



## MINOR CLIENT INTAKE INFORMATION

*This form and all information you give us about yourself is confidential*

How did you hear about us: \_\_\_\_\_

Date: \_\_\_\_\_ Counselor: \_\_\_\_\_

**Client Information** (if the client is a minor, please write his/her information here):

Client Name: \_\_\_\_\_

Parent's name (if client is a minor): \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

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

City/St: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone#: \_\_\_\_\_ Is it ok to leave messages at this number? YES NO

Secondary Phone #: \_\_\_\_\_ Is it ok to leave messages at this number? YES NO

What is the best way to reach you? \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

*I understand that there are risks associated with email communication and confidentiality (e.g. if an email server is breached or a password is compromised). I allow NFCC to contact me via email regarding scheduling, appointment and billing: (initial one) \_\_\_\_\_YES \_\_\_\_\_NO*

**For clients who are minors, please fill out the following information as it applies to parent/guardian (if different than client):**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Hm Phone#: \_\_\_\_\_ Wk#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Phone#: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

May we contact your emergency contact if there is an emergency situation in our facility and you are incapacitated and/or unable to contact them? (initial one) \_\_\_\_\_YES \_\_\_\_\_NO

**Insurance Information: (provide information only if you will be using insurance)**

Name of Insured: \_\_\_\_\_ Sex: \_\_\_\_\_ Relation to Client: \_\_\_\_\_

DOB: \_\_\_\_\_ Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Name of Insurance Co.: \_\_\_\_\_ Insurance Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Billing:** The name and contact information for billing is the same as the primary client information listed on page 1 of this document: \_\_\_\_\_ YES \_\_\_\_\_ NO (if NO, please complete the contact information below)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/ST: \_\_\_\_\_ Zip: \_\_\_\_\_

If this person is different than the primary client, do we have the client's consent to contact this person regarding billing questions? (initial one) \_\_\_\_\_ YES \_\_\_\_\_ NO

**Reason(s) for seeking counseling:**

- Marital  Relationship  Family and/or Parenting  Emotional  Medical  Career
- Financial  Addiction  Grief  Depression  Anxiety Other \_\_\_\_\_

Why are you seeking help today? Briefly state the problem for which you are seeking help:

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**Do you anticipate any legal proceedings which may include your counselor and/or your client file (e.g. Divorce Custody proceedings, court mandated therapy, etc):** \_\_\_\_\_ YES \_\_\_\_\_ NO

**Have you ever or are you currently receiving counseling or any other psychological or psychiatric services through another provider:** \_\_\_\_\_ YES \_\_\_\_\_ NO If Yes, please explain:

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**Medical Information:**

Physician/Psychiatrist Name: \_\_\_\_\_ Date of last exam: \_\_\_\_\_

Current medications: \_\_\_\_\_

**Social Information:**

Employer/School \_\_\_\_\_ Position/Grade \_\_\_\_\_

Marital Status (**complete for self or for primary guardian if the client is a minor**):

Never married     Married     Separated     Divorced     Other \_\_\_\_\_

Partner's name \_\_\_\_\_ DOB \_\_\_\_\_ How long in current relationship? \_\_\_\_\_

Previous marriages: Self \_\_\_\_\_ time(s) Date(s): \_\_\_\_\_  
Spouse \_\_\_\_\_ time(s) Date(s): \_\_\_\_\_

Children:

Name _____	Age _____	Sex _____	Name _____	Age _____	Sex _____
Name _____	Age _____	Sex _____	Name _____	Age _____	Sex _____
Name _____	Age _____	Sex _____	Name _____	Age _____	Sex _____
Name _____	Age _____	Sex _____	Name _____	Age _____	Sex _____

**Notable details regarding counseling fees:**

Counseling sessions:

- \$95 for fully licensed clinicians
- \$75 for provisionally licensed clinicians (indicated by "Associate" or "Intern" in credentials)
- Insurance options and reduced rates available

Missed Appointments:

Any cancellation that occurs within 24hrs of the scheduled appointment time will be considered a "Late Cancellation" and will incur the following late cancellation fee:

- **Private pay & reduced fee clients are charged their regular session rate**
- **Insurance clients are charged \$50**

Court Appearances:

If NFCC or one of its counselors is subpoenaed by either a client or a client's legal representative, the following fees apply. All legal fees are due upon receipt of the invoice.

