

NEW CLIENT PACKET

Please print ALL documents, read them, sign or initial them
and bring them with you to your first appointment!



WITH US THERAPY IS EASY

CLIENT RIGHTS, RESPONSIBILITIES AND CONSENT TO SERVE

THERAPIST: Tiffany Latta, M.S., LPC-Intern

EDUCATION:

Bachelor of Science, Psychology, Tarleton State University

Master of Science, Counseling Psychology, Tarleton State University

LICENSES:

Texas Licensed Professional Counselor-Intern (#81799)

TECHNIQUES, GOALS, AND PURPOSES OF THERAPY:

Although I incorporate a variety of techniques in my therapy practice, my main approach to therapy is Person-Centered Therapy developed by Carl Rogers and Solution-Focused Therapy developed by Steve de Shazer and Insoo Kim Berg. Essentially, I take a goal-directed, holistic, and collaborative approach to our sessions. Bringing focus to the present, while highlighting your individual uniqueness, positive qualities, and individual potential in hopes to help you develop a stronger, healthier sense of self. The use of present and future-focused conversations will direct you toward developing and achieving your preferred future.

While my framework aligns with the two, I understand that every individual possesses different values, needs, and goals. I will incorporate various techniques and methods to assist with your treatment goals. Above all, I will provide a nonjudgmental environment for you to be your authentic self. I will be a sounding board for you to set and work toward your therapeutic goals. To ensure we are working productively, I encourage you to feel comfortable expressing what is or is not working. We will discuss your initial goals and purpose of therapy in our first sessions, while we build a therapeutic rapport. If I cannot satisfactorily address your concerns, please feel free to contact my LPC Supervisor: Beth Lewis, LPC-S at (817) 781.3735.

ASSESSMENTS AND DIAGNOSIS:

As your therapist, I will use both formal and informal assessment to inform the course of treatment. Before any formal assessment is given, I will thoroughly discuss it with you, and you will have opportunity to ask any questions you may have. You are always entitled to the results of your assessments, and I will explain the results and their relevance to your course of treatment following each assessment.

As a preference, I try to avoid formal diagnosis. Because no insurance is involved in my current practice, I will reference the DSM-V only so far as to guide me in your treatment plan. I will answer any questions you may have regarding

diagnosis. As much as possible, however, I will refrain from documenting a diagnosis as this will become part of your permanent file. \

FILES AND RECORDS:

You have access to your files and records at any time given that the information contained therein would not result in harm to you. By law, your records will be maintained for five years following the termination of treatment at which time they will be destroyed in a manner that maintains your confidentiality. At no time will your records be shared with anyone other than in situations outlined in the Limits of Confidentiality section in this document.

LENGTH OF SERVICE:

Length of service is difficult to predict. Each person has unique strengths and weaknesses, and each therapy topic is different from the next. Faster progress will likely be achieved if between sessions you thoughtfully reflect on the topics and techniques we discuss during our sessions. Coming to your session with your thoughts, feelings and questions is helpful, and encouraged.

OUR RELATIONSHIP:

The relationship between us is professional and therapeutic, rather than personal. It is vital to maintain the professional nature of this relationship. In order to protect your confidentiality and to maintain our professional relationship, I will adhere to these same policies in regards to social media. I will not request or accept personal friend requests from clients.

Finally, I do not currently offer therapy services via phone, Skype, Google Hangouts, Facetime, or other online or mobile modes of communication.

COMMUNICATION PROCEDURES:

If you need to schedule an appointment or communicate with me, please call or text me at (817) 721-3664 or email me at tiffany.n.latta@outlook.com. My LPC Supervisor (Beth Lewis, M.A., LPC-S) may also be reached at 817-781-3735. Additionally, by signing this form, you acknowledge permission for me to contact you by phone according to the information you provide on the New Client Intake Form.

LIMITS OF CONFIDENTIALITY:

Discussions between a therapist and a client are confidential. I will never disclose your identity or what you tell me during sessions unless you request me to do so or when I am required by law to do so. Situations that require me to break confidentiality include:

- I suspect abuse of minors, elders, or disabled persons.
- I believe there is a threat that you will harm yourself or others.
- I believe you are unable to care for yourself and appropriate help is required.
- I am required to do so in legal proceedings.
- There is an inquiry by a professional licensing board.

- There is evidence of professional misconduct by a previous clinical provider.

All licensed therapists, licensed interns, and masters level analysts in the Beth Lewis Therapy Group work collaboratively in our weekly supervision meetings under the supervision of Beth Lewis, MA, LPC-S (Lic # 64678). In these meetings we discuss cases for the sole purpose of ensuring we provide each of our clients the very best educated and compassionate care available. It's a confidential meeting of our expansively thinking minds. We keep your right to privacy at the highest level. We pride ourselves in our professionalism.

