The LIFESOURCE Group LLC

Executive Coaching & Clinical Counseling

CONFIDENTIAL CLIENT INFORMATION

Today's Date _____

Client's Name _____ Date of Birth _____

Address _____City_____ State ___ Zip_____

Home Phone _____Work Phone _____ Cell Phone _____

What phone number and/or who may we leave messages with_____

Ethnicity_____ Email Address_____

Social Security # _____ Employer _____

Driver's License Number _____ State _____

Marital Status _____ Spouse's Name_____DOB_____

Highest Grade/Education Level Completed _____

Children's Names /DOB _____

Emergency Contact: Name _____Relationship_____

Phone Numbers _____

If you are a minor and/or someone else is responsible for payment, please provide details:

Name and contact information _____

Primary Care Physician _____ Date of last physical exam _____

Please list any known medical problems _____

_____

Please list any medications you are taking as well as the prescribing doctor / psychiatrist

_____

Any previous counseling or coaching experiences?_____

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WELCOME to the LIFESOURCE Group!

Please tell us why you are here today, what you would like us to help you with:

_____

_____

_____

_____

_____

What are your specific goals of our working together?

_____

_____

_____

_____

_____

And most importantly – how will we know when we are done? What will life look like?

_____

_____

_____

_____

_____

Client signature_____ Date _____

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CONFIDENTIAL DETAILED HEALTH HISTORY (if pg 1 has insufficient space)

Past hospitalizations for either mental or major physical health issues (dates and reason):

_____

_____

_____

_____

Medication History since childhood, including drug, purpose, doctor and location:

_____

_____

_____

_____

_____

Any outpatient treatment or support groups for substance abuse, eating disorders, etc:

_____

_____

_____

_____

Any legal actions that have arisen due to issues noted above:_____

_____

_____

_____ _____

Client Signature Date

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CONSENT FOR TREATMENT / PROFESSIONAL SERVICES

WELCOME TO THE LIFESOURCE GROUP

Welcome to our Executive Coaching and Clinical Counseling practice. This document contains information about our professional service as well as our policies and procedures. In addition, you are encouraged to keep a copy of our Florida Notice Form (regarding your Protected Health Information), which we ask you to read before signing this document. By signing this document, it represents an agreement between us.

We are a group of independent practicing mental health professionals who share certain expenses and administrative functions under the name of The LIFESOURCE Group LLC ("LIFESOURCE"). While the members of LIFESOURCE share a name and office space, we want you to know that we are completely independent in providing you with our professional services and your independent provider is fully responsible for these services. Each provider separately maintains their own professional records. To optimize the outcome of our professional services and for the purpose of coordination of care, by signing this release, you will be authorizing communication between providers within LIFESOURCE regarding your mental health and/or executive coaching care, unless otherwise revoked in writing.

During our rendering of professional services, we may be collecting what the law calls Protected Health Information. We may to need to use this information to decide on what professional services are best for you and to provide professional services to you. We may also need to share this information with others who provide professional services to you or need it to arrange payment for your professional services or for other business or government functions. Please see the CONFIDENTIALITY section below for more information.

EXECUTIVE COACHING SERVICES

Executive Coaching is not psychotherapy nor is it a substitute for psychotherapy. It does not deal with the same issues and is not covered by health insurance policies. Coaching is designed to give focus, structure, and support to achieving life and career goals. If your relationship with one of our independent providers is based on executive coaching, and should the need arise for clinical counseling / psychotherapeutic services, a referral will be made either inside and/ or outside of the LIFESOURCE group.

MENTAL HEALTH SERVICES

Mental health treatment is a very unique experience requiring your active participation. It varies depending on the personalities of the mental health provider and the particular issues you bring to his/her attention. For our professional services to be most successful, you will have to work on things we talk about both during our sessions and at home. It is important that you understand that there are both risks and benefits. Our work together often will involve discussing unpleasant aspects of your life and you may experience uncomfortable feelings like frustration, guilt, sadness, anger, loneliness, helplessness and disruption to your current relationships. The benefits can include significant reductions in feelings of distress, solutions to particular problems and improved relationships. There are no guarantees of what the experience and outcome will be like for you as an individual, and/or a couple and/or a family.

