North Texas Counselors
305 E. McDermott, Ste A
Allen, TX 75002
972-984-2071
www.NTxCounselors.com

Jackie Burson, MS, NCC, LPC-S, RPT-Director
Natalie Delgado, MA, NCC, LPC
Tracie Hensley, MS, LPC, RPT
Brooke Rodriguez, MS, LPC
Elisa Swartz, MS, LPC

MINOR INTAKE FORM

CLIENT INFORMATION

Today's Date:___/____/____Referred By:_____
Child'sName:_____Age:_____
Date of birth:_____Grade Level:___
Child's guardian(s):_____
Parents:_____married _____divorced _____single parent
Insurance Carrier Social Sec #:_____
Child Social Sec #:_____
Parent/Guardian Drivers License #:_____
Child's Address:_____
_____
Home Phone:_____
Cell Phone:_____
Work Phone:_____
Email:_____
In case of emergency contact;_____

BASIC INFORMATION

What concern has caused you to bring your child into counseling at this time?_____
_____
_____
What has been done about this concern up to now?
_____
_____
What specifically do you expect your counselor to do to help with this concern?_____
_____
What is your assessment of your child's personality?
Strengths/weaknesses:_____
_____
_____
_____
Is there are current mental health diagnosis: _____

EDUCATION

Grade	School	Average Grades	How long at school
K			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Symptom Checklist: Please circle items that apply to your child

Affectionate	violent	Hostile
Aggressive	unhappy	Hitting
Argues	unmotivated	Cutting
Assaults	Wets bed	Head banging
Bossy	fearful	Hair pulling
Breaks law	Negative attitude	Skin picking
Bullied	Eating issues	Fire setting
cheats	Name calling	overactive
Complains of sick	Mute	outgoing
Concern for others	Manipulates	pouts
Conflicts with friends	Lies often	Provokes others
Intimidates others	Disobedient	Rages
Isolates	Talks back	Sad
Speech problems	Defiant	Immature
Steals	Lethargic	Shy
Stubborn	Smokes	Runs away
Destructive	Lacks respect	Conflict at home
Likes to be alone	Slow responding	Cries easily
Loss of friends	Irritable	Intolerable
Disruptive	Conflict at school	social
Teases	Conflict w/ police	Learning disability
Moody	Bullies others	Tantrums
Drug/Alcohol Abuse	independent	Developmental Delays
Tics, fidgets	Inattentive	Truancy
School failure	Hyperactive	Nightmares

PERSONAL & MEDICAL

Has your child had counseling before? Y N
Counselor's Name and Dates:_____
_____
Outcome & Diagnosis:_____
_____
Please rate your child's health:
Excellent Good Fair Poor
_____
_____
Has your child had previous trauma?_____
_____
Has your child been arrested?_____
_____
Does your child have an addiction?_____
_____

Has your child ever attempted suicide or self-harm in any way? Y N _____
_____

How would you rate the intensity of the problem/ concern that brought you in?
1 2 3 4 5
Not Intense Somewhat Very Intense

How long has your child had the problem?
_____
In what ways have you attempted to cope?

_____
_____
In general, how happy/adjusted is your child?
_____
Does your child have difficulty getting enough sleep?
_____

How much caffeine does your child consume daily?
_____
Is your child's eating restricted in any way?
_____

What kind of physical exercise does your child get?
_____

FAMILY COMPOSITION

Who currently resides in the home with the child?
(Name, Age, Relation)
1. Name_____ Age_____Rel_____
2. Name_____Age_____Rel_____
3. Name_____Age_____Rel_____
4. Name_____Age_____Rel_____
5. Name_____Age_____Rel_____
Is your child on medication:_____
Who is your child closest to?_____
Who is your child furthest from?_____
How do the parents relate to each other?_____
_____
_____
What is the parents style of discipline?_____
_____

_____
What are your expectations for your child?_____
_____

_____
How does your child differ from other members of the family?_____
_____
_____

How does the child handle stress?_____
_____

_____

Check any current or past family issues?

