

Schaefer Counseling

Client Information & Consent

Welcome to Schaefer Counseling. I ask for you to provide whatever information you feel comfortable sharing. *All information you provide and share in this form, in any correspondence and in the counseling sessions is held in strictest confidence* with the following exceptions: 1) I am required by law to notify authorities if you are a danger to yourself or anyone else, or if I suspect abuse is occurring such as child or elder abuse; 2) I am required to share information if ordered by the court to do so.

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

I cannot discuss with anyone or even acknowledge that you are receiving counseling services without your consent to do so. With that in mind, if I need to contact you for some reason such as scheduling what is the best way to contact you: ___ Phone ___ Email ___ Text

If you selected **Phone**, under what conditions is it OK to leave a message if you do not answer:

___ It is never OK ___ Voice mail/answering machine ___ Anyone who answers

___ Only when specific person answers: _____

___ Other instructions: _____

Fees: \$90 per session (45-55 minutes). All fees are due at time of service. I accept cash, check, or credit card (through a Paypal invoice). At this time I do not accept insurance but can provide you with a form with the information needed for you to use with your insurance company for out of network providers.

Details regarding your rights as a client and outlining details of privacy practices can be found on our website www.SchaeferCounseling.com or can be provided on paper at your request.

I have read, understand and agree with all of the above.

Signed _____

Date: _____