Therapy Charlotte LLC

Nicole Saunders, LCSW: *Counseling & Coaching*

Thank you for choosing to work with Nicole Saunders, LCSW. Please read through the following practice policies. Should you have any questions or concerns, please don't hesitate to share.

Your Rights

- To receive quality professional services.
- To be assured privacy and confidentiality.
- To review and discuss your fee for services.
- To refuse service at any time.
- To see your record of service upon written request and to insert a written statement into the record about services received or not received.

Your Responsibilities

- To be on time for scheduled appointments.
- To pay fees for services according to practice policy.
- To actively participate in your own process.
- To give 24 hours' notice if canceling an appointment. Failure to do so will result in a $140 cancellation fee.

Nicole Saunders has the right and responsibility to determine the client(s) with whom she cannot appropriately and ethically serve. She also has the right to refuse or discontinue services when the client's responsibilities are not being met or the client does not meet her guidelines for service.

PRACTICE POLICIES

CONSENT TO SERVICES I hereby grant my permission for any coaching, counseling, or evaluation that may be needed to provide services. The meetings and records are strictly confidential except where state law requires the reporting of threats of violence, harm to self or others, or child abuse and neglect (from evidence or suspicion), or when the courts subpoena information. Being aware that there may be potential for emotional strains, stresses, and life changes as a result of coaching, I agree to enter the process. I understand that Nicole Saunders does not guarantee any particular results or outcomes.

FINANCIAL POLICIES As a coaching client, I understand that payment is due at the time of service. **Clients must provide 24 hours' advance notice if canceling an appointment. Failure to do so results in clients being charged a cancellation fee of $140.** Any check returned for insufficient funds must be paid plus a $25 fee prior to being seen or rescheduled.

PERSONAL HEALTH INFORMATION POLICY I understand that any of my personal information contained within the designated record set may be used and/or disclosed by Nicole Saunders for purposes of carrying out treatment, obtaining payment, and caring out operations of the organization.

I have read the statements above and have been given the opportunity to ask questions. My signature below indicates that I understand the information I've received and agree to abide by the policies of Therapy Charlotte LLC as described above.

Counselor/Coach Signature	**Date**	**Signature of Client(s)**	**Date**

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LIFE COACHING INTAKE FORM: Please complete this form and bring it to your first appointment. If you believe that a question does not pertain to you, just leave it blank. The information you provide here is protected by law and held in strict confidence.

Full Name:_____ Date:_____

Birth Date: _____ /_____ /_____ Current Occupation: _____

Home Address: _____

City/State:_____ Zip: _____

Primary Phone: _____May I leave a message? ☐ Yes ☐ No

E-mail: _____ May I email you?* ☐ Yes ☐ No

**Please note: Email correspondence is not considered to be a confidential medium of communication.*

Name of emergency contact: _____ Phone #: _____

How did you hear about Therapy Charlotte?

☐ Internet search
☐ Referred by a friend/acquaintance
☐ Psychology Today Directory
☐ Good Therapy Directory
☐ Other:_____

AREAS OF CONCERN: Please check all items below that help describe your concerns and symptoms.

_____Career identity or planning issues
_____Communication
_____Conflict-resolution
_____Decision making
_____Depression or feeling low
_____Desire to change a behavior
_____Difficulty concentrating
_____Feeling "stuck"
_____Impulse control issues
_____Managing anger
_____Perfectionism or procrastination
_____Problem solving
_____Relationship issues
_____Self-esteem or personal growth
_____Stress/Anxiety
_____Struggling to perform in career or school
_____Thoughts of suicide or homicide
_____Other:_____

In your own words, why are you here today?

_____

_____

_____

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