____Divorce _____Serious Illness ____Financial

____Relocation _____Legal Problems ____Drug Abuse

How did you find us?
Internet ____ Referral _____ Other _____

Therapy Policies and Services
Welcome! We are committed to providing you with quality care. This information packet is intended to acquaint you with what you can expect, and address some of the typical areas of concern, especially for the first-time client.

Qualifications: Jackie Burson, Director, is a graduate from Texas Woman's University in Counseling and Development. All therapists are licensed and qualified to counsel according to the Texas Department of Health. Our formal education has prepared us to do individual counseling with children, adolescents/teens, adults and families.

Experience: Throughout our master's program and under supervision since completing our formal education, we have counseled many individuals, family and group sessions in the school and agency setting, clinical internships, and in private practice.

Counseling Relationship: While we work together, our sessions may be very intimate psychologically, but ours is a professional relationship rather than a social one. Please do not invite us to social gatherings, offer us gifts, ask us to write references for you, or ask us to relate to you in any way other than the professional context of our counseling sessions. You will be best served if our sessions concentrate exclusively on your concerns. Our in-person contact will be limited to counseling sessions you arrange with us. You may leave messages for your counselor at 972-984-2071 and we will return your call as soon as possible. If you experience a mental health emergency, obtain crisis services by calling 911 and/or by going to a nearby hospital emergency room.

Effects of Counseling: At any time, you may initiate a discussion of possible positive or negative effects of entering, not entering, continuing, or discontinuing counseling. While benefits are expected from counseling, specific results are not guaranteed. Counseling is personal exploration and may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. Some of these life changes could be temporarily distressing. The exact nature of these changes cannot be predicted. Together we will work to achieve the best possible results for you.

Client Rights: Some clients achieve their goals in only a few counseling sessions; others may require months or even years of counseling. As a client, you are in complete control and may end our counseling relationship at any time, though we do ask that you participate in a termination session. You also have the right to refuse or discuss modification of any of our counseling techniques or suggestions that you believe might be harmful.

We assure you that our services will be rendered in a professional manner consistent with accepted legal and ethical standards. If at any time for any reason you are dissatisfied with our services, please let us know. If we are not able to resolve your concerns, you may report your complaints to the Texas Department of Health, 512-834-6658.

Conditions of Ongoing Counseling: If you have been in counseling or psychotherapy during the past seven years, we may require you to sign a release so we may communicate with and/or receive copies of records from the professional(s) from whom you received mental health services. While you are in counseling with us you agree not to maintain or establish a professional relationship with another mental health professional unless you first discuss it with us and sign a release that enables us to communicate with the other mental health professional(s). If you decide to maintain or establish a professional relationship with another mental health professional against my advice, we may consider this your decision to change counselors and reserve the right to terminate your counseling.

We also reserve the right to postpone and /or terminate counseling of clients who come to session under the influence of alcohol or drugs. In addition, we reserve the right to terminate counseling of clients who do not comply with the medication recommendations of their psychiatrist or physician.

Referrals: We recognize that not all conditions presented by clients are appropriate for treatment at this facility. For this reason, you and/or we may believe that a referral is needed. In that case, we will provide some alternatives including programs and/or people who may be available to assist you. A verbal exploration of alternatives to counseling will also be made available upon request. You will be responsible for contacting and evaluating those referrals and /or alternatives. Certain aspects of treatment may require evaluation through psychological testing or medication. In such cases, a referral to a psychiatrist or medical doctor may be made. Ongoing dialogue with these professionals would be maintained to manage the counseling process effectively.

Records and Confidentiality: All of our communication becomes part of the clinical record. Adult client records are disposed of five years after the file is closed. Minor client records are disposed of five years after the client's 18th birthday. Most of our communication is confidential, but the following limitations and exceptions do exist: a) We determine that you are a danger to yourself or someone else; b) you disclosed abuse, neglect, or exploitation of a child, elderly, or disabled person; c) you disclose sexual contact with another mental health professional; d) We are ordered by a court to disclose information; e) you direct me to release your records; or f) We are otherwise required by law to disclose information. If we see you in public, we will protect your confidentiality by acknowledging you only if you approach us first.