TREATING A MINOR:

It is my goal to establish an appropriate, collaborative relationship with the parents and/or legal guardians of clients under the age of 18 to best serve the client. By law, parents and/ or legal guardians maintain the right to a minor's records and information discussed with me during treatment; however, the confidentiality of a minor is just as paramount to the therapeutic process as is an adult's. As with adults, minors need to feel that the therapeutic setting is a safe place to explore issues they are experiencing.

As such, I will take appropriate measures to safeguard a client's confidentiality as much as possible, which may include consultation with my supervisors or other professional therapists before revealing information shared in a therapy session. To best serve the client, I ask that parents and/or legal guardians also respect the confidentiality of the client to the extent that is possible.

EMERGENCIES:

In the event of an emergency requiring immediate assistance, you should contact 9-1-1, your physician, your local emergency room, your local police department, or a crisis hotline. It is your responsibility to seek appropriate resources in emergency situations. In case of an emergency, you have authorized me to speak to the individuals noted in the Emergency Contact section of the New Client In-Take Form. Please note that this authorization does not require me to speak to anyone regarding the nature of your therapy.

THERAPIST'S INCAPACITY OR DEATH: In the event I become incapacitated, die, or cease to continue practicing, it will be necessary for another professional therapist to assume authority of your files and records. If possible, I will assist you in finding an appropriate and available successor. In the event of my death, any of the therapists in the Beth Lewis Therapy Group can continue treatment or will provide you appropriate referrals.

TERMINATION: Normally we will terminate therapy by mutual agreement. You have the right to terminate therapy at any time. In case of termination, I will provide you referrals to other therapists who may be of help to you, if so desired. If you request it and authorize it in writing, I will consult with the therapist you select to assist in your transition.

CONSENT TO SERVE: You have voluntarily agreed to receive mental health assessment, care, and support, and you consent to and authorize me to provide such assessment, care, or support in the manner I consider necessary and advisable. You agree to participate in the planning of your care and therapy; you may stop care or therapy at any time.

BY SIGNING THIS CLIENT RIGHTS, RESPONSIBILITIES AND CONSENT TO SERVE FORM, YOU ACKNOWLEDGE YOU HAVE READ AND UNDERSTOOD ALL THE TERMS AND INFORMATION CONTAINED IN IT AND THAT AMPLE OPPORTUNITY HAS BEEN OFFERED TO YOU TO ASK QUESTIONS AND SEEK CLARIFICATION OF ANYTHING UNCLEAR TO YOU.

Client(s) Signature(s)

Date

Parent/Legal Guardian Signature

Date

Client Printed Name

Date

Therapist Signature(s)

Date

NEW CLIENT FORM

(if you are a couple, or a family coming to see me,
please include all names and contact information for EACH person)

TODAY'S DATE:

Name(s):

Cell Phone(s):

(I tend to text to communicate...is this ok w you? Y N
IF NO...I am happy to call or email)

Alternative # (if your cell phone isn't the best way)

Email(s):

Birthday(s):

Age(s):

Mailing address(es):

Who referred you? Or how do you know about us?

Goals for therapy:

Comments/Concerns:

EMERGENCY CONTACT (name/number/relation to you):

PAYMENT OPTIONS AND CANCELATION POLICY

We work to provide quality therapeutic care in a creative and comfortable environment. We pride our work to be smart, expansive and mindful for our clients at all levels. When insurance companies are involved, often times the need for their payment becomes more important than the need for customized care. So we have chosen to not directly accept insurance. Your associate within the Beth Lewis Therapy Group will gladly provide you with a helpful receipt for you to file a claim with your insurance provider on your own for possible reimbursement.

- Your therapist, Tiffany Latta, charges \$90 for a 50-minute session. Select this rate if you are paying per session.
- We also offer a less expensive rate when you bundle your services. You will be charged \$250 for 4 sessions. This breaks down to less than \$65 per session! We are proud of this good deal. Select this rate if you are bundling 4 sessions.

Beth has built this boutique therapy practice on the solid belief that therapy should be accessible to all who desire self-care. And as she often says, "*Man, everyone can benefit from having a good therapist.*" She means it. So please take advantage of these lowered prices so you can dive into exceptional self-care.

****There IS a 24-hour cancellation policy.**

Please contact your therapist to reschedule as soon as you are aware you can't make your appointment. We will work diligently to reschedule you within the same week. However, no less than 24-hour notice must be given, or we will charge your credit card listed for the missed and unscheduled hour. By including your valid credit card and signing below, you authorize that you understand our cancellation policy and that you authorize the Beth Lewis Therapy Group to charge your card for compensation.

Name on Card	Credit Card #	Exp. Date	Security Code	Zip
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Client Signature