

Ricardo E. Contreras, M.A., LPC

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INFORMED CONSENT – ADULT

TRAINING AND BACKGROUND

Ricardo E. Contreras, M.A., LPC is a Licensed Professional Counselor licensed by the Texas State Board of Examiners of Professional Counselors and a Licensed Chemical Dependence Counselor – Intern licensed by the Texas Department of State Health Services.

Ricardo E. Contreras, M.A., LPC has worked with individuals of all ages, ethnicity, gender, religion, sexual orientation, and socio-economic status. Ricardo E. Contreras, M.A., LPC is trained in multiple methodologies including Eye Movement Desensitization Reprocessing Therapy (EMDR), Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Solution Focused Brief Therapy (SFBT), Art Therapy, Play Therapy, and Sand Tray Therapy.

CONFIDENTIALITY AND HIPAA

Ricardo E. Contreras, M.A., LPC will treat all information you share with confidentiality according to HIPAA standards. It is your right that sessions and records be kept private. Texas state law requires to inform you that in certain cases your confidentiality is not protected, and your information may be disclosed to the appropriate authorities/agencies. These cases are:

- If there is reason to believe that you may harm yourself or others.
- If there is reason to believe that you are involved in or have knowledge of abuse or neglect of a child; or abuse, neglect, or exploitation of a person who is elderly or has a disability.
- If Ricardo E. Contreras, M.A., LPC is ordered to disclose by state or federal courts.

The Texas State Board of Examiners for Licensed Professional Counselors requires to notify you who would maintain records in the case of Ricardo E. Contreras, M.A., LPC's death or disability. Loretta Smith is the Custodian of Records and she has agreed to follow the guidelines set forth by the above mentioned board. Additionally, you may sign a release form granting Ricardo E. Contreras, M.A., LPC permission to designated third parties to receive and send information that you request. Ricardo E. Contreras, M.A., LPC will never disclose your information for any reason without your knowing of his intent.

Initials

THERAPEUTIC RELATIONSHIP

The relationship between therapist and client is the container through which change can take place. As such, the relationship is often one in which close emotional bonds develop. It is also a professional relationship, in which appropriate boundaries must be maintained. Because the therapist-client relationship is so important, Ricardo E. Contreras, M.A., LPC cannot be involved in a social relationship or friendship that exists outside of the therapy room. Limiting their relationship to the office keeps your therapeutic environment safe, secure, and free of outside complications that could interfere with your therapy work. Counseling can improve as well as upset the equilibrium in any person or family. Counseling is a personal exploration and may lead to changes in your life perspectives and decisions. These changes could be temporarily distressing. You may leave a message on a private,

Informed Consent

confidential voice mail (817-657-1115) at any time. However, this number is not an emergency phone number. **Ricardo E. Contreras, M.A., LPC does not provide 24-hour crisis counseling. Should you experience an emergency necessitating immediate mental health attention call 9-1-1 or go to an emergency room for assistance.**

_____ Initials

FEES

The fee is \$150.00 per 50-55 minute session. Payment in full is due at the time services are rendered. Fees must be paid at the beginning of each session. When payments are collected at the end of a session, the momentum of the session can be de-railed.

Should Ricardo E. Contreras, M.A., LPC need to communicate with lawyers, communicate with insurance companies, complete documentation for medical needs, complete documentation for psychological evaluations, complete FMLA forms, complete ESA documentation, etc. **Ricardo E. Contreras, M.A., LPC charges a fee is \$80 per half-hour.** Should you request Ricardo E. Contreras, M.A., LPC to complete any documentation or attend any meetings without 48 hours' notice an additional expedited fee of \$40 will be assessed. Should you subpoena Ricardo E. Contreras, M.A., LPC as a factual case witness or involve him in any court-related processes, **Ricardo E. Contreras, M.A., LPC charges a fee of \$2,500.00 for legal depositions, case preparation, travel, and witness time.**

_____ Initials

SESSION GUIDELINES

Sessions are 50 – 55 minutes. Sessions begin on the hour and end at the scheduled time. Late arrival on your part will not extend the scheduled ending time for a session. The frequency of sessions and the length of the psychotherapy are aspects of the work that you and Ricardo E. Contreras, M.A., LPC will decide together. Brief therapy is usually around 10 sessions. Some clients need additional sessions to reach their treatment goals. If there is a set time and day that works best for your schedule (e.g., every Monday at 5 PM) a recurring appointment may be arranged if that time and day is available. However, after 2 cancellations that recurring spot will be forfeited.

You are in control of the counseling relationship and may choose at any time to end the therapeutic relationship. If at any time you are dissatisfied with Ricardo E. Contreras, M.A., LPC's services as a therapist, you have a right to let him know. If you do not feel that Ricardo E. Contreras, M.A., LPC will resolve your complaint, you may file a formal complaint through contact with the Texas Board of Examiners of Licensed Professional Counselors at 1-800-942-5540.