Fees:. In return for a fee of *$ 100* per 50 minute session with an LPC or $60 per 50 minute session with an LPC-Intern, we will provide counseling sessions for you. By consenting to treatment, you acknowledge (to you or your minor child) and agree to pay at each session. Cash, credit cards or personal checks made out to "*North Texas Counselors*" are acceptable for payment and due by the end of each session. Some insurance companies may cover part of this cost. You may pay your insurance co-pay at the time of session. If records are requested at any time by yourself, lawyers or the court, there is a $30 fee. If a credit card is declined for any reason, there is a $5 fee added to the next payment. There is a $25 returned check fee.

Please initial below:

_____**PATIENT BALANCE POLICY**: After filing with the insurance company on file, we will credit your account the remaining balance after your co-pay or deductible. Any quote received from insurance will be considered an estimate only and any payment will be considered a partial payment only until such time that the insurance company processes your claim.

_____**PATIENT SESSION FEES**: I am aware that all current balances, co-payments, co-insurance and deductibles are due and payable at your session time for services being rendered. We will not accept payment for your session at a later time. We accept cash, check, VISA, Mastercard or Discover. Please be aware that we do not accept post-dated checks. If you are the parent/guardian for a minor, you can leave a credit card on file to make sure each session is paid for.

_____ **PATIENT INSURANCE POLICY:** I am aware that, I, the patient, am responsible for knowing my insurance benefits (including deductibles, co-pays, pre-authorization requirements and/or any exclusions to the plan). There are times insurance companies quote benefits over the phone and we don't find out until several months later the benefits were incorrect. If this happens, North Texas Counselors might be asked to pay money back to your insurance called a refund request. If we are issued a refund request, it is the patients responsibility to pay us the amount we are asked to pay back to your insurance carrier.

_____ **COLLECTION AGENCY:** I am aware that North Texas Counselors utilizes a collection agency for unpaid bills. If your account is transferred to collections, any and all fees assessed by the agency will be added to the balance on your account, to include, but not limited to, an additional percentage of your balance and attorney fees. Any patient sent to collections forfeits any future appointments unless the balance is paid in full but may be permanently dismissed from the practice.

_____**DIAGNOSIS:** I give consent to North Texas Counselors to perform necessary procedures to diagnose, treat and care for the mental health needs of my child or myself and understand a diagnosis will become a permanent part of the medical record.

_____**LEGAL FEES:** I understand that if North Texas Counselors becomes involved in litigation that requires our participation (even if the subpoena is sent from the opposite side of the case), and due the complexity and difficulties of legal involvement, **we charge *$250* per hour for preparation for and/or attendance at any legal proceedings. (A $500 fee is due upfront before going to court).**

_____**RETURNED CHECK FEE:** I understand there is a $25 fee for checks returned for any reason. We will require a credit card on file for future payments if a check is returned. If payment is not made in a timely matter, we may seek all additional legal remedies provided to us under Texas Law.

_____**NO SHOW/CANCELLATION COURTESY:** We are committed to making you an appointment at your earliest convenience; likewise, we require a call at least 24 hours in advance if you are unable to keep your appointment. If you "no show' for an appointment or cancel with less than 24 hours notice, you will be charged a $60 fee. No exceptions. Missed appointments cannot be filed with insurance.

I understand and agree to the above initialed items

Client's Name:_____

X_____ X_____
Signature Date

X_____ X_____
Counselor's Signature Date

PLAY AND ACTIVITY THERAPY POLICY FOR CHILD AND ADOLESCENT SERVICES

The following is an explanation of play therapy, activity therapy and the therapeutic process. As you read, you may want to make some notes so that you can refer any questions to your child's counselor.

WHY DOES MY CHILD NEED PLAY OR ACTIVITY THERAPY?

In the process of growing up, most children experience difficulty coping at some time. In return, many children exhibit behaviors that concern their parent(s) or teachers. Generally, if you, your child's teacher or your child's physician are concerned about your child's behavior or adjustment, play or activity therapy is likely the recommended approach in helping your child.

WHAT IS PLAY THERAPY AND ACTIVITY THERAPY?