For any subpoena that requires the counselor to make an in-person statement or be physically present for any legal proceeding:

- Preparation time (including submission of records): \$200/hr
- Phone calls: \$200/hr
- Depositions: \$500/hour
- Time required in giving testimony: \$500/hour
- Mileage: \$0.54/mile
- Time away from office due to depositions or testimony: \$250/hour
- All attorney fees and costs incurred by the therapist as a result of the legal action.
- Filing a document with the court: \$100
- The minimum charge for a court appearance: \$5,000
- A retainer of \$2,500.00 is to be paid at least 48hrs prior to the court date. If the costs for the testifying process exceed the amount of the retainer then those fees will be billed to the client and/or their legal representative.

For any subpoena of client records, files or the production of any other written statements:

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- Preparation time: \$95/hr (NFCC's standard rate for clinical services per hour)
- Printing costs: \$25 for the first 20 pages and \$.50 per page thereafter

**A full description of all details regarding fees, confidentiality and its limits, and a full explanation of our policies and practices is provided for you in our Informed Consent – provided in your intake packet.**

**Appointment Reminders;** please select one

\_\_\_\_\_ No Reminders

\_\_\_\_\_ E-Mail only, please send to this e-mail address: \_\_\_\_\_

\_\_\_\_\_ Text Message only, please use this phone number: \_\_\_\_\_

\_\_\_\_\_ Text Message and e-mail (please write preferred phone number and email address above)

I understand that I can opt out of receiving these reminders at any time by going to [www.ClientWelcome.com](http://www.ClientWelcome.com).

**Treatment of a Minor (if applicable)**

As a parent, guardian or managing conservator, I have provided the divorce decree or appropriate documentation as necessary to confirm that no additional person is also required to authorize treatment. I hereby authorize Nick Finnegan Counseling Center to provide services for:

\_\_\_\_\_ Name of Minor

\_\_\_\_\_ Parent, Guardian, or Managing Conservator

\_\_\_\_\_ Date

**Authorization for Treatment**

By signing this Informed Consent for Services as the Client or Guardian of said Client, *I acknowledge that I have read, understand and agree to the terms and conditions contained in this document.* I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me.

I am voluntarily agreeing to receive mental health assessment, treatment and services for me (or my child if said child is the client), and I understand that I may stop such treatment or services at any time.

\_\_\_\_\_ Client Signature or Personal Representative (*typed digital signature*)

\_\_\_\_\_ Date

**Acknowledgement of Receipt – Notice of Privacy Practices**

I acknowledge that I have reviewed a copy of the Nick Finnegan Counseling Center's Notice of Privacy Practices which explains how my information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

\_\_\_\_\_ Client Signature or Personal Representative

\_\_\_\_\_ Date

\_\_\_\_\_ Therapist providing form

\_\_\_\_\_ Date



## INFORMED CONSENT FOR TREATMENT

Nick Finnegan Counseling Center (NFCC) is a unique non-profit dedicated to providing high quality counseling services to individuals and families regardless of age or financial status. NFCC is committed to providing our clients with quality services and necessary information regarding our policies, practices and treatment process. *If you have any questions regarding anything on this form, please discuss them with your counselor during your first session or at any other point during your treatment process, as questions arise.*

Nick Finnegan Counseling Center (NFCC) is a mission of St. Luke's United Methodist Church. We believe that sensitivity, professionalism, and respect for human dignity are fundamental to addressing the mental, emotional, relational and spiritual needs of people of all ages. The staff at NFCC will respect the beliefs, whatever they may be, of all clients and allow the client to inform how much (if at all) spirituality is incorporated into their counseling.

## COUNSELING

Counseling is an opportunity for healing and personal growth. We believe that individuals possess the ability to do what is necessary to take an active role in this process. Psychotherapy involves change, which may feel threatening not only to you but also to those people close to you. At times you may feel more vulnerable as you face painful information and behaviors. At the same time, psychotherapy can aid you in discovering tools and techniques that you can use to improve the quality of your life and your relationships. If the disclosure of past hurts or current struggles causes a temporary increase in depressive or anxious symptoms, please discuss the symptoms with your counselor. There are certain risks associated with counseling and/or therapeutic services. Some clients may experience varying levels of different emotions, including anger, anxiety, frustration, guilt, sadness, or other difficult feelings. Counseling may bring up painful or unpleasant memories. Clients may find that participating in counseling and/or therapy results in personal or relationship changes that were not anticipated or intended at the outset. There is also a risk that the counseling and/or therapy may not yield the results desired. NFCC does not guarantee any specific outcomes from your participation in counseling or therapy services. Please, feel free to discuss any questions or concerns you have about the possible risks of counseling with your counselor.