You are responsible for any appointments that are not canceled at least 24 hours prior to the appointment time with the EXCEPTION OF AN EMERGENCY. **If you need to cancel an appointment a 24 hours notice must be given otherwise a fee will be charged of \$150 for the missed appointment.**

_____ Initials

Informed Consent

CONTACT INFORMATION

- Ricardo Contreras, M.A., LPC may leave appointment reminders or contact me via texting/calling this phone number

- Ricardo Contreras, M.A., LPC may leave appointment reminders via email

- Ricardo Contreras, M.A., LPC can call this emergency contact in the event I can not be reached

I have read the information contained in this Informed Consent. I consent to treatment as described in this form. I have read a copy of Counseling By Ricardo Contreras, M.A., LPC's Confidentiality/HIPAA Practices. I understand this agreement.

Signature _____ **Date** _____

INSURANCE

Insurance card with this form to be photocopied

Name of Insured: _____ SSN: _____

Insured's DOB: _____ Insurance Carrier: _____

Benefit/Eligibility Phone Number: (____) _____ - _____

ID#: _____ Group#: _____

Deductible: _____

Person responsible for bill: _____

Address: _____ CITY: _____ ST: _____

ZIP: _____

Insured's Employer: _____

Address: _____ CITY: _____ ST: _____

ZIP: _____

I authorize the release of any medical or other information necessary to process this claim.

_____ **Initials**

I authorize payment of medical benefits to the provider of services. I understand that I am responsible for my bill, not my insurance company. I am aware that if my insurance company declines payment, I am responsible for my bill.

Signature _____ **Date** _____

Informed Consent

Please describe your reason(s) for seeking treatment at this time (Include when the problem started):

How would you know you are doing better than before you started counseling?

Please list other health care professionals you currently see: _____

Please list any other health problems: _____

Please list any current medications and dosage: _____

Have you ever received counseling before? If yes, please indicate when, for how long, with whom, and reason(s) for treatment _____

Please list any relevant family history (family members, mental health diagnosis, abuse, divorce, etc.) or additional information related to your mental health: _____

Please indicate past or current struggles:

- | | | |
|--|---|---|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Family Conflict | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Grief/Loss | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Relationship Issues | <input type="checkbox"/> Eating or Weight Problem | <input type="checkbox"/> Phobias/Fears |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Behavioral Problems | <input type="checkbox"/> Obsessions/Compulsions |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> ADHD | <input type="checkbox"/> Manic Episodes |
| <input type="checkbox"/> Sexuality/Sexual Issues | <input type="checkbox"/> Abuse/Victimization | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Schizophrenia/Psychosis | <input type="checkbox"/> Legal Matters |
| <input type="checkbox"/> Loneliness/Isolation | <input type="checkbox"/> Drug/Alcohol | <input type="checkbox"/> Suicidal Thoughts |

Other: _____ (Please explain)

DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult

Name: _____ Age: _____ Sex: Male Female Date: _____

If this questionnaire is completed by an informant, what is your relationship with the individual? _____

In a typical week, approximately how much time do you spend with the individual? _____ hours/week

Instructions: The questions below ask about things that might have bothered you. For each question, circle the number that best describes how much (or how often) you have been bothered by each problem during the **past TWO (2) WEEKS**.

		None Not at all	Slight Rare, less than a day or two	Mild Several days	Moderate More than half the days	Severe Nearly every day	Highest Domain Score (clinician)
I.	1. Little interest or pleasure in doing things?	0	1	2	3	4	
	2. Feeling down, depressed, or hopeless?	0	1	2	3	4	
II.	3. Feeling more irritated, grouchy, or angry than usual?	0	1	2	3	4	
III.	4. Sleeping less than usual, but still have a lot of energy?	0	1	2	3	4	
	5. Starting lots more projects than usual or doing more risky things than usual?	0	1	2	3	4	
IV.	6. Feeling nervous, anxious, frightened, worried, or on edge?	0	1	2	3	4	
	7. Feeling panic or being frightened?	0	1	2	3	4	
	8. Avoiding situations that make you anxious?	0	1	2	3	4	
V.	9. Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)?	0	1	2	3	4	
	10. Feeling that your illnesses are not being taken seriously enough?	0	1	2	3	4	
VI.	11. Thoughts of actually hurting yourself?	0	1	2	3	4	
VII.	12. Hearing things other people couldn't hear, such as voices even when no one was around?	0	1	2	3	4	
	13. Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?	0	1	2	3	4	
VIII.	14. Problems with sleep that affected your sleep quality over all?	0	1	2	3	4	
IX.	15. Problems with memory (e.g., learning new information) or with location (e.g., finding your way home)?	0	1	2	3	4	
X.	16. Unpleasant thoughts, urges, or images that repeatedly enter your mind?	0	1	2	3	4	
	17. Feeling driven to perform certain behaviors or mental acts over and over again?	0	1	2	3	4	
XI.	18. Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?	0	1	2	3	4	
XII.	19. Not knowing who you really are or what you want out of life?	0	1	2	3	4	
	20. Not feeling close to other people or enjoying your relationships with them?	0	1	2	3	4	
XIII.	21. Drinking at least 4 drinks of any kind of alcohol in a single day?	0	1	2	3	4	
	22. Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco?	0	1	2	3	4	
	23. Using any of the following medicines ON YOUR OWN, that is, without a doctor's prescription, in greater amounts or longer than prescribed [e.g., painkillers (like Vicodin), stimulants (like Ritalin or Adderall), sedatives or tranquilizers (like sleeping pills or Valium), or drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)]?	0	1	2	3	4	

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** ...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often** ...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1 _____
4. Did you **often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score