CONFIDENTIALITY

We have a legal and ethical commitment to protect your privacy, including what we discuss in our treatment sessions and any medical records of yours that we receive. While executive coaching is not a therapeutic relationship, we agree to maintain the same standards of confidentiality noted herein. *We cannot and will not release information about our work together to anyone without your written consent or permission.* There are, however, three exceptions to confidentiality where we are/may be required to disclose private information: 1) By law, we must report any evidence of abuse or neglect of children, the elderly or disabled to agencies of the State of Florida; 2) When a client is a serious danger to himself or herself, or dangerous to others, we may have to inform family members or the proper authorities; and, 3) In some cases, a judge has the legal authority, regardless of your wishes, to require us to release information.

PROFESSIONAL RECORDS

By law and the standards of our profession, treatment and professional service records will be maintained by us. You are entitled to receive a copy of your records or a summary of your records, unless it is believed that seeing them would be emotionally damaging or not in your best interests. If the latter arises, we will agree to send them to a mental health professional of your choice. Professional records may be upsetting to, or misinterpreted by, the untrained reader, hence, we recommend you review them in the presence of a mental health professional. Minors: Individuals under the age of 18 need to understand that the law may provide your parents the right to examine your records. It is the policy of LIFESOURCE to request an agreement from parents that they give up access to your records. If they agree, they will only receive general information about our work together unless it is felt there is a high risk that you will harm yourself or someone else, at which time they would be notified of this concern. And, of course, under this arrangement, parents are always free to *provide* information to your provider/counselor at any time. If you have had prior counseling experience or psychiatric care, please contact these providers and request that a "Treatment Summary" be confidentially mailed or faxed to your LIFESOURCE provider at **(904) 797-5681.** Client acknowledgment (initials) _____.

GENERAL OFFICE POLICIES

Contacting a Provider

Our offices are generally open from 9 AM to 6 PM, Monday through Friday and appointments can be arranged for Saturdays. Appointment wishes and messages may be left on either our general voice mail system or directly at your provider's private voice mail box at (904) 797-5680. You may also email your provider per the confidential / secured email address on his/her business card. If you have an emergency, you may use your provider's cell phone number located on his/her business card. Provider cell phone numbers are also available on the provider's private voice mail box within our general voice mail system. If you are unable to reach any of us, in the event of an emergency, please dial 911 without hesitation.

Appointment Cancellations / Rescheduling

Cancellations and rescheduled appointments will be accepted with no charge if we have been notified within 48 hours. A $75 fee (not covered by insurance) will be applied for missed appointments and rescheduled appointments made with less than 48 hours notice. Sickness and emergencies may be taken into consideration when applying this charge.

Fees

The following fees are used as a guideline by our providers and are due at the time of service. Fees may also be arranged in the context of your insurance and financial circumstances. Fees will be provided separately for substance abuse, psychological, custody and other evaluations. *Charges for phone calls (including third-parties) and email are based on the same rates, pro-rated for the time spent*. Many of these fees are not covered by insurance.

Executive Coaching rate per hour...……...…….	$ 200
Family Mediation / Parent Coordination…….	$ 200
Courtroom Preparation / Appearance rate per hour.....	$ 180
Clinical Counseling rate per 50 minute hour……...	$ 150
Registered Intern Counseling……......	$ 100
Substance Abuse Evaluation…….…….	(hourly rate)
Letters Written or Special Forms completed….....	(hourly rate)
Missed Appointments……..	$ 75
Rescheduled Appointments less than 48 hours' notice…	$ 75

Please note a 30% administrative charge will be applied to any past due amounts requiring use of a credit bureau / collection agency.

Also note that appointments provided by our *Graduate Clinical Interns* are in high demand and that we reserve the right to rescind this service if receiving clients miss a total of **2** scheduled appointments *without* the proper 48 hours' notice to cancel or reschedule.

Agreement

After you sign this consent, you have the right to revoke it in writing at any time. We may have already shared some of your information and cannot change that. If we have no contact from you for 90 days, your case may be automatically closed, but it can also be reopened with agreement by both parties.

_____ _____ _____

Printed Name [+ *child's name*] Signature of Client [*or representative*] Date

Notice of Privacy Practices – Florida Form …… Date HIPPA Form Provided _____