Play therapy is to children what "talk therapy" is to adults. When adults have problems it often helps if they can share their thoughts and feelings with a therapist or trusted friend. Young children don't have the ability to express themselves with words like adults do, so it is difficult for them to "talk" about things that worry or bother them. Play therapy allows children to communicate through play, their most natural form of expression. The toys the children use in play therapy help them play out what they may be feeling, what they have experienced, and what they would like different in their lives. This experience enables them to attach words to their experiences, leading to a release of emotion and further recovery for the child. Activity therapy, which is for children ages 10 and up, combines games, art, books and craft activities to create a comfortable environment for children to discuss and express their experiences and concerns. Older children are typically capable of verbally expressing their feelings, but often need some form of activity to feel comfortable doing so. Whether your child receives play therapy or activity therapy will be based on their chronological and emotional age.

WHAT CAN I EXPECT FROM PLAY OR ACTIVITY THERAPY?

There is much more freedom in the therapy room than is allowed in other areas of the child's life. During the therapy time, every thought and feeling, and almost all actions of the child, are accepted. This freedom in necessary so the child will feel accepted, safe, and trusting enough to reveal their fears and problems. There is no such thing as wrong or bad behavior in therapy; however, limits and consequences are set and enforced. During therapy, the counselor will not "pump" the child for information about their life or an abusive incident. Children are allowed to work through their problems at their own pace. In play and activity therapy, children may spill paint, sand, or other messy materials on themselves; therefore, you are encouraged **to bring your child in play clothes**.

WHAT SHOULD I TELL MY CHILD ABOUT THERAPY?

Before the child comes in for their first session, they will need to know something about play therapy or activity therapy. You can tell them that they will be coming to a place that has a special room with toys or activities. Tell them that they will be meeting a grown-up named_____, who will be taking them to the playroom, or activity room, and staying with them there. It is helpful to let them know that they will be coming back every week, that this is not just a "visit." If your child wants to know more about why they are coming, you may say something like "When things are difficult for you at home, school, in the family, etc., sometimes it helps to have a special place to play." You may also tell them that it is okay to talk about those things in the playroom. It helps if you can arrive a few minutes early for each appointment and take your child to the bathroom; this can be a distraction during the session. Also, make sure and reassure your child that you will be waiting for them when the session is over.

WHEN DO I GET TO TALK TO THE THERAPIST?

It is very helpful for the therapist to know about recent and past events in your child's life, especially those to which your child has reacted strongly. Do not give your child the responsibility of reporting these events. It is best to call the counselor in advance to discuss these issues or make an appointment to

meet in person. If this is not possible, you may ask to speak to your child's counselor before your child's session; however, **do not discuss these issues in front of your child**. The therapy session is a very special time for your child; therefore, the therapist will spend most of the time (45-50 minutes) with your child. Also, the therapist or you may initiate a parent consultation every four to five weeks or as important issues arise. Parent consultations are times for you and the therapist to share information about your child and the counselor may make recommendations at this time.

HOW SHOULD I ACT AFTER EACH SESSION?

It is **essential** that your child does not feel the need to give an account of what happens in the therapy room. Therefore, it is helpful if you do not ask your child if he/she had a good time or what they did. When your child meets you in the waiting room following a session, you might say something like, "Oh, I see that you're done. Are you ready to go?" It is fine if your child chooses to volunteer information, but allow them to lead the conversation. Your child may occasionally bring home artwork. This may depict a hidden meaning or messages that even your child may not be aware of. Therefore it is best not to offer praise ("How pretty"), criticize or ask questions. If your child offers their picture, simply comment on the color they used or what you see. "You covered the whole page with blue and black." If you must praise, praise the effort and not the product ("It looks like you spent a lot of time on that." vs. "You did such a good job.") The goal is for children to feel safe and find confidence in themselves.

HOW OFTEN AND HOW LONG WILL MY CHILD NEED TO COME?

Children grow and develop best when they have structure and consistency. Therefore, in order for therapy to be helpful, **it is imperative that the sessions be consistent**. Sessions typically start at once a week. Therapy is a process of the therapist building a trusting relationship with a child, the child revealing and/or working through their problems, coming to a resolution, practicing new skills and preparing for goodbye with the therapist.

