice, as these activities do not fall within her scope of practice.

DISCUSSION OF TREATMENT PLAN

Within a reasonable period of time after the initiation of treatment Liz Grow Peitersen will discuss with you (client) her working understanding of the problem, treatment plan, therapeutic objectives and her view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Liz Grow Peitersen's expertise in employing them or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that Liz Grow Peitersen does not provide, she has an ethical obligation to assist you in obtaining those treatments.

TERMINATION

As set forth above, after the first few sessions, Liz Grow Peitersen will assess if she can be of benefit to you. Liz Grow Peitersen does not accept clients who, in her opinion, she cannot help. In such a case she will give you a number of referrals, who you can contact. If at any point during psychotherapy, Liz Grow Peitersen assesses that she is not effective in helping you reach the therapeutic goals, she is obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case she would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, Liz Grow Peitersen will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, Liz Grow Peitersen will assist you in finding someone qualified, and if she has your written consent, she will provide her or her with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, Liz Grow Peitersen will offer to provide you with names of other qualified professionals whose services you might prefer.

Client (or Parent/Guardian) Name- Printed

Date

Client (or Parent/Guardian) Name- Signature

Date