During the counseling process your counselor may recommend books for you to read, offer handouts, or use techniques to facilitate personal growth. We encourage you to discuss with your counselor any approach, technique, or practice with which you have questions, concerns, or need clarification. Counseling can be a difficult experience for some people. If at any point, you wish to end therapy, you are free to do so. Additionally, if your counselor feels like a particular issue or topic is beyond the scope of their clinical training and/or believe you may benefit from clinical services from a different counselor, the counselor will take reasonable steps to facilitate your transfer to appropriate care.

The relationship that exists between a counselor and a client is professional rather than social. Therefore, contact with your counselor will only take place in the provision of a professional service. In order to assist in the needs of your family, it may be necessary to refer you to other agencies or professionals. If necessary, we will assist you in facilitating these referrals. Your written consent is required to disclose any information about you or your family to individuals outside of NFCC. The length of time needed for counseling and the amount of intervention required varies with each individual. In order to receive the maximum benefits of counseling, *your regular attendance and participation is imperative.* In most cases, counseling is completely voluntary and you

can discuss ending your counseling relationship at any time. However, we recommend that, when possible, all counseling relationships be ended in an appropriate and therapeutic manner, generally requiring a final session to allow for closure.

## CONFIDENTIALITY & RECORD KEEPING PRACTICES

Generally speaking, communications between a client and a counselor and records created or maintained by a counselor, are confidential. Confidentiality is described as keeping private the information shared between a client and his/her counselor. Counseling sessions at the NFCC are strictly confidential. Subject to the below-discussed exceptions, information regarding your counseling sessions will not be discussed, without your permission, beyond the clinical staff at the NFCC. There are legal limits to confidentiality and times when a counselor or therapist is obligated to disclose pertinent information, as necessary, to the appropriate authorities, agencies, or individuals. Counselors are required to break confidentiality in instances of suspected or known child abuse, abuse to the elderly or disabled, or knowledge that a client is a danger to himself/herself or to someone else. Additionally, parents or legal guardians may have access to their minor child's records, unless the minor is emancipated. Provisionally licensed therapists and/or counselors (indicated by an "Associate" or "Intern" in their credentials) are required to discuss their cases with their supervisor.

In any of the previous situations the counselor must report the suspicion or knowledge of abuse to the proper licensing board or authorities. Additionally, court orders requiring the release of counseling records may result in the release of those records. In reference to the treatment of minors, risk-taking behavior that is considered detrimental to the safety of the minor or others will be shared with the minor's parent(s) and/or guardian.

Participants who are in couples and/or family counseling and are or become involved in individual counseling will have discretion over their own information becoming part of a counseling session involving other family members. Individuals involved in group counseling are required to maintain the confidentiality of the other group members outside of the group sessions.

All records are kept electronically using a password protected and encrypted system called [www.TherapyNotes.com](http://www.TherapyNotes.com) – information regarding this program's security and encryption protocols is available on their website or can be sent to you by NFCC's Clinical Director and Privacy & Security Officer, Audrey Omenson. Any client file hardcopies are scanned and uploaded to the client's electronic file, then shredded and destroyed according to HIPAA guidelines. Client records are maintained for 7 years after the last date of treatment, or in the case of a minor, for seven years after the minor has reached the age of 18. Thereafter, the records may be destroyed. In the event that the Nick Finnegan Counseling Center closes, you may designate a practitioner or another clinic to receive your medical records. If you do not designate a physician or another provider to receive your records, your records may be transferred to a third party custodian. No one should be able to access the information contained in the medical records without a signed release form from the client or a properly executed subpoena or court order.

## CLINICAL STAFF

As the client you have the right to ask questions of your therapist about professional qualifications, treatment objectives, and the plan of your therapy at any time in the therapeutic process. Counseling sessions are provided by licensed counselors and provisionally licensed clinical interns and associates. In an effort to provide high quality treatment, NFCC clinicians follow best practices and consult with each other in monthly clinical meetings. Your treatment plan may be discussed in this consultation group. Only identifying information pertinent to treatment recommendations is shared with other therapists. All clinicians are required to maintain appropriate licensure as defined by the Texas Department of Health and Human Services. Currently, NFCC has counselors practicing under the licensures of Licensed Marriage and Family Therapist (LMFT), Licensed Marriage and Family Therapist Associate (LMFT-Associate), Licensed Professional Counselor (LPC), Licensed

Professional Counselor-Intern (LPC-Intern), and Licensed Clinical Social Worker (LCSW). NFCC periodically verifies that the counselor's licensure is in good standing and without any restrictions or pending complaints.