However, every child grows and changes at different pace; therefore, the length of time needed in play or activity therapy will vary according to individual personalities, severity of trauma, and home and life circumstances. Behavior and mood changes are normal and expected throughout the process of therapy. At times, it may seem as though things are getting worse and not better. This is often normal; however, if you notice this happening, please talk it over with your child's counselor.

Saying goodbye in the therapy process is important. If ending therapy is being considered, please discuss this with your child's counselor so that your child has an opportunity to end the relationship.

OTHER HELPFUL INFORMATION

In order to provide the best service possible, it may become necessary for your child's counselor to consult with other professionals that have worked with your child, such as school teachers, social workers and pediatricians; however, permission will be obtained from you in writing prior. If needed, the counselor may also refer your child for group therapy, psychological and/or psychiatric assessments or other types of therapy. **You play a crucial role in your child's life and the therapeutic process**. Books addressing your child's and/or your own issues may also be recommended.

I have read and understand the play and activity therapy information. I understand it is imperative to the therapeutic process to schedule a termination session with the therapist at the end of treatment.

X_____ DATE:_____

	During the past TWO (2) WEEKS, how much (or how often) has the child….	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
I. Somatic	1. Complained of stomachaches, headaches, or other aches and pains?	0	1	2	3	4
	2. Said he/she was worried about his/her health or about getting sick?	0	1	2	3	4
II. Sleep	3. Had problems sleeping—that is, trouble falling asleep, staying asleep, or waking up too early?	0	1	2	3	4
III. Inattention	4. Had problems paying attention when he/she was in class or doing his/her homework or reading a book or playing a game?	0	1	2	3	4
IV. Depression	5. Had less fun doing things than he/she used to?	0	1	2	3	4
	6. Seemed sad or depressed for several hours?	0	1	2	3	4
V. Anger	7. Seemed more irritated or easily annoyed than usual?	0	1	2	3	4
	8. Seemed angry or lost his/her temper?	0	1	2	3	4
VI. Irritability	9. Started lots more projects than usual or did more risky things than usual?	0	1	2	3	4
	10. Slept less than usual for him/her, but still had lots of energy?	0	1	2	3	4
VII. Mania	11. Said he/she felt nervous, anxious, or scared?	0	1	2	3	4
	12. Not been able to stop worrying?	0	1	2	3	4
	13. Said he/she couldn't do things he/she wanted to or should have done, because they made him/her feel nervous?	0	1	2	3	4
VIII. Anxiety	14. Said that he/she heard voices—when there was no one there—speaking about him/her or telling him/her what to do or saying bad things to him/her?	0	1	2	3	4
	15. Said that he/she had a vision when he/she was completely awake—that is, saw something or someone that no one else could see?	0	1	2	3	4
IX. Psychosis	16. Said that he/she had thoughts that kept coming into his/her mind that he/she would do something bad or that something bad would happen to him/her or to someone else?	0	1	2	3	4
	17. Said he/she felt the need to check on certain things over and over again, like whether a door was locked or whether the stove was turned off?	0	1	2	3	4
	18. Seemed to worry a lot about things he/she	0	1	2	3	4

	touched being dirty or having germs or being poisoned?					
	19. Said that he/she had to do things in a certain way, like counting or saying special things out loud, in order to keep something bad from happening?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
	In the past TWO (2) WEEKS, has your child …					
X. Repetitive Thoughts and Behaviors	20. Had an alcoholic beverage (beer, wine, liquor, etc.)?	☐ Yes	☐ No	☐ I don't know		
XI. Substance Use	21. Smoked a cigarette, a cigar, or pipe, or used snuff or chewing tobacco?	☐ Yes	☐ No	☐ I don't know		
	22. Used drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)?	☐ Yes	☐ No	☐ I don't know		
	23. Used any medicine without a doctor's prescription (e.g., painkillers [like Vicodin], stimulants [like Ritalin or Adderall], sedatives or tranquilizers [like sleeping pills or Valium], or steroids)?	☐ Yes	☐ No	☐ I don't know		
XII. Suicidal Ideation/ Attempts	24. In the past TWO (2) WEEKS, has he/she talked about wanting to kill himself/herself or about wanting to commit suicide?	☐ Yes	☐ No	☐ I don't know		
	25. Has he/she EVER tried to kill himself/herself?	☐ Yes	☐ No	☐ I don't know		
DSM-5 Parent/Guardian-Rated Level 1 Cross-Cutting Symptom Measure, Child 6 to 17. A rating of 2 or higher, yes, or I don't know may indicate an area for additional consideration.						

North Texas Counselors

HIPPA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL/MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective August 1, 2004

Use and disclosure of protected health information for the purposes of providing professional counseling services is sometimes required. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for these purposes.

TREATMENT, PAYMENT & HEALTH CARE OPERATIONS

-*"PHI"* refers to information in your health record that could identify you.
-*"Treatment"* is when we provide, coordinate, or manage your healthcare. An example would be when we consult with another healthcare provider (PCP, psychiatrist).
-*"Payment"* is when we obtain reimbursement for your healthcare. Examples of payment: (Disclosing PHI to your insurance carrier to determine eligibility or coverage).
"Use" applies only to activities within our office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.

Treatment

Use and disclose health information to:

1.Provide, manage or coordinate care to consultants, referral sources, or physicians.
2. As patients gives permission via "Informed Consent" form.

Healthcare Operations (activities that relate to the performance and operations of our practice).

-"Disclosure" applies to activities outside of our office such as releasing, transferring, or providing access to information about you to other parties.

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An *"authorization"* is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes. *"Psychotherapy notes"* are notes we have made about our conversation during a private, group, joint, or family counseling session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations of PHI at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

Use and disclose health information to:

1. Review of treatment procedures.
2. Review of business activities.
3. Staff training and care within our practice.
4. Compliance and licensing activities.

We may use or disclose your PHI without your consent or authorization in the following circumstances:

1. Child Abuse: If we have cause to believe that a child has been or may be abused, neglected or sexually abused, we must make a report of such within 48 hours to the Texas Dept of Protective and Regulatory Services, The Texas Youth commission or to any local or state law enforcement agency.
3. Adult or Domestic Abuse: If we have cause to believe that an elderly or disabled person is in a state of abuse, neglect or exploitation, we must immediately report such to the Dept of Protective and Regulatory Services.
4. Health Oversight: If a complaint is filed against one of our counselors with the State Board of Licensed Professional Counselors, the Board has the authority to subpoena confidential medical health information from us relevant to that complaint.
5. Judicial or Administrative Hearings: If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and we will not release information without written authorization from you or your personal or legal representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
6. Serious threat to health or safety: If it is determined that there is a probability of physical injury by you to yourself or others, or there is a probability of immediate mental or emotional injury to you, we may disclose relevant confidential mental health information to your emergency contact or to medical or law enforcement personnel.
7. Workers Compensation: If you file a worker's compensation claim, we may disclose records relating to your diagnosis and treatment to your employers insurance carrier.

By signing below, you attest that you have read and have been made aware of my rights of confidentiality as a mental health consumer. Full HIPPA Compliance Rules and Regulations are posted in the therapist's office at all time, and may be read and copied for consumer upon request.

_____ _____

Client/ Guardian Printed Name Relationship to Client

X_____ _____

Client/ Guardian Signature Date Signed

NORTH TEXAS COUNSELORS
305 E. MCDERMOTT, SUITE A
Allen, Tx 75002

CREDIT CARD INFORMATION

Credit card information will be kept on file and used as payment for your therapy sessions. Other forms of payment include cash and check. Your credit card will show a payment to "North Texas Counselors".

Name on Card:

_____

Card Number:

_____

3-digit verification code (on back of card): _____ Exp: _____

Circle one: Visa Mastercard Discover

"By signing below, I authorize my credit card to remain on file and used for the purposes of counseling services with North Texas Counselors for the below patient. Should I fail to give 24-hour cancellation notice, or my insurance claim is rejected, this card may be used without notice as payment for the late cancelled session or patient balance."

Cardholder Printed Name:

_____

Cardholder Signed Name:

_____

Client Printed Name:

_____