Provisionally licensed counselors (as indicated by having "Associate" or "Intern" listed after their credentials) have completed all graduate training for their work and are working towards logging their first 3,000 hours of clinical practice. While in this phase, they are under the supervision of a Board certified supervisor. Current provisionally licensed counselors and their supervisors:

Licensed Professional Counselor Interns:

- James Blackwell, MA, LPC-Intern  
Supervised by Audrey Omenson, M.A., LPC-S (#67068)  
713-402-5151  
aomenson@finnegancounseling.org

## APPOINTMENTS

Counseling services are by appointment only. You are responsible for keeping your appointments and arriving on time. **Any cancellation that occurs within 24hrs of the scheduled appointment time will be considered a "Late Cancellation" and will incur the following late cancellation fee:**

- **Private pay & reduced fee clients are charged their regular session rate**
- **Insurance clients are charged \$50**

NFCC retains the right to discontinue services if you have missed more than two consecutive appointments, if you do not pay your counseling fees in a timely manner, if you continually refuse to comply with treatment recommendations, if it is clear that you are receiving no benefits from counseling, if you exhibit abusive behavior, if you engage in criminal behavior on the premises, or if you knowingly violate the confidentiality of NFCC clients; e.g. – group settings.

NFCC cannot allow unattended minors on the premises, a parent or adult guardian must be with minors at all times. Parents and/or guardians must remain on NFCC's premises during their child's counseling session. Some childcare options are available for children under the age of 5 years old through St. Luke's United Methodist Church, but must be scheduled at least 24hrs ahead of time. Please, ask a NFCC staff member for more details regarding childcare availability and scheduling.

## FEES

NFCC's standard fee for a counseling session is \$95 for all licensed counselors and \$75 for provisionally licensed counselors (associates and interns). NFCC offers a sliding fee scale for financial hardship. A fee reduction can be obtained by completing a "Fee Reduction Request" form provided to you by a NFCC staff member. Payment for sessions may be made via cash, check, debit or credit card (Visa, Mastercard, Discover). All therapy sessions are 50 minutes long. Occasionally, an insurance company may only reimburse for specific time increments (i.e. 45 minute or 60 minute sessions); in which case, you will be notified of this session length adjustment and the counselor will adjust the session time accordingly. NFCC's group counseling rates vary depending on the particular group the client is involved in and the leader(s) of that group. Clinicians can be available for brief phone conversations, but the client will be billed for phone conversations

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lasting longer than 15 minutes. Phone consultations cost the same as your therapy session fee, but will be prorated according to length of conversation (i.e. a 25 minute phone consultation will cost half of what your regular session fee is). Copies of records are \$25 for the first 20 pages and an additional \$.50 per page for every page thereafter.

NFCC accepts Blue Cross and Blue Shield, Aetna, Cigna and United Healthcare insurance plans at this time. If you would like a receipt for partial reimbursement to submit to your insurance plan that accepts out-of-network providers, we will be happy to provide one. Some insurance plans will cover phone consultations, but this is determined on a case-by-case basis. Insurance plans do not cover the cost of producing copies of records.

There may be some cases in which a client or attorney wishes to subpoena a counselor to a legal proceeding for an in-person statement. Clients are discouraged from having their therapist subpoenaed. Even though you are responsible for the testimony fee, it does not mean that a clinician's testimony will be in your favor. A clinician can only testify to the facts of the case and to their professional opinion.

If NFCC or one of its counselors is subpoenaed by either a client or a client's legal representative, the following fees apply:

For any subpoena that requires the counselor to make an in-person statement or be physically present for any legal proceeding:

1. Preparation time (including submission of records): \$200/hr
2. Phone calls: \$200/hr
3. Depositions: \$500/hour
4. Time required in giving testimony: \$500/hour
5. Mileage: \$0.54/mile
6. Time away from office due to depositions or testimony: \$250/hour
7. All attorney fees and costs incurred by the therapist as a result of the legal action.
8. Filing a document with the court: \$100
9. The minimum charge for a court appearance: \$5000

A retainer of \$2500.00 is to be paid at least 48hrs prior to the court date. If the costs for the testifying process exceed the amount of the retainer then those fees will be billed to the client and/or their legal representative.

For any subpoena of client records, files or the production of any other written statements:

1. Preparation time: \$95/hr (NFCC's standard rate for clinical services per hour)
2. Printing costs: \$25 for the first 20 pages and \$.50 per page thereafter

All legal fees are due upon receipt of the invoice.

## CONSENT TO DISCLOSE INFORMATION

At times, the counselor may need to consult with other professionals or agencies on the client's behalf. A client's signed consent to disclose information to other agencies and/or individuals will be required. Exceptions may include a subpoena by the court of law. If a client has received or is currently receiving mental health services and/or psychotropic medications from another health care provider, we may request that individual's consent to speak with those professionals and/or obtain copies of previous treatment records. Providing treatment may depend on our ability to communicate with these professionals. If a client is using insurance, it will be necessary to disclose limited diagnostic and treatment plan information to said insurance provider for the authorization of payment by third party payers.

## TREATMENT OF A MINOR

NFCC generally requires the consent of both parents prior to providing any services to minor children. If any questions exist we may ask you to provide supporting legal documentation, such as custody order, prior to commencement of services. If the parents of a minor are divorced, we require the parent/guardian to provide a



copy of the custody order prior to bringing the minor in for services. The parent/guardian is required to be present on site at NFCC while the minor client is in session. Minor clients ages 16 and older may be present for a session without a parent/guardian on-site, but the parent/guardian must provide written consent, emergency contact information, and make payment arrangements prior to the minor attending independently.

A minor client will benefit most from psychotherapy when his/her parents, guardians, or other caretakers are supportive of the therapeutic process. If your child is the client, you are an important part of the therapeutic process and your ongoing involvement is essential for the best outcome. You may be asked to be involved in each session for all or part of the session. Family sessions also work best if parents are regularly involved.

The issue of confidentiality is critical in treating children. When children are seen with adults, what is discussed is known to those present and should be kept confidential except by mutual agreement. Children seen in individual sessions (except under certain conditions) are not legally entitled to confidentiality; their parents have this right. However, unless children feel they have some privacy in speaking with a therapist, the benefits of therapy may be lost. Therefore, it is necessary to work out an arrangement in which children feel that their privacy is generally being respected, at the same time that parents have access to critical information. This agreement must have the understanding and approval of the parents or other responsible adults and of the child in therapy. The same legal limits to confidentiality described above apply to sessions with minors.

## COMMUNICATION

You can reach your counselor by calling NFCC's main number at 713-402-5046. If your counselor is unavailable or you have called after hours, you can leave a message. Your call will be returned at your counselor's earliest availability. If you are in crisis, and it is after hours, please call one of the following numbers:

- **Crisis Intervention of Houston Crisis Hotline**  
24 hours / 7 days  
**Crisis Hotline**  
(713) HOTLINE Teenline  
(713) 529-TEEN
- **The Mental Health Authority of Harris County Crisis Hotline**  
(713) 970-7000 | 1-866-970-4770  
Serving Harris County 24 hours / 7 days
- **911 (Emergencies Only)**

## FEEDBACK & COMPLAINTS

If a client wishes to share feedback or lodge a formal complaint regarding NFCC policies, practices or staff, they may contact the following individuals:

For complaints about clinical staff or clinical policies:

Audrey Omenson, M.A., LPC-S  
Clinical Director  
713-402-5151  
aomenson@finnegancounseling.org

For complaints about administrative staff, administrative policies, or the Clinical Director:

Mary Elizabeth Hand  
Executive Director  
713-402-5036  
mhand@finnegancounseling.org

For complaints about the Executive Director or if other attempts to contact Clinical or Executive Directors have gone unaddressed for an excessive amount of time:

Jennifer Bouble

Chief of Staff (oversees NFCC Executive Director)

jbouble@stlukesmethodist.org

713-402-5005

An individual who wishes to file a complaint to the licensing boards in the State of Texas against a Licensed Marriage and Family Therapist (LMFT), a Licensed Marriage and Family Therapist Associate (LMFT Associate), a Licensed Professional Counselor (LPC), or Licensed Professional Counselor-Intern (LPC-Intern), or Licensed Clinical Social Worker (LCSW) may call 1-800-942-5540 or write to:

Complaints Management and Investigative Section

P.O. Box 141369

Austin, Texas 78714-1369

### **Acknowledgement of Receipt**

I acknowledge that I have reviewed a copy of the Nick Finnegan Counseling Center's (NFCC) Informed Consent which explains the ethics, policies and practices of NFCC and its counselors. I understand that I am entitled to receive a copy of this document.

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Client Name

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**Client or Parent/Guardian Signature** *(typed digital signature)*

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**Date**

***BE SURE TO SAVE THIS COMPLETED FORM BEFORE YOU EMAIL IT I BACK TO OUR OFFICE!  
OTHERWISE, THE FORM WILL BE BLANK AND YOU'LL HAVE TO TRY AGAIN.***